

THE SERVICES.

WAR OFFICE.—Scots Guards: Surgeon Geo. S. Robinson to be Surgeon-Major, in succession to Brigade Surgeon W. R. Lane, retired (dated Dec. 31st, 1887).

ADMIRALTY.—Staff Surgeon George Henry Madeley has been promoted to the rank of Fleet Surgeon in Her Majesty's Fleet (dated Feb. 21st, 1888).

The following qualified candidates for the Naval Medical Service have been appointed to be Surgeons in Her Majesty's Fleet (dated Feb. 22nd, 1888): Johnston Hamilton Acheson, M.B., John McElwee, M.D., Paul Wilkes Fraser, D'Arcy Harvey, M.B., Frederick William Collingwood, Reginald Thos. Alexander Levinge, John Christopher Ferguson, M.B., and Edward Pain Mourilyan, M.B.

The following appointments have been made:—Fleet Surgeon E. Mead, to the *Asia*; Staff Surgeon Thomas L. Horner, to the *Cambridge*; and Surgeon Edward R. D. Fasken, to the *Excellent*.

RIFLE VOLUNTEERS.—4th Volunteer Battalion, the Durham Light Infantry: Surgeon W. C. Blackett is granted the honorary rank of Surgeon-Major (dated Feb. 25th, 1888).—1st Volunteer Battalion, the South Staffordshire Regiment: Honorary Assistant Surgeon W. F. M. Jackson is appointed Acting Surgeon (dated Feb. 25th, 1888).—1st Volunteer Battalion, the Duke of Wellington's (West Riding Regiment): Acting Surgeon W. E. Gascoigne resigns his appointment (dated Feb. 25th, 1888).

Correspondence.

"Audi alteram partem."

LOCAL ANÆSTHETICS.

To the Editors of THE LANCET.

SIRS,—I have been much interested in Mr. Tweedy's observations on the action of erythrophloeine upon the eye. I pointed out in 1875¹ that the erythrophloeum bark had the same action upon the heart as digitalis, and it is interesting to note that the active principle has the same action upon the eye as digitalin. Messrs. Homolle and Quevenne observed that digitalin produced a slight opalescence in the lens, with slight dilatation of the pupil and diminution of its contractility. I did not notice any dilatation of the pupil in experiments upon my own eyes, which I may perhaps be allowed to quote. "When digitalin is introduced into the eye, it causes smarting and profuse lacrymation, which passes off in a short time, and nothing more is felt, except perhaps an occasional rough feeling of the conjunctiva, till four or five hours after, when on looking at a light you see it surrounded by a halo, presenting the prismatic colours, and not quite close round the light, but with a dark space between. This halo increases in diameter the further you move from the light, and becomes smaller and narrower as you approach. I have noticed an appearance exactly similar when light cirrhi were crossing the moon."² From this resemblance between the action of erythrophloeine and digitalin, it seems not improbable that strophanthin, helleborein, and all the other drugs belonging to the group of so-called cardiac poisons, may have a similar action upon the eye. I did not observe any anæsthesia, but, as I was not looking out for it, it may have been present, and, if so, it is possible that these other substances may also produce it. It must be carefully noted that the digitalin which I used in my experiments has been shown by Schmiedeberg to be a compound of no less than four substances—one of them, digitonin, having an action very much like saponin. Now, saponin has been found to have both a local irritant and local anæsthetic action; and if erythrophloeine is, like digitalin, a mixture and not a pure active principle, it is very likely that the different results obtained by Dr. Lewin and by Mr. Tweedy may depend upon the different composition of the substances they used, although these substances may bear the same name. It is quite certain that the number of substances which have a more or less local anæsthetic action is very considerable, and we are likely to hear of new ones

every day. Thus, Mays³ has shown that brucine, hydrastin, theine, and guaranine have a marked local anæsthetic action, and this property is observed in a great many members of the so-called aromatic series of bodies. Carbolic acid is a powerful local anæsthetic and the same property is possessed in a very marked degree by antipyrin. The local anæsthetic action of this drug was, I believe, pointed out by Professor Sée; and my friend, Dr. Sidney Martin, informed me some months ago that on subcutaneous injection he had found that it produced a very marked local anæsthesia, which might last for days or even weeks. I have tried it myself by painting a 50 per cent. solution of it on the abraded skin, and afterwards touching the part with tincture or liniment of iodine. Such a solution I found to be nearly as powerful as a 20 per cent. solution of cocaine, but the solution of antipyrin caused rather more smarting than that of cocaine. This powerful local anæsthetic action of antipyrin has, I think, not yet attracted much attention, and it seems to me possible that it might prove useful, as the price of the drug is so much less than that of cocaine.

I am, Sirs, your obedient servant,
Stratford-place, W., Feb. 23rd, 1888. T. LAUDER BRUNTON.

ELECTROLYSIS.

To the Editors of THE LANCET.

SIRS,—I have employed electrolysis in "fibrous and other tumours on the external surface of the body," to which the concluding paragraph of your leading article of Feb. 25th makes reference, in some instances with eminently satisfactory results. In the eleventh volume of the Transactions of the Clinical Society of London will be found reports of cases of epulis treated by electrolysis by myself and the late Dr. Mac Oscar. My paper was read on April 12th, 1878. I said that the electrolytic treatment of tumours and morbid growths is of value in proportion to the inapplicability of other methods of removal; and my subsequent experience sustains me in that opinion. But the electrolytic current (the constant current in a mild form) is of great use in other local diseased conditions. Sir Spencer Wells, as far back as 1853, wrote in the *Medical Gazette* of the usefulness of a mild galvanic current in bringing about a healthy action in indolent sores, and in consequence of reading his paper I successfully employed such current in a case of obstinate sinus on the cheek, which had defied much treatment at the hands of many surgeons. I advocated its employment in sinuses of the breast left after abscess at the Obstetrical Society in 1861. In the treatment of tumours, however, I was following Dr. Althaus's lead of 1867. I was disappointed with the effect in a case of cheloid, but in angioma I should hardly think of any other than the electrolytic treatment.

I am, Sirs, your obedient servant,
Feb. 27th, 1888. T. W. NUNN.

"THE MEDICAL AND VETERINARY SCIENCES."

To the Editors of THE LANCET.

SIRS,—In the report of the proceedings of the Medical and Chirurgical Society in your issue of Feb. 25th an expression is used which, standing alone, must lead your readers to suppose that in the course of my remarks on "tuberculosis" I made some severe strictures on the members of the medical profession. The remarks made by me under this head were inspired by the tone of an annotation in your issue of Feb. 11th, and to which Mr. Lambert has called attention:—1. In reference to your statement that it is to the members of the medical profession the credit is due of having directed attention to the development of a disease in the human subject (scarlatina) from a bovine disease, I stated that the medical profession was quite welcome to such credit, seeing that I was not acquainted with any responsible member of my profession who had attempted to prove that which never existed. 2. In reference to your statement that it has been members of the medical profession who have taken the initiative in studying and discussing the relationship which exists between human and bovine tuberculosis, I gave a history of the endeavours that had been made by the members of my profession during the last fifteen years to bring this

¹ Angola and the River Congo, by I. Monteiro, p. 96. (Macmillan, London.)

² Lauder Brunton on Digitalis. (Churchill and Sons, London, 1868.)

³ Journal of Physiology, vol. vii., p. 461.