

varied from 12 to 46 per cent.; coltsfoot and other weeds; and wood and earthy matter, of each one sample. In some cases the samples taken were not analyzed, the defendants admitting their guilt. A few other prosecutions were also commenced, but in these instances the suspected articles were found to be genuine, and restored to their owners.

In some of those cases in which the parties were found guilty, a fine was inflicted varying in amount from 20s. to £500, and the remainder were subjected to imprisonment for different terms,—from five days in the least important, to three months in the more serious offences against the revenue. As in the case of snuff, it appears that adulteration is much more extensively carried on in the country than in London, only one of the seizures having been made in the latter place, and three for either smuggling or hawking tobacco and cigars. According to the excise return quoted above, adulteration and smuggling is confined to the large manufacturing and sea-port towns in Great Britain, such as Manchester, Leeds, York, Sheffield, Nottingham, &c., and Liverpool, Bristol, Hull, Newcastle, Chatham, Rochester, Aberdeen, Glasgow, and many others. In Ireland these frauds are carried on chiefly in Belfast, Cork, Dublin, Limerick, Galway, and Waterford.

It may be of interest now to give the returns of seizures of adulterated tobacco made, and prosecutions instituted, by the Commissioners of the Excise, from the commencement of the year 1842 to 1851 inclusive.

*Return to an Order of the Honourable the House of Commons.*

Year ending Jan. 5th,		Number of	
		Seizures.	Prosecutions.
1842	.....	10	4
1843	.....	45	22
1844	.....	57	26
1845	.....	82	45
1846	.....	103	60
1847	.....	14	5
1848	.....	9	4
1849	.....	19	13
1850	.....	12	11
1851	.....	17	13
Total for ten years.....		368	203

Correspondence.

“Audi alteram partem.”

CHOLERA: ITS NATURE AND TREATMENT.

*To the Editor of THE LANCET.*

SIR,—You have done me the honour to insert in your journal my letter on the “Cause and Prevention of Asiatic Cholera;” I now send you one on the nature and treatment thereof, in the hope that it will receive a similar favour. I have already, as noticed in my former letter, presented my mode of treatment to the General Board of Health as the most successful that has been adopted in the disease; but as it is doubtful whether they may avail themselves thereof, and it is certain that while they deliberate, the public are dying daily for want of an efficient remedy, I am anxious, therefore, to communicate it to the profession at large. It has been the error of the Board of Health to look upon Asiatic cholera in the light of a bowel complaint: they have consequently directed their treatment to that point, thus prescribing for symptoms and the effects of a disease, instead of obviating the cause; hence most of their remedies are composed of combinations of chalk and opium, spices, essential oils, and other powerful stimulants, all of which are decidedly injurious in the disease, and might with as much propriety be administered in that class of fevers derived from malaria, to which cholera is closely allied, and only a more malignant type. There is no doubt that cholera is a disease of the blood, and not of the bowels, and is caused by the inhalation of an atmospheric poison acting directly thereon; hence our first attention should be directed towards renovating the fountain of life, which is tainted at its source. I saw a good deal of the disease during the epidemics of 1833 and 1848, and found that it prevailed almost entirely in close and crowded districts and unhealthy localities, and that the first victims were those who were badly fed, in weak health, or of intemperate habits. In the worst cases there were, apparently, no premonitory symptoms; the attack commenced as suddenly as if a powerful poison had been taken into the stomach, and this was the order of the symptoms:—Vertigo and sudden prostration of strength, severe cramps in the legs or abdominal

muscles, with quick and violent vomiting of large quantities of a thin gruel-like fluid, devoid of smell; at the same time, forcible and profuse ejections from the bowels of a precisely similar fluid, and in such quantities as showed that all the watery portion of the blood was carried off. The heart consequently becomes paralyzed from the loss of its natural stimulus; the nervous system loses its power, and all the functions of the body are totally suspended. In this state the body becomes colder than an ordinary corpse, and often as pulseless, and the countenance far more cadaverous and ghastly than that of death under any other disease; the eyes are sunk deeply in their sockets, which are peculiarly hollow from the abstraction of their natural fluids; the voice becomes a tremulous croak, or sunk into a deep sepulchral whisper; the breath strikes your cheek like air from an icehouse, and the tongue has the feel of a frog. Different parts of the body assume a leaden hue, owing to the dark and stagnant blood of the cutaneous vessels shining through the attenuated skin; when a vein is opened in the arm, blood will rarely flow, and when squeezed out has the colour and consistence of treacle, showing that the saline part, on which depends its vitality, has been drained off, leaving but an inert residuum, unfit for the purpose of life. Add to this, that the thirst is insatiate, and restlessness extreme, and you will have so true a sketch of the disease that none who see it can fail to recognise the original. Now what is the indication of cure in this condition? Why, surely, to restore the vital functions and stimulate the heart into renewed action. And how is this to be effected? Simply through restoring the loss of blood by introducing into the system large quantities of a fluid assimilated as nearly as possible to the nature of that which has been discharged. In the cure of cholera, then, the first thing to be done is to give the patient large draughts of pure cold water, which he will eagerly swallow, and to administer at the same time, in solution, from a scruple to half a drachm of the bi-carbonate of potass as often as either vomiting or purging occurs. This treatment will speedily produce a complete reaction in the system, and restore animal heat, which cannot be communicated by any outward application or external warmth, but through the medium of the blood alone. Having thus arrested the worst and most distressing symptoms, you must not rest upon your oars, or the patient will be liable to slip through your fingers under the consecutive fever, arising from the congestion of the liver, and total suppression of bile. To prevent this consummation, then, you must, in conjunction with the above treatment, administer one grain of calomel in a soft pill, or in a powder, with sugar, put upon the tongue every hour, until bile appears in the evacuations. You will then be perfectly safe, and the patient restored to permanent convalescence. (This plan is peculiarly successful in the rice-water diarrhoea and vomiting that occurs in children.) From eight to twelve doses of calomel will generally be found to produce the desired effect. I believe all stimulants to be injurious in Asiatic cholera, especially opium, which from its depressing effects, and tendency to suppress the secretions, is the very worst. Indeed, if any case of collapse recover under its use, it can only be in spite of a medicine which prolongs the disease, and entails a lingering convalescence. I have no doubt that those cases in which opium has been found to be of such great utility, and where I have frequently experienced its magical effects, have been purely violent spasmodic attacks of the ordinary autumnal cholera of this country, which is a bilious disorder arising generally from the use of unripe fruit, or ripe cucumbers, stale fish, bad pork, and stale beer. These excite violent abdominal spasms, with bilious vomiting and purging, until the offending matters be expelled. The Asiatic cholera, however, is totally different, being caused by the inhalation of an aerial poison acting directly on the blood, which becomes dissolved and decomposed, and resulting in a total suppression of bile.

Such, then, is my treatment of the disease, and in offering it to your notice, I do so with the greatest confidence, from personal experience of its superiority over every other in use. I can also quote the experience of Mr. I. B. Walker, of Hamilton-place, St. John's Wood, who, during the late visitation of cholera, had the care of a large district in Buckinghamshire, where it prevailed, of a malignant character, and where his marked success in curing it was commented on by the Board of Guardians. I entreat, then, my medical brethren to dismiss their prejudices, and give it, when opportunity offers, a fair trial, and to pardon my presumption in endeavouring to enlighten them regarding the nature of a malady in which mystery has so long prevailed. A deep family affliction from this scourge first drew my attention to its nature and treatment. I have reflected long and deeply thereon, and my sole motive in publishing it now, is a sincere desire to benefit my fellow-

creatures. Heaven knows that medical men get little else than their labour in this life in ministering to the relief of the poor, and no class of the community devote so much of their time cheerfully, though gratuitously, to their service! Honour and rewards wait upon those who kill upon a large scale, not upon those who cure: nevertheless they have their reward.

I remain, Sir, your obedient servant,  
Tunbridge Wells, October, 1853. WILLIAM MOSS.

### PAYMENT OF MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—On a former occasion I attempted to correct an error which is very prevalent, that the allowance for militia surgeons is only 11s. 4d. per diem if passing more than four men; by the *newest* regulation it is 15s. at *head quarters* for *examining*, not passing, more than *five* recruits. If, however, he goes away from head quarters to examine men he gets 15s. as pay, 5s. for hotel expenses, and 2d. per mile railway expenses, or, if taking his own horse 2s. for forage; supposing, however, there is no railway to the place to which he is ordered, he is allowed mileage for the purpose of hiring a vehicle. Subjoined is a copy of the *new* regulation which came in force last April:—

"I have to add, that the pay of the surgeon, as stated in Article 53 of the Regulations of 15th of July last, will be admitted at 15s. instead of 11s. 4d. a day, from April last, when proceeding from head quarters to examine volunteers on their enrolment, or when *examining* more than four (it is since altered to five) volunteers in any one day at head quarters, the above increased allowance having been accidentally omitted in the revised regulations.

I have the honour to be your most obedient servant,  
War Office, August 26, 1853. SIDNEY HERBERT."

My object in writing to you is to let "Verax" know that if he has passed men, or examined them since the 1st of April he is entitled to the above rate of pay; and if so it will be a considerable addition to what he may have already received.

That there has been considerable neglect somewhere there can be no doubt, if, as I said before, "Verax" has *examined* men since the 1st of April.

I subscribe my own name, and shall be glad to communicate with "Verax" if he think proper.

Hoping you will enlarge the length to which I have carried this communication,—

I am, Sir, yours obediently,  
THOMAS A. BRANDT,  
Surgeon 3rd Royal Lancashire  
Militia.

Preston, Nov. 1853.

### THE OPERATING THEATRES.

To the Editor of THE LANCET.

SIR,—I wish you would be kind enough in one of your early numbers to point out the evil of crowding round patients about to be operated upon, to the great disparagement of the numerous students who congregate to witness and learn something of operative surgery. As things are conducted at present, I defy any one to mark the various stages of a capital operation on the living subject. First, we have a short-sighted operator obscuring by the proximity of his head; then three or four surgeons or assistant-surgeons bobbing their heads here and there; a chloroform administrator; two or three dressers and a distinguished stranger,—all diving and ducking about; whilst we poor students, who have paid large sums of money, have to rush from one side of the theatre to the other to catch a faint glimpse of what is going on.

Our surgeons act the part of children having a new toy to play with, whenever anything out of the common has to be dealt with, and they care no more for the hundred students behind their backs than if they were so many dummies.

The theatres are badly constructed, and especially for night operations. I want you to suggest that the area of all should be greatly enlarged; nobody but the operator and assistant to be in the foreground; the staff to be behind on a raised platform, and on no account to be allowed before the object operated upon. The patient should be considered as a delicate test about to be performed in a chemical lecture, and all eyes should be directed to the various stages of the manipulation. After the operation, and when the patient is removed, the surgeon should be *compelled* to say something about the reason for operating, the disease, and the mode in which the incisions are conducted, &c.

I have witnessed scores of operations, and not one single

word has been said either before or after. This is really a shameful proceeding, and one which I hope you will be able to root out. What matters it if there is a continual repetition of the history of a malignant disease or the more simple one of necrosis? Some one or other student may not have been present when the last clinical observations were delivered. For lecturers to shut their mouths at operations, and to reserve their remarks to a future day, is a perfect absurdity. When the subject is fresh, whilst the blood is yet wet upon the knife, observations from the lip make the most lasting impression.

At this time of year I complain also of the want of arrangements; the pushing, the crowding round the patients' beds, so that I cannot carry out any observations I may wish to make in a regular way. Now I am driven to the head, now to the foot, sometimes I am altogether excluded from the patient, who may present a most interesting disease, or on whom the surgeon or physician may make the most interesting remarks.

It appears to me that a particular surgeon or a physician could have his own particular wards, and his patients should not, as now, be scattered over an acre of ground. The patients would be much benefited by the change. A fever case just examined and weary requires repose: in a few minutes up comes another physician and a troupe round about him to disturb her, and when he is gone another batch come and deprive her perhaps of a most critical slumber.

I make these few remarks in the hope that patients, pupils, and lecturers, may all benefit by a change of things which are not only disgusting, but even discreditable. Our hospitals were meant for instruction, and patients were intended to be cured. As constituted now, neither object is attained.

I remain yours truly,  
A PUPIL.

November, 1853.

P.S.—In another letter I shall perhaps call your attention to the abominable mode in which the dispensing is carried on at our hospitals and dispensaries, and shall show that the enormous amount of prescriptions cannot be dispensed. This is sad!

### THE PRIZE SYSTEM.

To the Editor of THE LANCET.

DEAR FRIEND,—One of thy correspondents, who signeth himself "Facts Suffice," writeth to thee, indignant that prizemen are not the only ones chosen to the honour—if honour it be—of service in the military department of the East Indian army. The letter was well answered, as I expected it would be, by another correspondent. The subject, however, is one of serious importance, and the question naturally presents itself—Are prizemen the best men? Verily, I think not necessarily. I well remember, when a student at St. —, a lank, lean gentleman, an inimitable prize-getter—he swept off every prize—amongst the rest, senior anatomy and senior surgery; and yet it was notorious he had never dissected a part or put up a fracture in his life—he was a stranger to both nurses and dissecting-room porter. Another prizeman of my acquaintance is now physician to a hospital; he, too, has gleaned his knowledge from books, and not from the bed-side. To his prize qualifications he also adds the, at present, almost rabid quality of paper-reading at societies; and it were amusing, were not the feeling largely mixed with pain, to see his theoretical views of disease coloured by his coming papers. Is it a paper on Tubercle with which he purposes enlightening mankind, how wonderfully tuberculous become his patients a fortnight before the time. Is it on "Intestinal Obstruction," even diarrhoea shall have its origin from a stoppage in the gut. Really, friend, such things are painfully farcical. Far be it from me to detract from the well-earned honours of a book-worm, but let clinical tests be also applied to the aspirant for medical reputation. It were little satisfaction, I take it, to a wounded Sepoy on the battle-field, with a badly-handled fractured limb, to be told his tormentor was a prizeman; or, for the matter of that, would a reflecting London cabby, the inmate of a hospital, be any the more gratified? By all means, let success for the most deserving be a matter of certainty; but thy experience will agree with me that the bed-side, more than the prize-room, would be the better place to judge of good men.

I remain, with all respect, thy friend,  
November, 1853. A QUAKER.

APPOINTMENT.—William P. Kirkman, Esq., of the Suffolk County Lunatic Asylum, has been appointed Assistant Medical Officer to the Devon County Asylum, in the room of Dr. Manly, who resigns at Christmas.