

be taken not to add an excess of ammonia, or, like many of the preparations we have analyzed, it will contain caustic ammonia. We have had the opportunity of analyzing a sample of aromatic spirit of ammonia prepared in accordance with the above formula. It had a specific gravity of 877·5, its total alkalinity was equal to 6·30 grs. per cent. of the neutral carbonate, but the actual alkalinity was made up of 2·43 grs. of that carbonate and 1·51 grs. of caustic ammonia.

We believe that we cannot more appropriately conclude this report than by quoting a few passages from the Order in Council of her Majesty, forming the preface to the London Pharmacopœia of 1851.

The President of the College of Physicians having set forth that the College had, “with great care, pains, and industry, revised, corrected, and re-formed a book by them formerly published, intituled Pharmacopœia Collegii Regalis Medicorum Londinensis, prescribing and directing the manner of preparing all sorts of medicines therein contained, together with the true weights and measures by which they ought to be made, which book is now perfected and ready to be published, and it is conceived will contribute to the public good of her Majesty’s subjects, by preventing all deceits, differences, and uncertainties in making or compounding of medicines, if for the future the manner and form prescribed therein should be practised by apothecaries and others in their compositions of medicine;—the memorialist therefore most humbly prays that her Majesty will be graciously pleased to enforce the observance thereof in such manner as to her Majesty shall seem meet.” ..... And “her Majesty does therefore strictly require, charge, and command all and singular apothecaries and others whose business it is to compound medicines, or distil oils or waters, or make other extracts, within any part of her Majesty’s kingdom of Great Britain called England, dominion of Wales, or town of Berwick-upon-Tweed, that they and every of them, immediately after the said Pharmacopœia shall be printed and published, do not compound or make any medicine or medicinal receipt or prescription, or distil any oils or waters, or make other extracts that are or shall be in the London Pharmacopœia, *in any other manner or form* than is or shall be directed, prescribed, and set down by the said book, and according to the weights and measures that are or shall be therein limited, except it shall be by the special direction or prescription of some learned physician in that behalf; and her Majesty doth hereby declare the offenders to the contrary shall not only incur her Majesty’s just displeasure, but be proceeded against for such their contempt and offence according to the utmost severity of the law.”

SYMM V. FRASER AND ANDREWS.

DRS. FRASER and ANDREWS will sustain a considerable pecuniary loss by the persecution to which they have been subjected for the faithful and honest performance of responsible professional duties. They have been dragged before a court of law, and exposed to the most serious anxiety, loss of time and money. They were vindicated by the jury, righteously and ably charged as it was by the Lord Chief Justice, to whom the profession and the public are alike indebted for that admirable commentary on their mutual duties and relations. But they still remain grievous sufferers: it is for the profession, and not less so for the public, to assist in relieving them of a part of this burden by subscription. Some of the foremost members of the profession of the metropolis have at once signified their assent to this proposition, and have authorized us to announce their donations as appended. We trust that this movement will be taken up generally, for the burden is one which should not fall upon a few shoulders only. But we would also hope that the subscriptions will not be confined to the members of our profession. The interests of the general public are deeply concerned in this exculpation of the conduct of the medical practitioner who conscientiously assumes a needful responsibility in treating cases of sudden and violent mania, which if he were cowardly to desert, all patients would suffer, although the doctor might not. We should willingly see some effort also made to bring to justice the incitors to this kind of persecution.

We trust that in this instance the public journals, which have expressed much sympathy with Drs. Andrews and

Fraser, will aid this subscription, by making known that a list is opened at THE LANCET office:—

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Correspondence.

“Audi alteram partem.”

ON THE  
EFFICACY OF SARRACENIA PURPUREA IN  
ARRESTING THE PROGRESS OF  
SMALL-POX.

To the Editor of THE LANCET.

SIR,—The many conflicting accounts that have lately been published relative to the Sarracenia purpurea in small-pox have appeared to be so much at variance with what has resulted from the use of the remedy in my practice that I am induced to place on record the result of my experience with it. It will afford no advantage to give a detailed account of the numerous cases I have attended since December last, for the unmistakable evidence of the action of the remedy has been so conspicuously manifest in all, that a general statement will suffice.

The following is the formula employed:—Two ounces of the sliced root; three pints of water, boiled, in a closely covered vessel, down to two pints, and strained. The first case was a little girl, six years of age. She was seen on the third day of eruption, of primary small-pox, and immediately began to take the decoction—four ounces per diem in divided doses; and in less than twenty-four hours the mother reported “she had been better ever since she began to take the medicine.” The eruption was very extensive, pustules large, and in some places confluent. The case advanced apparently without interruption until the seventh day, when the pustules began to shrivel, and on the eleventh day the desiccated scales had nearly all fallen off; no pitting; patient convalescent. Every succeeding case was treated in the same manner and with the same success. Only two cases perished: one an infant three weeks old, who took it from its mother; the other an adult female, who seemed to sink from pyæmia on the third day of the eruption.

One remarkable fact, however, deserves to be recorded. A poor woman brought her child, a year and a half old, to my surgery one night at eleven o’clock, with the eruption of small-pox, which had on that day made its first appearance. I gave her the decoction, with directions to give a dessert-spoonful four times a day. On the fourth and eighth days her visits were repeated, each time speaking in laudatory terms of the efficacy of the medicine. On the eleventh day of the eruption she made her last visit, making at the same time the following pertinent remarks: “I have called to thank you, sir, for your great kindness. My child is now quite well, all the scabs have fallen off, and the skin has not a blemish on it. That medicine must be very valuable, sir; for a little girl, the daughter of one of my lodgers, caught the small-pox three days before mine

did, and it has not changed a bit; the poek is all over the body yet in great mattery heads, and here is my child with her skin nearly as clean as when she was born." I was somewhat incredulous as to this perfect clearance of the skin; but in half an hour she brought the child for my inspection, and the appearance fully corroborated all she had said. She had not been vaccinated.

The decoction requires to be carefully prepared: the root should be thinly sliced, and boiled in a closely covered vessel, and for adults the quantity of the root should be increased to three or four ounces to the three pints of water, and about eight ounces administered in the twenty-four hours in four doses. It agrees well with the stomach, possesses eliminative properties, being decidedly diuretic, and generally maintains a daily action on the bowels. In a few cases, while under the influence of the remedy, the eruption assumed a papulous character, and terminated in the usual way by desiccation. There is another specimen of the drug in the market, which is composed almost entirely of the pitcher-formed leaves; this is greatly inferior to the root, in fact is almost inert, and in my opinion deserves to be discarded.

*Apropos* of external applications for the prevention of pitting, I have not found anything to answer better than the old-fashioned tripe-water, prepared by boiling fat tripe in water, straining the liquor, and applying it warm as a lotion or a fomentation to the face several times a day; it affords great relief to the distended pustules, which by their backward pressure play an important part in the production of pitting.

I remain, Sir, your obedient servant,

J. TAYLOR, L.R.C.P. Edin., L.S.A. Lond.

Old Kent-road, Oct. 1863.

### AN APOLOGY.

*To the Editor of THE LANCET.*

SIR,—In justice to Dr. Gross, of Philadelphia, whom I have unintentionally wronged, I must beg space for the insertion of this letter.

Dr. Gross has written to me complaining that in a note appended to my third lecture "On Hip-Disease" (THE LANCET, Oct. 17th, 1863) I had accused him of appropriating some woodcuts from my published works without acknowledgment, and the eminent author points out that in his preface my name is included amongst a list of surgeons to whom he is indebted for a certain number of his illustrations.

The statement of Dr. Gross is perfectly correct, and I have done him a great injustice. The fact is that I had the second volume of his valuable and laborious work in my possession, but not the first. Finding many of my woodcuts used, and no acknowledgment appended, I concluded these illustrations were not acknowledged, and it did not occur to me to look for my name in the preface. In this I was wrong; and I beg to state that Dr. Gross has made all due and necessary avowal of the borrowed woodcuts. I trust that he will pardon the error into which I very unwittingly fell, and which I now most willingly retract. I am, Sir, your obedient servant,

Old Burlington-street, Dec. 1863.

R. BARWELL, F.R.C.S.

### UNIVERSITY OF CAMBRIDGE.

#### PRINCIPLES AND PRACTICE OF SURGERY.

*November 23rd, 1863.*

1. EXPLAIN the different modes in which mortification of a limb may be induced, and state under what circumstances you would recommend amputation.

2. What are the microscopical characters of pus cells? Wherein do they differ from those of cancer cells? How are pus cells probably formed? What are the indications of acute suppuration deep in a limb, the thigh for instance?

3. Give a description of the aspect presented by a case of glaucoma when fully developed, what ophthalmoscopic appearances have been observed in glaucoma, and what treatment adopted.

4. How are calculi formed in the urinary organs? What are the symptoms of stone in the bladder?

5. What are the symptoms and treatment of wounds in the chest implicating the lung?

6. In what parts of the clavicle and tibia is fracture most frequent, and why is it so? In what direction does the displacement at the fracture usually take place, and the reason for this?

7. State the process of formation and the diagnostic symptoms of a popliteal aneurism. What accidents may follow after the ligation of an artery for aneurism, and upon what principle does compression effect a cure?

8. What position does the limb usually assume in inflammation of the hip-joint? In what position would you place it to give relief, and on what principle? What symptoms indicate that ulceration of the cartilages is taking place?

9. Mention the modes of treatment which have been recommended for asphyxia from drowning.

10. The symptoms and treatment of fracture of the neck of the thigh bone. The causes of the frequent failure of bony union. What changes take place at and about the fracture?

11. Explain the chief causes of retention of urine in the male and female, and state the treatment required in each case.

12. What symptoms would lead you to suspect the existence of cancer of the rectum?

#### EXAMINATION FOR THE DEGREE OF MASTER IN SURGERY.

*November 24th, 1863.*

##### PRACTICAL AND SURGICAL ANATOMY.

1. What are the position and the connexions of the superficial veins in front of the arm? On which of them is venesection usually performed? With what possible danger to the brachial artery? What superficial nerves may be divided according to the vein selected? How is the vein, usually selected, separated from the brachial artery? Since a high division of the brachial artery may occur with a superficial course, what precaution is always to be taken by the operator?

2. How are the arteries of the forearm distributed to the hand and fingers? What is the practice when a deep wound in the palm is accompanied by much hæmorrhage? If the vessel that bleeds be discovered, how ought it to be tied? What other means to control the hæmorrhage may be employed?

3. By attending to what superficial marks is the course of the femoral artery understood? When the artery and vein have passed under Poupart's ligament, by what structures and fasciæ are they covered? How are the femoral sheath and femoral canal formed? Where does the saphæna vein fall into the femoral? What is the relative position of the artery and vein within the sheath at its upper part? When it has been crossed by the sartorius muscle, how do the relations of the artery differ?

4. In what different conditions may inguinal hernia exist? Define the direct and the oblique hernia. What is the guide to the internal border of the internal ring? How are the epigastric artery and cord generally placed when a protruded viscus is passing through the ring? How is the inguinal canal formed?

5. What are the three stages of the subclavian artery? At what point does it end in the axillary artery? How do the relations of the artery differ on the left side and on the right? How does the subclavian vein correspond to the artery? What nerves are interposed between them?

##### MIDWIFERY.

*November 23rd, 1863.*

1. Mention some of the cases demanding the induction of premature labour, and the chief methods of inducing it.

2. What are the indications of extra-uterine pregnancy? In what parts is the foetus likely to be lodged?

3. Give the symptoms of rupture of the uterus.

4. How is hæmorrhage prevented in natural labour? What precautions would you take in attending a patient in labour who on former occasions had suffered from flooding?

5. What are the symptoms and treatment of puerperal peritonitis, and what the morbid appearances observed after death?

6. What changes in the breasts are indicative of pregnancy?

7. What is the condition of the foetus at the sixth month?

There was, in addition, an examination, *viva voce*, in each subject. That in Anatomy and Pathology was held at the Anatomical School; and that in Clinical Surgery at Addenbrooke's Hospital, the candidates being requested to examine and report upon selected cases which they had not before seen.

The following gentlemen passed:—

E. Burd, M.D., Caius College.

A. Graham, M.A., St. Peter's College.

A. Wilks, M.A., Trinity College.