

syphilis in a frightful form. I have made it my business to attend the shipping office and watch what class of men make application for service. Were the authorities to be present, they would have no difficulty in accounting for the present state of our mercantile marine, which, in a sanitary point of view, all will agree is at a very low ebb. Lime-juice, and all the antiscorbutics in the world, offer no remedy for such a state of things. The measure respecting these adjuncts to a sailor's diet is most praiseworthy, and is calculated to prove of the greatest service in contributing towards the preservation of a crew's health; but so long as men in a diseased and anæmiated condition are allowed to enter the service, so long will the present state of the mercantile marine remain unaltered. I have repeatedly asked captains how it is that they positively shirk having their crews inspected prior to shipment, according to the recommendation of the board. One and all answer that the clause relating to this point is a "permissive one." So long as it remains thus, owners will always disallow or grumble at the fee claimed by Government. Why, ask they, was not the Act compulsory in this respect as well as lime-juice? They would have been too glad to have seen it. They justly observe, they would rather go to sea with a healthy crew of eighteen or twenty men on whom they could rely, than thirty who show physical incapability. Thus far it is pretty plain; did it rest with captains alone, they would be but too pleased to avail themselves of the medical officer's services. But it is simply a question for the owner to allow or disallow the fee; so long as that is the case, we must consider the true meaning of the Act defeated, as usual, by a *permissive clause*.

This is a lamentable state of things; it is nevertheless the truth, at this port at all events, and I shall be glad to hear how far other medical inspectors can corroborate my statement. It is their duty to furnish Government with all the information in their power relating to this important question. I have brought the subject forward thus early, as I believe Mr. Cave contemplates consolidating the present Act next month. It is right he should therefore be informed how far the present clause as regards the inspection of seamen is likely to be effectual. Who should have greater physical ability to withstand the hardships of life than the sailor? who should be so able-bodied as he?—on duty at all hours, exposed to all weathers, to say nothing of artificial supply of nourishment. One who has to face a life of such deprivation should have a frame and temperament equal to the emergency.

I would suggest that all captains trading to certain foreign ports should have their men, prior to shipment, examined by the board medical inspectors. Such a measure would materially assist the Diseases Prevention Act; inasmuch as a sailor, knowing such inspection is imperative, will show much more consideration for his own preservation than he does at present, and will do his best to keep clear of the evil that is the pest of all our ports. As the matter now stands, poor Jack daily is shipped *en masse*, a victim to syphilis, scrofula, scurvy, and ills that are not patent to a captain's eye, until he is called upon for work at sea, too late to remedy the evil. One word more: I deem it unjust to that part of a crew who are in the enjoyment of good health that they should be exposed to the companionship of others who may be fit subjects for a lazaretto.

I feel sure, if those who have the power of legislating for poor Jack's benefit (if the Act is for that purpose) could only be witness of the minutiae and working of a shipping-office, they would take a step in the right direction. At this port I find, in many instances, that captains never see their crews until the day they leave dock for the basin—a few hours prior to putting to sea. Notice is given to agents that he requires so many men; the men are sent on board, good and bad together; and when at sea their physical disability soon becomes apparent. I call upon you, Sir, with your usual ability, and the interest you have hitherto shown in this momentous question, to bring the matter before the proper authorities, and see if it is not possible in England to have an Act of Parliament something more than a subject to be considered at the caprice of captains and shipowners. If the Act is really for the benefit of the sailor, let no one have a voice in the matter after the Legislature has once decided. A compulsory clause as regards inspection of seamen would prove eventually as beneficial to the captains and owners as it will contribute to put our mercantile marine on a footing it has not hitherto attained.

As regards the amended scale of medicine, it is to be hoped the Act will be carried out; but some authorised person should inspect the chest prior to its being shipped. I would suggest that, on a vessel arriving in port, the captain should

send the chest to a chemist, who, when he had replenished it according to the Government scale, should forward it to the medical inspector of the port, or some other authorised person, whose certificate should accompany the chest on board. The certificate in question would be a protection to the captain of a vessel in a foreign port, in case representation should be made by any of the crew to the consul that there had been an inadequate supply of medicines on board during the voyage. Such cases often occur, but the report of them seldom reaches England. I am, Sir, your obedient servant,

T. J. SANDFORD,  
Medical Inspector of the Board of Trade, late R.N. and  
Medical Superintendent of *Hamadryad* Seamen's  
Hospital.

Cardiff, Jan. 1868.

### MEDIO-BILATERAL LITHOTOMY.

To the Editor of THE LANCET.

SIR,—In due time I intend to publish, not only the single particular desired by "Chirurgus," but all the leading particulars of my lithotomy cases operated on by the medio-bilateral incisions.

I am, Sir, yours obediently,

Wimpole-street, Feb. 3rd, 1868.

H. THOMPSON.

### PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

M. BÉHIER, the clinical professor of La Pitié, entered with great spirit into the debate on Tuberculosis, and delivered a remarkable discourse, at the Academy of Sciences, full of pith and vigour; but to this I shall return, with further details, in a future letter. A communication was read from M. Gallard on the subject of "intra-uterine injections rendered harmless by means of the method *à double courant*." M. Gallard makes some sensible remarks on the subject, which it may be of interest to sum up in a few words. "I need not insist," says the author, "on the necessity of exercising, in certain cases, a direct or local therapeutical action on the uterine mucous membrane, nor on the advantage of employing fluid caustics in such cases. Now, in uterine injections, the great risk is that the fluid may flow through the Fallopian tubes into the peritoneum, or distend most painfully the cavity of the organ into which the injection is poured. This double danger is warded off when the fluid may effect its return through the orifice." M. Gallard employs for the purpose simply an ordinary probe, of a small size, and made of an elastic tissue. He has used it, he says, with great success in his hospital practice, and under the observation of numerous pupils. "The probe penetrates easily to the fundus uteri; through its great flexibility, its introduction is unattended with danger; owing to its small diameter it does not obliterate the orifices of the uterus (which, indeed, are invariably dilated in cases of uterine inflammation); lastly, there remains, between the surface of the probe and that of the cervico-uterine canal, an open space, through which the fluid easily flows back." Two or three grammes of fluid may thus be injected; beyond this quantity the fluid returns through the os uteri, and may be seen oozing out at the bottom of the speculum.

At the same sitting, M. Bergeron presented a communication from M. Géry, being the substance of a report which that able practitioner, one of the medical men attached to the *Etat Civil* of Paris, has drawn up with regard to the cholera visitation of 1865 and 1866. M. Bergeron spoke in most favourable terms of the report, and insisted on the accuracy of the statistical tables, and the sound judgment evinced in the inferences which the author had laid down, thus giving exceptional value to the history of the epidemic in one of the principal quarters of Paris. M. Bergeron, among other remarks, drew the attention of the Academy to one of the points which had marked the last choleraic epidemic—namely, the frequent absence of premonitory diarrhœa.

At one of the last meetings of the Society of Surgery M. Verneuil gave the substance of a work which has recently been published by M. Foley, of Lille, "On the Resection of the Wrist." The work contains the details of seventy cases, in eighteen of which the operation was performed for traumatic injuries, and in fifty-two for organic alterations. In eleven cases death ensued, making the rate of mortality to be 15 per cent. In this result the author has included those cases in which death ensued, not from the immediate sequelæ of the operation, but from the scrofulous or tuberculous diathesis of

the patient; the caries of the joint which had necessitated the operation having been, indeed, one of the manifestations of that diathesis. Death was brought on in some cases through various morbid changes dependent on the general affection of the patient, so that the percentage above named even overstates the rate of mortality. The result in favour of resection of the wrist is, therefore, great when compared with the rate of mortality in amputation of the wrist, which amounts to 33 per cent. Death supervened more frequently in cases of traumatic injury, and in cases of total resection, than in those in which resection was partial, and the operation was resorted to for some organic lesions.

M. Verneuil also entered into some details in connexion with another interesting thesis, written by M. Merlatto, on the subject of "Forced attitudes considered as a therapeutical means." M. Merlatto demonstrates that certain positions of the body impede or favour arterial circulation. Thus, forced flexion and extension of the forearm suspend the radial pulse; forced flexion and extension of the thigh diminish the flow of blood in the femoral artery; forced flexion of the leg has often succeeded in stopping the beatings of a popliteal aneurism. Arterial circulation in the upper extremity may be impeded by compressing the subclavian artery between the clavicle and the first rib, through placing the body in a certain position. The arm should be drawn backwards and downwards. M. Verneuil mentioned that in a case of a large aneurism of the axillary artery, occupying the whole of the armpit, he had been able to suspend the beatings of the tumour by the employment of the above attitude. Unfortunately, these positions are most tiresome, and cannot be maintained more than a quarter of an hour. They cannot, therefore, be of use as a remedy in the treatment of aneurisms, but may be of great help in cases of hæmorrhage. M. Guyon, one of the members of the Society, observed that the beatings of the radial pulse might be stopped as effectually by the employment of another posture, which consisted in lifting up the arm and turning it outwards.

## Medical News.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Licentiates in Midwifery at a meeting of the Board on the 5th inst. :—

Douglas, William, Belfast.  
M'Kay, Hugh Munro, Woodstock, Ontario.  
M'Larty, Duncan, St. Thomas, Ontario.  
Prior, Richard Henry, Chichester.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Jan. 30th :—

Baker, John Penning, York-place, Portman-square.  
B'rcy, Other Windsor, Canonbury-road, N.  
Cresswell, Richard, Lewisham, Kent.

The following gentlemen also on the same day passed their first examination :—

Richard Banks, and John Dawson Mason, of Guy's Hospital.

**ROYAL COLLEGE OF SURGEONS, EDINBURGH.**—The following gentlemen were admitted Fellows of the College at a meeting held on the 3rd instant :—

Cooper, Alfred, London.  
Hamilton, Thomas, M.D., London.  
Maclaren, Peter Hume, M.D., Lasswade.  
Marsden, Alexander Edrom, M.D., London.

The following gentlemen passed their final examinations, and were admitted Licentiates of the College during the recent sittings of the examiners :—

Campbell, John, Glasgow.  
Core, William Scott, County Tyrone.  
Roberts, Henry Prescott, Manchester.

**ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH : DOUBLE QUALIFICATION.**—The following gentlemen passed their first professional examinations during the recent sittings of the examiners :—

Walter Gallaway, Dabry; J. Wybrants Alphen, Downpatrick; Bessie Behary Du. t, Calcutta; Denis Walshe, Wickenny.

The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin. :—

Affleck, John, Dumfriesshire.	Horner, Thomas Lyle, Dungiven, Ireland.
Alexander, Peter, Dudley.	Innes, Robert, Aberlour.
Campbell, Archibald, Argyllshire.	Page, Joseph, Cork.
Corry, George, Northamptonshire.	Ryder, Peter, Liverpool.
Gass, James Burton, Dumfriesshire.	

**ROYAL COLLEGE OF SURGEONS IN IRELAND.**—At the quarterly examination held on the 29th ultimo the following gentlemen passed the Preliminary Examination :—

John G. Allen, Henry Anderson, Jas. R. H. Anderson, Arthur F. J. Barker, William H. Barr, Thomas Baly, John T. B. Bookey, John T. Burgoyne, Henry Byrne, George G. Cuppage, Charles E. Daly, Charles E. Dimond, John J. C. Doherty, Wm. B. Drew, James W. Gamble, Wm. A. G. Gilligan, Chas. R. M. O. Hearn, Daniel J. Hearn, Stephen F. Hill, Lewis A. Irving, John L. Kealy, Daniel J. Keen, Michael Mathews, James McNally, Joseph M. O'Brien, Chas. O'Connor, Richard C. M. Pooley, John C. Quinn, Nicholas L. Smith, Wm. P. Sullivan, Francis J. Tirney, Edward Williams P. J. H. Williams.

**DR. CHARLES TAYLOR, M.D.** St. And., of Pine House, Camberwell, has been elected a member of the Court of Examiners of the Society of Apothecaries, and **DR. ROBERT NORTON, M.D.** King's Coll., Aberd., M.R.C.P. Lond., has been elected Chairman of the Court, in the vacancies caused by the death of **DR. WILLIAM GEORGE THISLTON DYER, M.D.** St. And., L.R.C.P. Edin.

**UNIVERSITY OF CAMBRIDGE: SCHOLARSHIPS AND EXHIBITIONS FOR NATURAL SCIENCE IN TRINITY AND ST. JOHN'S COLLEGES.**—An examination in natural science will be held in Trinity College, during next Easter week; and one foundation scholarship at least (of the value of about £80 per annum, tenable for five or six years) will be obtainable by adequate proficiency in that subject. The foundation scholarships of this college are open to all undergraduates of the college in the first, second, and third year of their residence, and to those of other colleges at Cambridge or Oxford in the first year of their residence. The names of candidates who wish to be examined in natural science must be sent in to the Master not later than Wednesday, March 18th, together with the subject in which each candidate is prepared to be examined. At St. John's College an examination will commence on Tuesday, April 21st, 1868, at nine A.M.; and besides two scholarships of £70 per annum, and two of £50 per annum for classics and mathematics, there will be offered for competition an exhibition of the value of £50 per annum, tenable for three years, for proficiency in natural science, chemistry, including practical work in the laboratory, electricity, heat, light. The candidates will also have the opportunity of being examined in one or more of the following subjects:—Geology, anatomy, physiology, botany; and they may, if they think fit, offer themselves for examination in any of the classical and mathematical subjects; but excellence in some single department will be specially regarded. These scholarships and exhibitions are open to all persons, whether they be students in the University or not, who have not yet commenced residence in the University, or who are in the first term of their residence. Further information is obtainable from the tutors of the respective colleges.

**DEATH OF AN ASTHMATIC PATIENT AFTER A DOSE OF CHLORODYNE.**—The death of a dispensary patient in North Shields is the subject of a coroner's inquest. The patient was a labourer, and had suffered a long time from asthma. Being worse, on January the 25th he went to the dispensary for medicine. The medicine supplied to him was a mixture containing four drachms of chlorodyne and seven ounces and a half of water. Mr. Elliott, the house-surgeon, says he labeled the mixture to the effect that one tablespoonful was to be taken every three or four hours. He also told the patient how the medicine was to be taken; other witnesses confirmed the last statement. The patient went home and took apparently—according to the evidence—three tablespoonfuls of the mixture. Half an hour after he was observed to look ill, and to be covered with perspiration. Dr. Emmerson was sent for, who found the patient in stupor, and with contracted pupils, and in spite of various measures death ensued. Dr. Emmerson attributes the death to the morphia of chloroform. Mr. Bates considers that the man died from natural causes. On these circumstances the inquest was adjourned for further analysis of the mixture and contents of the stomach. A very serious difficulty arose as to this step. Dr. Emmerson had already examined both the medicine and the contents of the stomach, and satisfied himself of the existence of morphia in both. But he properly declined to undertake a more minute analysis. The coroner said the county objected to pay fees for analysis in such cases, and that he had had to defray such fees out of his own pocket. This is a monstrous state of matters, discreditable to the county magistrates, and unfavourable to the ends of justice. The inquest is, however, adjourned to the 18th of February, and the coroner is to communicate with the county authorities as to the defrayment of the expense of analysis!