

tion. The "new schools," containing the museum and lecture-rooms, are not the less excellent because money has not been spent on elaborate exterior. Even to compare the museums of Cambridge *en masse* with those of Oxford, suggests that "Lumbricus," when he dwelt among us, had his range of vision sadly limited,—perhaps through fear of the "early bird." I shall not here enlarge on the riches of our geological, mineralogical, botanical, pathological, and zoological museums; it is only necessary to say that the last-mentioned collection excels in its comparative anatomy series, its peculiar excellence lying in the comparative anatomy of vertebrata. With this grand series "Lumbricus," of course, has nothing in common.

"Lumbricus" says we have no "Professor of Experimental Physics" at Cambridge. It is true that no professor bears that exact title, but has "Lumbricus" never heard of Willis, Professor of Natural and Experimental Philosophy, whose views on the physiology of the larynx have been so universally accepted that he is quoted in every European work on physiology? or again, has "Lumbricus" never heard of Professor Stokes, whose lectures on applied mathematics are no less the admiration of his class than his grand discovery of the different forms of cruorine is of the scientific world? With two such lecturers on experimental physics, it is not surprising to hear that Oxford, unable to compete with us, is obliged to choose a Cambridge man to fill her professorial chair. But these are not our only professors in physical science known to the world. Our Professor of Mineralogy is well known throughout Europe; and his manual is indispensable to every mineralogist. Our Professor of Chemistry has no rival as a lecturer in the metropolis. Professors Sedgwick and Adams—names not likely to be forgotten,—also belong in part to physical science. In biological science I need only enumerate the Professors Babington, Humphry, and Newton, to remind your readers that we do not lack energetic workers in this department.

"Cambridge has sacrificed the development of physical science to the foundation of a medical school." No piece of information which "Lumbricus" gives us is so astounding as this. Would that it were really true. To all who look at the profession of medicine in the right light, this would be indeed good news. If all the intellectual power which is being put forth in this University to grapple the problems of physical science were concentrated on the study of medicine, what might not be the result! Surely, the profession would at least acquire a different status, and we should no longer find physic shading off imperceptibly through honest humbug to the absurdities of homœopathy, or still find surgery highly esteemed which only combines the skill of the barber and butcher.

But "Lumbricus" looks at medicine with a jaundiced eye—the expression in this case is unfortunate, as "Lumbricus" has nothing homologous to a liver, and his eyes are aberrant. Besides, if he had such organs in such a state, he might unwillingly contribute to our knowledge of hepatic disease. But to be serious, "Lumbricus" has no wish to hide the fact that medicine is in disrepute in Oxford. Dissection of human bodies is not in accordance with "the traditions of University life"—it does not aid in the "higher education" gained by the cleaner work of dissecting snails and earthworms. I had before heard that to be a medical student at Oxford was not quite the thing. 'Alas! poor "Lumbricus" fears lest the caws should peck at him. As a home-thrust to "Lumbricus" I would say, in the words of a Quarterly Reviewer, "Let him remember how much abstract scientific work is annually produced by the medical profession."

It has been noticed above, that "Lumbricus" points with scorn at the poverty of the University of Cambridge. I can only say that I wish the Colleges were equally poor. If you could see before you the great blank which represents the life of the majority of the grey-headed resident College fellows—and see, as may here be plainly seen, that this want of energy is mainly due to their being able without any exertion on their part to fare sumptuously every day—if, I say, you could see this, you would think it no bad thing even if the science student of Cambridge has a severe struggle for existence.

In conclusion, I would say, as one attached to this educational villus who cannot remain unaffected during intestinal complaints, that though, from inherent and adherent properties, I am unable to work through and through the earth, still I may be allowed to say that here one has a plentiful supply of pabulum in a favourable condition for assimilation.

I am, Sir, yours obediently,

Cambridge, Jan. 1868.

CELLULA.

## IODIDE OF POTASSIUM IN LARGE DOSES.

To the Editor of THE LANCET.

SIR,—During the years 1858-59, whilst a student at the Edinburgh University, I performed a series of experiments in order to test the effects of different drugs upon myself. In THE LANCET of April 14th, 1860, you did me the honour of publishing the result of my observations on the iodide of potassium. To that report I beg to refer Dr. Julius Pollock for further details. Suffice it here to state that, with gradually increasing doses, I was enabled to take *one ounce per diem* of that drug with no other effects than slight catarrhal symptoms. I at that time thought that, in the treatment of syphilis, chronic rheumatism, &c., all the good effects of the drug might be obtained by small doses; but further experience has convinced me that large doses—twenty or even thirty grains—are not only well borne, but are frequently required in order to effect a cure.

I remain, Sir, yours &c.,

Maida-hill, Dec. 23rd, 1867.

R. S. Sisson, M.D.

To the Editor of THE LANCET.

SIR,—The suggestions of Dr. Pollock and Sir Henry Thompson in late numbers of THE LANCET, as to the treatment of secondary and tertiary syphilitic affections by large doses of iodide of potassium, are extremely valuable, and the whole question is one of great practical importance; and as the subject has now been mooted in your columns, it may not be uninteresting to add other experience as to these often intractable forms of disease.

Like most other practitioners, I also have continually found the iodide, when given in small or moderate doses, fail to arrest the ravages of ulcerative secondary or of tertiary syphilis, but I have for some time past been aware of the singular increase to the efficacy of this drug which is produced by combining with it a salt of iron, or, what I find to be better still, a double salt of iron and quinine. In this way I find that a dose not exceeding eight to ten grains of the iodide of potassium, with the same quantity of the citrate of iron and quinine, rarely fails to stay the progress of the disease, and has repeatedly, in my hands, been at once and progressively effective, when the same dose of the iodide by itself has exerted little or no power over its progress. Indeed, so frequently has this been the case, that my rule now is to begin at once with the compound mixture, instead of with the iodide alone, or in solution in the usual bitter infusion.

Iron has long been known to be very useful in tertiary and some secondary affections; and I doubt not that its action is to counteract and rectify the blood cachexia which is so markedly present in these cases. But I believe, also, that the quinine has its special advantage over other bitters; in all probability as more markedly opposing undue destruction of tissue. But whatever the theory of their action, I can state that my case-books now show many instances of most successful results from the above method, after the iodide alone, even in good doses, had been given in vain; and I have at this very time two patients under my care in the Norfolk and Norwich Hospital, suffering from severe tertiary affections, who are rapidly receiving the most marked benefit from this mode of treatment, of whom one—a woman—has suffered for nine years from ulceration of the nose, hard palate, and pharynx, and has been treated in vain at one—if not two—public hospitals, where it may be safely inferred she has taken the iodide of potassium in at least the usual doses.

I am, Sir, your obedient servant,

Norwich, Dec. 31, 1867.

PETER EADE, M.D.

## ON LITHOTOMY BY A SEMILUNAR EXTERNAL INCISION.

To the Editor of THE LANCET.

SIR,—The very interesting lecture by Sir W. Fergusson on the 4th instant, and the communication by Mr. Erichsen on the 11th instant, pointing out the value of a semilunar external incision in lithotomy as an important improvement—being, in fact, a combination of the "bilateral" and "lateral" operations, and having many advantages,—tempt me to say that, during the years 1846-8, the late J. A. Ransome, Esq., very constantly operated, at the Manchester Infirmary, in the way

suggested by Sir W. Fergusson, with the trifling difference of extending the left crus of the semilunar incision about two lines lower down, between the rectum and ischium on the left side, "to allow the urine a more easy escape."

The reasons given by Mr. Ransome for adopting this combination of the two acknowledged operations were those so well set forth by Sir W. Fergusson. I have notes of more than twelve cases operated on in this way by Mr. Ransome with very good results. And if my memory serves me well, Mr. Jordan has many times operated in this way; but, as I have not any notes of his cases, this I give from memory alone.

I am, Sir, yours, &c.,

J. OGDEN FLETCHER, M.D., F.R.C.S.

Manchester, Jan. 1868.

## THE CONTAGIOUS DISEASES ACT IN CHINA.

To the Editor of THE LANCET.

SIR,—Referring to your annotation on this important subject, allow me to state that in the 1st volume of THE LANCET for 1862, page 631, when writing on the ravages of syphilis at Foochow and other parts of China, I said:—"Were Lock hospitals established in the chief cities of this country, an incalculable boon would be conferred on the natives." I trust our Government will, without delay, co-operate with the colonial authorities, and establish the European sanitary police system both in China and Japan.

By these means, the natives themselves, and our soldiers and sailors, will be greatly benefited. I am sure our consuls and excellent medical missionaries will give their valuable assistance in promoting this benevolent scheme, and that they will be seconded by the executive and medical officers of both services now stationed in those countries.

You are aware that I have for some time, along with Dr. Dickson, R.N., and others, advocated the extension of the Act to the mercantile marine, and the civil population of large towns of this country; and it is satisfactory to notice, that these prohibitive regulations are slowly, though surely, finding favour with the Government and the public.

I am, Sir, yours faithfully,

Kidderminster, Jan. 1868.

JOHN ROSE, M.D.

## THE NEW PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—A few days since I prescribed "liquor morphiæ hydrochloratis," and my prescription was dispensed by a first-rate chemist at the West-end. The effect of the medicine was such as to satisfy me that my patient had taken more morphia than I intended to administer.

Speculating as to how a mistake could have been made, I surmised the possibility, but could scarcely admit the probability, of the prescription having been dispensed according to the formula of the London Pharmacopœia, which I supposed was now *entirely* cancelled. However, on applying to the chemist, I was surprised to find my suspicion realised, and was told that they always dispensed according to the old forms unless otherwise directed. From this it is evident that for security it is still desirable to head the prescription with Ph. B., a proceeding which ought now to be quite unnecessary.

I am, Sir, yours &c.,

Southwick-place, Hyde-park-square, Jan. 1868.

THOMAS BALLARD, M.D.

## TAPEWORM IN BIRDS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 4th instant, page 31, I find it stated that Mr. Lawson Tait had discovered in the lungs and mesentery of a swallow "minute yellowish-grey points, which presented under the microscope all the characters of tubercle."

It might interest some of your readers to hear of another disease which seems to afflict the feathered tribe,—I mean Tapeworm.

Last year, whilst residing in Norfolk, I caught in a garden a poor half-starved-looking sparrow. Turning the "puir wee birdie" over in my hand, I found underneath one of its wings a fistula, and hanging out of this fistula was a piece of tape-

worm, about half an inch long. I took hold of this, and drew out a portion of worm nearly three inches in length. Every joint was as perfect as those found in worms expelled from the human body. No doubt the existence of this parasite in the system of the bird was the cause of its thin and wasted appearance.

On account of a certain circumstance which occurred, I was unable to make a post-mortem examination of the little creature. It would have been interesting to have seen if there were any other portions of worm in the viscera; and it would have been still more interesting to have seen how far the fistula penetrated, and what were its connexions. Information as to these points, I am sorry to say, I cannot give. How the parasite got into the system of the bird is, I think, of easier solution. That sparrows are fond of meat we all know; it is, therefore, just possible that the one above mentioned may have picked up some bits of infected meat, and thus, unconsciously, given itself tapeworm.

I am, Sir, your obedient servant,

THOMAS LAWRIE GENTLES, Surgeon.

Derby, Jan. 1868.

## LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

THE following epitome of cases of recent occurrence may interest your readers. I propose on future occasions, when your space will admit of it, appending a short account of any case of sufficient importance occurring in the practice of our hospital physicians and surgeons. Those given below were admitted into the Southern Hospital, under the care of Dr. Nottingham:—

*Traumatic Tetanus; Recovery.*—T. L—, a boy of delicate frame, was admitted July 14th, with a lacerated wound of the left foot, on the underpart of the ball of the great toe. Tetanus likely to prove fatal came on seventeen days after admission. Salivation from mercurial treatment was followed by complete recovery.

*Strangulated Hernia.*—W. J—, a young man of eighteen, brought from a ship with strangulated inguinal hernia on the right side, was admitted and operated upon July 29th. After the fold of intestine was returned, a portion of omentum, of the size of a pigeon's egg, with adhesions preventing satisfactory reduction, was tied and excised. Patient recovered favourably.—A corresponding operation, with removal of a larger portion of omentum, was practised Dec. 3rd upon a female, aged fifty-four, with strangulated femoral hernia, "down some days." She is doing well. Both these patients had neglected the truss. In the after-treatment of both, opium and not purgatives was at first employed.

*Ovariectomy (Four Cases).*—A. R—, aged thirty-seven, mother of one child, had found herself becoming larger during nearly two years, but was otherwise healthy. When the cyst was compressed laterally between the hands, a pulsation was imparted to it by the aorta behind, which led to some difference of opinion with regard to diagnosis. Ovariectomy, June 13th.—Cyst contained fifteen pints of fluid, no adhesions of importance. The ligature applied to the pedicle on the left side came away after one month had elapsed. The patient has recovered favourably.

CASE 2.—Miss B—, aged thirty-six, had complained during two years before the operation of gradual abdominal increase with progressive decline of health, and seven weeks before it was performed there seemed no prospect of ovariectomy—the patient being then so emaciated and feeble; but to relieve extreme distension and suffering tapping was resorted to, and thirty-five pints of fluid heavily charged with albumen, was let off. Remarkable improvement in health followed the paracentesis, and the cyst again distended was removed August 29th. Adhesions to the parietal peritoneum were met with on both sides; the left side pedicle was secured by a clamp with parallel blades which was removed after five days, and the patient recovered good health, which she now enjoys. This case occurred in the private practice of Dr. Nottingham.

CASE 3.—Mrs. F—, aged forty-seven, a strong woman, mother of one child, had suffered from ovarian dropsy during eighteen months, and had been twice tapped. Ovariectomy was practised Sept. 4. The separation of the cyst, containing fourteen pints of fluid, from the intestines to which it adhered, was followed by considerable hæmorrhage. The parallel clamp employed was removed after five days. The patient seemed to feel no shock from the operation, and made a complete recovery.

CASE 4.—Mrs. W—, aged forty-four, mother of three children.