

and that the patient from whom the matter was derived was a male under the care of Mr. Walter Coulson. On the 25th of November six inoculations were made by Dr. Boeck on the female patient with matter taken from the indurated sore in Mr. Coulson's male patient, D—. All six were followed by well-developed pustules, which were inoculated successfully through eleven generations in the same female patient. Yet now, to my surprise, in spite of all this, Mr. Lee says that D— was the only patient in whom Dr. Boeck was supposed to have obtained positive results from an indurated sore. It had never occurred to me to include D— among Dr. Boeck's cases at all; the man throughout was under the management of Mr. Coulson, to whose perseverance any credit attaching to the result is therefore due. It is a case in point, and one of very great importance; but it has never been reckoned among Dr. Boeck's cases.

Mr. Coulson inoculated D— from his own sore repeatedly, I believe daily, for nearly three weeks; but it was only at the end of that time that he succeeded in obtaining characteristic pustules. Mr. Lee has thrown doubt on this case, because the man was being inoculated at the same time with matter from soft sores, and he thinks it possible that some mixture of the two matters may have taken place. Having had nothing to do with the case, this is no affair of mine; but I wish to point out that the 27th November was the day on which D— was first inoculated with matter from soft sores, and that the inoculations on the female patient from D—'s indurated sore were made two days previously. Therefore, as Mr. Lee "can himself attest that this (viz., D—'s) was originally a case of uncomplicated indurated sore," and as Dr. Boeck inoculated the female patient from it while it was in its *original* state, and before any inoculations with soft matter had been made on D—, from which possible complications might be imagined, it is clear that Dr. Boeck did succeed in this instance in producing a lineal series of inoculations from an uncomplicated indurated sore, which is the point for which I have been contending.

I may as well add that the female patient was not inoculated with any matter from soft sores till after this series was completed.

There have been no less than five successful cases of inoculation from indurated sores at the Lock Hospital during the last six months: one by Dr. Boeck, one by Mr. Gascoven, one by myself, and two by Mr. Coulson. The first three were inoculations on syphilitic patients; the last two were auto-inoculations.

I am, Sir, your obedient servant,
Berkeley-street, Piccadilly, May 21st, 1866. JAMES R. LANE.

DR. LAYCOCK ON DELIRIUM TREMENS.

To the Editor of THE LANCET.

SIR,—In the concluding portion of a lecture on Delirium Tremens by Dr. Johnson, published in THE LANCET for April 28th last, I find the following paragraph:—

"Recently another theory of delirium tremens has been advocated by Dr. Laycock.* This theory is that the presence of alcohol in the blood is the immediate cause of the disease, and therefore that the main object of treatment should be to eliminate the alcohol. Opium and alcohol must, according to his theory, be injurious in the treatment, since opium checks elimination, and the administration of alcohol tends to perpetuate the disease; yet, with curious inconsistency, Dr. Laycock states that a glass of wine with gruel at bedtime is a very useful soporific in the treatment of delirium tremens."

I would beg leave to assure the eminent physician who makes this statement that he is entirely mistaken in attributing this eliminative theory of the pathology and treatment of delirium tremens to me. I cannot even imagine how he has fallen into the error, because in the paper to which he refers there is nothing whatever to warrant such a statement; on the contrary, the whole of his own views, with certain trifling exceptions, are expressly stated therein, or in another paper of mine published in the *Edinburgh Medical Journal* for November, 1862, as a sequel to the preceding. In short, I have never at any time or in any place taught or alleged that the presence of alcohol in the blood is the "immediate cause" of delirium tremens, and, therefore, that the main object of treatment should be to eliminate the alcohol, as Dr. Johnson so distinctly affirms. Alcohol is the cause of drunkenness (*ebrietas*), but that is not delirium tremens.

* *Edinburgh Medical Journal*, 1858-9, p. 289.

I treat of the causes of delirium tremens in the identical page of the *Edinburgh Medical Journal* to which Dr. Johnson refers his readers as follows:—

"Delirium tremens is usually understood to be a disease consequent upon the sottish or excessive use of alcoholic or fermented drinks..... But it is only a few of those who drink hard that have delirium tremens at all; while those drunkards who have it are subject to it paroxysmally, or suffer only occasionally, under certain conditions. It is of primary importance, therefore, to determine what those conditions are. Now as the disease is one of cerebral disorder, we may conclude that they have reference—1, to the condition of the brain or its vessels; 2, to the condition of the blood circulating therein; 3, to the condition of important viscera in close relation with morbid conditions of the blood or brain. Under these three heads may be classed, as follows, the more important of the predisposing and exciting causes of the disease—i. e., the conditions necessary to an attack.

"1. *Conditions of the brain or its vessels.*—(a) Habitual stimulation from any cause, whether it be more materially and mechanically by drugs, as spirits, wine, malt-liquor, (with its constituent adulterating drugs,) or opium, ether, &c.; or psychically, from over-thought, overwork (mentally), continued anxiety, strong emotions, sexual indulgence. (b) Constitutional predisposition to irregular cerebral action, known as the nervous temperament, and characterized by a predisposition to 'nervousness,' insanity, epilepsy, and other convulsive diseases, neuralgia, &c. (c) Conditions the result of antecedent or actually existing (but insidious) disease of the brain or its membranes..... (d) Recent injuries to the head received in the drunken state; or diseases affecting the brain especially, which have come on very recently, as masked gout, certain forms of bronchitis, pneumonia, and pericarditis; inflammation of the liver, spleen, kidneys, &c.

"2. *Conditions affecting the blood.*—(a) Alcohol in the blood predominantly. (b) Defective supply of nutrient materials in the blood consequent on loss of appetite or inability to digest food. (c) The presence of fever-poisons. (d) Retained excreta, as carbon or carbonic acid, bile, urea, &c.

"3. *Conditions of important viscera.*—(a) Inflammatory affections: gastritis is hardly ever absent; duodenitis with constipation frequent; hepatitis and chronic nephritis, or chronic congestion of the kidneys, by no means rare. (b) Structural diseases, as of the liver, stomach, and kidney, may be looked for.

"These are mentioned as predominant conditions; they do not exclude, however, other causes of morbid change in the brain and in the blood, and which are presented in cases of delirium tremens in great variety. Perhaps the most noticeable and important is the sleeplessness so constantly observed to precede and accompany the delirium, and which, itself a result of morbid action, is usually, in its turn, a cause of those further morbid changes in the brain upon which both it and the delirium depend. Now the treatment of delirium tremens consists essentially in the treatment of these conditions: this object being satisfactorily attained, the symptoms cease—i. e., a cure is effected. These views are illustrated by the following cases."

The first four cases were patients who were intoxicated (whisky-drinkers) at the time of admission into the Edinburgh Infirmary, although showing also the symptoms of the delirium. It is an important practical fact that the great majority of this class of patients are more or less alcoholized when they first come under treatment, or, in plain phrase, are drunk as well as delirious. Hence the necessity of waiting a few hours, so as to give time for the brain-symptoms induced by the drink to subside, and the symptoms proper of the delirium to be manifested, before commencing active treatment. Now I presume this result is attained by the elimination of the intoxicating drink; and to this extent only, and no further, do I admit the eliminative theory which Dr. Johnson attributes to me. In my comments on these four cases of spirit-drinkers I observe—

"The immediate indications were therefore twofold—1, to allow time for the alcohol present in the blood to be eliminated before taking other steps; 2, to procure sleep. A purgative assisted nature in the elimination, and a comfortable supper after long abstinence from food sufficed to procure sleep. I usually direct a basin of light nourishing soup or beef-tea to be taken at nine or ten o'clock; more solid food is not well tolerated at first by the irritable stomach. Two or three table-spoonfuls of wine are added, partly to make the soup more palatable, and partly medicinally; for experience has convinced me that a slight stimulant at bedtime is often the best hypnotic.

In typhus and typhoid fever, when wakefulness and nocturnal delirium harass the patient, no more efficient or safer remedy than this supper of vinous soup can be given."

Dr. Johnson will observe that there is not a word here or indeed elsewhere of a "glass of wine with gruel." In truth, I think I never prescribed gruel for any case whatever of delirium tremens. As to my alleged eliminative "theory," the sum of what I stated is—get your patient sober and keep him so; and I hardly think that to direct two or three tablespoonfuls of wine to be taken in soup at bedtime amounts to a "curious inconsistency," nor indeed would the prescription of a glass of brandy.

The treatment I advocate is rational and not theoretical; that is to say, it is founded on a careful investigation of the state of each patient. In each we have to determine "when diet and regimen will serve, and when opium, tartar emetic, digitalis, chloroform, or the like are to be administered, and how." I quote from my second paper,* and in the same paper I thus indicate the general points:—

"In the treatment of all cases alike there are certain points to be attended to which may be briefly noted. The patient is to be put to bed, his clothes taken away, and all friends dismissed. The hands and face must be washed; the room kept cool and fresh, but not cold. No mechanical restraint must be attempted, but the patient governed by a calm, gentle, yet firm and positive manner. If the breath smells of drink, it will be expedient to await the elimination of the poison; and nothing more than a purgative should be given medicinally, unless there is reason to suspect an overdose, when a gentle emetic may be prescribed. The patient should be examined carefully, as opportunity offers, for any complications. More especially the attention should be directed to the *head*, to determine whether any injuries have been inflicted on it recently or previously; to the *lungs*, with reference to pneumonia, bronchitis, and acute congestive affections (and as to these physical diagnosis is essential, because the ordinary symptoms are often absent in consequence of the state of the brain); to the *heart and pulse*; to the state of the *liver*; and to the *kidneys and bladder*, as to retention of urine, albuminuria, &c. Inquiry should be made as to the habits of the patient, and the kind and amount of intoxicant taken; as to previous treatment, especially with reference to opium and stimulants; and as to any predisposition to cerebral disorder. When the case has thus been examined as to its course and complications, and when the true character of the hallucinations &c. is manifested, *independently of the direct influence of the intoxicant drinks or drugs*, as opium or other nervines (and this is most important), the practitioner is in a position to establish his diagnosis and prognosis."

Dr. Johnson's remarks seem further to imply that I object to alcohol and opium theoretically. Now, I have nowhere discussed whether opium checks elimination or not in delirium tremens; and, I repeat, I cannot even imagine what has led Dr. Johnson to make the statements quoted above. I have, in fact, great doubts whether "opium checks elimination." I know it induces both diuresis and diaphoresis in certain cases; and I have not the slightest reason for concluding that it operates, when judiciously given, as a check on elimination in delirium tremens, or even in cholera. On the contrary, I am of opinion that in small doses it acts conversely. And I therefore do not wholly concur with Dr. Johnson's theory as applied to the treatment of the latter disease. It would interest me to be informed exactly where Dr. Johnson found the materials for what he has attributed to me; certainly in none of my own papers.

I am, Sir, your obedient servant,
Rutland-street, Edinburgh, May 8th, 1866. T. LAYCOCK, M.D.

IODIZED COTTON.

To the Editor of THE LANCET.

SIR,—I have received so many communications concerning the "iodized cotton" made on the 15th of last March at my suggestion by Messrs. Bell and Co. of Oxford-street, and exhibited by me at the *conversazione* of the Obstetrical Society on the 29th of March, that I am induced to send you the following particulars for the information of your numerous readers. It is made as follows:—Two ounces of iodide of potassium and one ounce of iodine are dissolved in eight ounces of glycerine, in which solution eight ounces of cotton wool are thoroughly saturated and then carefully dried. The best method of ap-

plying it is to take a portion of the iodized cotton about the size of a half-crown piece secured by some silk thread tied crosswise, and, passing it through a speculum, to press it firmly against the cervix uteri, over which a piece of cotton wool similarly secured, somewhat larger, and freely saturated in glycerine, should be placed and retained *in situ* while the speculum is being withdrawn. It may be applied twice or three times a week, and be kept in the upper part of the vagina from twenty-four to forty-eight hours.

The cases in which I have found the application most useful are, subinvolution with or without congestion or induration of tissue; in cases of chronic inflammatory enlargements and thickenings of the cervix uteri; in one case of pruritus, apparently due to acrid secretion passing through the os uteri; in two cases of fibroid disease of the anterior lip of the uterus; in chronic pelvic cellulitis; in hæmatocele; and in one case of epithelial cancer of the neck of the uterus.

It possesses the following advantages:—It is clean, light, and portable; it produces no irritation; destroys all fœtor; is considerably stronger than the compound tincture of iodine, is more readily absorbed, and can be kept in contact with the diseased tissues for a longer period. Moreover, it does not soil the linen like the medicated pessaries and suppositories and many other topical applications in general use for uterine affections.

It was only the other day a clergyman's wife informed me that she preferred this local remedy to all others, because the laundress of the village, of which her husband is rector, does not know by her linen that she has any internal disease, which was always the case with former applications to that part. Several of my patients, wholly unconscious of the nature of the remedy, have complained of a taste of sea-weed from four to eight hours after its introduction. If the iodized cotton be withdrawn from the vagina in thirty hours it is nearly white, showing beyond all doubt that it has parted with the greater part, if not all its iodine. On analysis, a portion of the iodized cotton which had been retained forty-eight hours in the vagina was found to contain only a slight trace of chlorine. I should state that by the aid of the silk thread attached the patient can remove it herself at any time.

I am confident that if your readers engaged in the treatment of female affections will give it a fair trial in suitable cases, they will not be disappointed with its effects.

I am, Sir, your obedient servant,
Grosvenor-street, May, 1866. ROBERT GREENHALGH, M.D.

THE NEW BYE-LAWS OF THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—In comparing the new bye-laws of the College of Surgeons with those in force until the beginning of the present year, I regret extremely to see how little change has been made in the present radically bad government of the College. In vain do I look for any of those reforms which have been so long and patiently expected by the profession, and so earnestly advocated in THE LANCET. There is no modification in the regulations of the meetings of Fellows and Members whereby they may obtain some share in the direction of the affairs of the corporation. When may we hope that the Fellows, if not the Members too, shall meet annually and receive from the Council a statement of its proceedings during the past year, so that the conduct of each councillor may be scrutinised by their constituents before re-election? How long are we to wait for a regular publication of the deliberations of the Council, reporting the speakers' names and remarks?—these two measures which, with many others, have been during a long series of years urged again and again on the Council by one or two of their body gifted with a better perception of the reforms necessary to restore to the College of Surgeons its authority as a representative of the medical profession. It is disappointing indeed to find how little the efforts of the more liberal councillors have availed in overcoming the *vis inertiae* of the majority of the governing body. Let the Fellows at each election of councillors not fail to send an accession of strength to the liberal phalanx, so as to convert the present minority into a working majority. Then those reforms so badly wanted will be secured—namely, publication of the proceedings of the Council; annual meeting of the Fellows and Members; voting by proxy; and, as a consequence of these, a system of examination which shall afford proof of sufficient knowledge in the candidates for the fellowship and the membership. It is dis-

* Practical Notes on the Diagnosis, Prognosis, and Treatment of Delirium Tremens. Edinburgh Medical Journal, November, 1862.