

rate, or to appear to exaggerate its powers, for this would prevent a proper estimate being placed upon it; yet to those who have not tried the remedy the whole truth will look like exaggeration. Cups, leeches, blisters, and the lancet do not equal it.—Dr. GORDON, in *Western Journal of Medicine*.

OLEA EUROPEA.—I was in the island of Mytilene at a time when fever and ague of the worst description were raging in the island;—in fact, it was so bad, that death ensued frequently after a week or ten days. The small quantity of quinine at the druggists' was soon exhausted, and I could procure none to administer to patients. Knowing that *biverine* and *salicine* were often used for fever and ague, I turned over in my mind all the bitters I could think which might prove effectual. Many were poisonous, and I rejected them; then thought of *olive-leaves*, and after several trials, I commenced administering doses of a decoction of the leaves—say two handfuls boiled in a quart of water till evaporation had reduced it to a pint. This I gave in doses of a wineglassful every three or four hours. Obstinate cases of fever gave way before it, and for many years I have found it more effectual than quinine.—Mr. MALTAS in *Pharmaceutical Journal*.

COFFEE-LEAVES.—The coffee-leaves, when digested with boiling water, yielded a deep brown infusion, which in taste and odour closely resembled an infusion of a mixture of coffee and tea. On the addition of milk and sugar, it formed a very tolerable beverage, and as the roasted coffee-leaf can be imported into Europe for rather less than twopence per pound, the poorer classes, are likely to find it a very useful substitute for tea and coffee. Should a more moderate temperature be employed in drying the leaf, I think its flavour would be greatly improved.—Dr. STENHOUSE in the *Philosophical Magazine*.

CHEMISTS' QUACKERY.—The worst case of typhus fever I ever saw I have now under care, in what I should say is the eighteenth or twentieth day: a young man of nineteen. The chemist was treating him for "the liver complaint" at a boarding-house, and when the boy began to rave, "packed off the young villain home"—to use his own words—in an open railway-carriage, forty miles the opposite side of London, through a succession of cabs, omnibuses, and trains, perfectly frightful to think about.—*London Correspondent in Dublin Medical Press*.

ETHNOLOGY OF THE NEW ZEALANDER.—According to Dr. Thomson, the average stature of the New Zealand race of men is 5 feet 6½ inches. 2. They are taller than the natives of Belgium or the temperate countries of Europe, but not so tall as the English. 3. Their average weight, deducting clothes, is 140 pounds, or ten stone. 4. They are about equal in weight to the natives of Great Britain, and heavier than those of Belgium. 5. The indolent life of the New Zealander tends to increase the bodily weight. 6. The circumference of his chest is about 35 inches, or a little under that of the British soldier. 7. The New Zealander is inferior in physical strength to the native of Great Britain, but superior to the Belgian. 8. His inferiority in this respect to the English soldier is probably in some measure attributable to the difference in the diet.—*Athenæum*.

### Foreign Department.

M. STEINLIN'S *Experiments respecting the Best Mode of Employing Galvano-Puncture in Aneurisms and Varicose Veins*.

BAUMGARTEN and Würtemberg had, by actual experiments, obtained the following results:—1. The negative pole alone gives rise to no coagulation. 2. The two poles used together produce but a very slow, feeble, and incomplete coagulation. 3. The positive pole alone produces coagulation very rapidly, completely, and infallibly. The "*Wiener Zeitschrift*" publishes some further experiments of M. Steinlin, which he performed in such a manner that the effects of galvano-punctures could be immediately seen, which circumstance could not exist in Baumgarten's experiments, as the latter were performed upon living men or animals. M. Steinlin used principally albumen. We have not space for full details of these experiments, but shall merely state that the above propositions were completely verified. M. Steinlin advises a combination of zinc and lead, or tin, to be used in galvano-puncture; or to have the steel needles covered with a layer of zinc. The mode of performing

galvano-puncture is as follows:—The needles are thrust into the aneurismal tumour, or the varicose vein, and then connected with the positive pole; after which the negative pole is brought in contact with a platinum plate, and placed on the skin in the vicinity of the aneurism. The integument should be moistened with a dilute acid or a saline solution. Instead of the platinum plate, a sponge dipped in a saline solution may be used.

### Vaccination without Punctures.

M. MORLANNE, of Metz, has just made public that he produced three regular vaccine pustules, which appeared on the fourth day, by merely placing some vaccine matter on the arms of two children, and rubbing up and down the spot with the sharp end of an ivory paper-knife. He was led to try the experiment from recollecting the fact of young girls taking the cow-pox on the fingers used for milking.

### FATAL BLEEDING AT THE MEATH HOSPITAL, DUBLIN.

To the Editor of THE LANCET.

SIR,—I have just finished reading a lecture reported to have been delivered and published by Dr. Stokes, of Dublin, and am no longer surprised that sanguinary epithets should be sometimes applied by the public to members of our profession.

His description of the practice of the Meath Hospital, Dublin, at the time when he was a student, is the most revolting detail of *treatment* I ever saw in print, and I make these few remarks in the hope that some Dublin physician will stand forward to contradict the statement, or that Dr. Stokes himself will declare it to have been a mere exaggeration for the sake of giving effect to his lecture, and to make the misuse of the lancet more fully felt by his hearers. He says—"There was hardly a morning at the Meath Hospital that some *twenty* or *thirty* unfortunate creatures were not phlebotomized largely. The floor was running with blood. It was dangerous to cross the prescribing-hall for fear of slipping. *Patients were seen wallowing in their own blood, like leeches after a salt emetic*, and these disgraceful scenes continued for many years."

Disgraceful indeed! Why was this state of things not stopped by Dr. Graves? He surely could not have concurred in this wholesale murder, for murder it surely was, as the sequel proves. Dr. Stokes goes on to say next, "Leeches were applied, and over and over again the patient died while the leeches were on his temples—died as surely as if shot through the head;" and "an eminent apothecary assured him that there was then hardly a week that he was not summoned to take off a large number of leeches from the dead body."

Pray, Mr. Editor, let us hope for the sake of humanity that this is not true. The picture is too disgusting to contemplate.

I am, Sir, your obedient servant,

London, Jan. 1854.

A LOOKER ON.

### THE NON-PAYMENT OF MEDICAL REFEREES.

To the Editor of THE LANCET.

SIR,—You will much oblige me by inserting the following in your widely-circulated and useful journal:—

Some few weeks since, the Gresham Life Assurance Society applied to me for answers to certain questions relative to the health of a patient of mine. I replied, requesting the usual fee, prior to giving the necessary information. I heard nothing more from the office; but afterwards ascertained that the life was accepted. About ten or twelve days elapsed, when another application was made from the same office, respecting the health of another gentleman. I wrote, refusing to give the required information, upon the same grounds as before, expressing my surprise that I should have again been applied to for gratuitous information.

I would now beg to suggest to the profession, that on an application coming from this, or any other assurance society not recognising the payment of the medical referee, that no notice whatever be taken of the communication, but at once endeavour to persuade the patient to enter an office that acknowledges medical remuneration. They will in many instances succeed in taking them to more liberal societies; and, at the same time, be saved the trouble and annoyance of refusing to work for nothing.

I am, Sir, your obedient servant,

Longsight, near Manchester, Jan., 1854.

JOHN H. BILLING.