

NOTICE TO ADVERTISERS. — Advertisements for insertion in the BRITISH MEDICAL JOURNAL should be forwarded direct to the Publishing Office, 161A, Strand, London, addressed to Mr. FOWKE, not later than *Thursday*, Twelve o'clock.

GELSEMINUM AS A POISON.

SIR,—Some years ago, a persistent neuralgia led me to use the tincture of gelseminum to a considerable extent. I several times overstepped the maximum doses of the text-books without suffering any ill effects. Having recently had an opportunity of experimenting with a quantity of the fresh tincture, I determined to ascertain how far one might go in taking the drug, and what the primary symptoms of an overdose might be. I took each dose about the same hour on successive days, and avoided tobacco or any other agent which might influence the physiological action of the drug. Here are the results as jotted down at the time of the experiment. On Monday and Tuesday, forty and sixty minims produced no effect whatever. On Wednesday, ninety minims were taken at 10.30. At 10.50, on rising from my chair, I became seized with an extreme giddiness and weakness of the limbs, which, however, quickly passed off. There was no nausea or other effect. The pulse was weak but normal. On Thursday, I took 120 minims. The giddiness of yesterday came on in a much milder form. On going out about one o'clock, however, I noticed for the first time that I had a difficulty in accommodating the eye for distant objects. It needed a distinct voluntary effort, and indeed a facial contortion to do it.

On Friday, 150 minims were taken. As I increased the dose, I found that the more marked physiological symptoms disappeared. To-day, the giddiness was almost gone, but I suffered from a severe frontal headache, with diarrhoea and general lassitude.

On Saturday and Sunday, I took three drachms and 200 minims. The diarrhoea was so persistent and prostrating, that I must stop at 200 minims. I felt great depression and a severe frontal headache. The pulse was still normal, but weak. From these experiments I would draw the following conclusions.

1. In spite of a case described some time ago in which 75 minims proved fatal, a healthy adult may take as much as 90 minims with perfect immunity.

2. In doses of from 90 to 120 minims, the drug acts apparently as a motor paralysant to a certain extent, causing languor, giddiness, and a partial paralysis of the ciliary muscle.

3. After that point, it causes headache, with diarrhoea and extreme lassitude.

4. The system may learn to tolerate gelseminum, as it may opium, if it be gradually inured to it. I feel convinced that I could have taken as much as half an ounce of the tincture, had it not been for the extreme diarrhoea it brought on. —Believe me, yours sincerely,  
A. C. D.

Clifton House, Aston Road, Birmingham.

INFANTILE DIARRHŒA.

SIR,—This scourge of the young is well known to be almost sure to follow every rise of the thermometer above 65 or 70 deg.; and if this high temperature be continued for any length of time, it will enormously increase the infant mortality. This I have frequently verified by my own experience, having in the first place heard the statement made by Professor Gairdner of Glasgow. Since, then, it is perfectly evident that the acidity of the milk of the cow, ass, or goat, as the case may be, given to infants, springs from the effect of heat upon it, it would, I think, be advisable that all food other than the maternal should be kept cool by means of ice before each administration in the very hot weather; or, in the event of this article not being procurable, should be kept in the coolest and shadiest place possible. Care should of course be likewise taken that the bottles be thoroughly well scoured previously to each refilling, as insisted upon by Mr. W. A. Budd of Exeter. When engaged in practice in the North of England, a summer or two ago, I frequently met with cases of infantile diarrhoea arising from the use of cow's milk pure and simple; and it was only the other day that I saw a little patient suffering from the same complaint, which originated without a doubt from the same cause. Of course, it is well known that the casein of cow's milk cannot be assimilated by the infant stomach; and of this, in a general way, the majority of mothers are aware, although here and there one comes across the most lamentable cases of ignorance in this respect.

Mr. Budd states that, according to his own observations, diarrhoea hardly ever takes place amongst those infants that are fed on condensed milk; and this, too, I myself have noticed, and I consider that the small quantity of malt extract it contains, as well as the sugar of milk—to which is assigned by Mr. Budd the prevention of its turning sour—renders it so efficacious as a prophylactic, as it is thus so very nearly approximated in its constituents to the infant's natural food.—I am, etc.,  
September 1879. WM. G. LAING, L.S.A.

TOBACCO AMBLYOPIA.

SIR,—Though unfortunately prevented from attending the annual meeting at Cork, I have read with special interest the report of the discussion on tobacco amblyopia in the Subsection of Ophthalmology. Mr. G. E. Walker of Liverpool is there reported to have said that he "had repeatedly seen complete blindness result in cases of tobacco amblyopia", and "for the cure of tobacco amblyopia complete abstinence was not enough; mercurialisation must also be largely employed". These statements make it appear that Mr. Walker has, from his observations, been led to form much more serious views as to the prognosis and treatment of such cases than I believe are now entertained by most observers, and which were expressed at the discussion by Mr. Nettleship and Dr. Hirschberg—viz., (a) that abstinence from tobacco is the essential point in the treatment, (b) that abstinence is generally followed by cure, and (c) that tobacco amblyopia never goes on to complete blindness.

Mr. Hutchinson, in reporting a very carefully collected series of cases of this disease (*Royal London Ophthalmic Hospital Reports*, vol. viii), says: "I do not recollect for many years to have seen a single case diagnosed as tobacco amblyopia which, in spite of treatment, went from bad to worse", and "recovery or great improvement of sight took place in forty-eight out of sixty-four cases"; and lastly, "of the eleven patients in whom the disease either did not improve or become worse, no fewer than eight had persisted in their usual allowance throughout. This is a strong fact."

With such a valuable series of cases as these to refer to, I will not waste your space with any details of those which I have had under my care more than to state that, with one doubtful exception, I believe all which were diagnosed as tobacco amblyopia, if they remained under observation, either very much improved or completely recovered on leaving off or much diminishing the tobacco and taking some such simple remedy as a few drops of nux vomica or tinctura ferri, though to this latter I do not attach any importance; in fact, one teetotaler came with V. =  $\frac{20}{20}$  and J. 18, who in six months had improved to V. =  $\frac{20}{20}$  and J. 1 without any other treatment than abstaining from tobacco and bathing his eyes with otio sambuci as a *placebo*. Mr. Hutchinson does not, in the report above quoted,

mention his treatment, which, however, I believe I am correct in saying is either nux vomica or iron, and I never remember to have seen him or any one else resort to mercurialisation in tobacco amblyopia. I hope that, seeing the importance and interest attached to this subject, Mr. Walker may be induced to favour us with more details as to the cases which resulted in complete blindness—what was their vision when first seen? did they abstain from tobacco? what treatment was followed? and regarding the mercurialisation, does he diagnose at once by any special indications the cases requiring it, or is it only adopted when other means fail? —I am, yours, etc.,  
A. STANFORD MORTON, Senior Assistant-Surgeon  
to the Royal South London Ophthalmic Hospital.

STEADINESS OF SURGEONS UNDER AN ENEMY'S FIRE.

SIR,—I have read with much pleasure of the gallant deeds done by many of England's brave sons at the battle of Kambula and elsewhere throughout this war, now happily drawing to a close, but nowhere have I seen publicly mentioned an act which, for bravery and coolness, has not been surpassed by any other in this campaign. Though reported officially to the medical department, a considerable time must elapse before it receives the recognition which it seems to deserve. Allow me, through the medium of your columns, to be the means of rescuing it from oblivion, in justice to two of my brother officers who already served with distinction in the Ashantee campaign. During the hottest part of the action at Kambula on the 29th March last, Private Daley of the 90th Light Infantry, who had sustained a severe wound of the upper arm, was carried to the field-hospital; he was bleeding profusely, and it was found necessary to amputate his arm immediately. This was successfully done, under a very hot fire, by Surgeon D. Thornton, assisted by Surgeon A. Lennon Brown, both of the Army Medical Department.

It is needless to remark that even under the most favourable circumstances the performance of a surgical operation requires the greatest coolness and steadiness on the part of the operator and his assistants. The best proof that these officers possess such qualities in a marked degree lies in the fact of their having saved their patient's life under such very trying circumstances. I am happy to state that the man made a good recovery. Had the operation been deferred until the termination of the action, the man would, in all human probability, be now amongst his dead comrades of the 90th.—I am, sir, your obedient servant,  
CHAS. M. D. CUFFE, Surgeon-Major, Senior Medical Officer  
Wood's Column.

Camp, Wood's Flying Column, Zululand, July 22nd, 1879.

PAYMENT OF MEMBERS OF THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following is the copy of a letter which has been addressed to the President and Council of the College.

"Ferndale Villa, Birmingham, September 12th, 1879.

"Gentlemen,—The great habit of working for nothing in our profession has its disadvantages and affects injuriously the workers. It sprang from the purest benevolence, and has been of the utmost service to the poorer classes of the community, but it has frequently led to dead ingratitude and lowered the profession in the estimation of the commercial classes of the country, who would weigh the produce of a cultivated brain in coal-scales as they would minerals and metals. It has also led honourable members of our profession to forego their just due and to rob themselves. It has engendered a refined delicacy with regard to the business of the profession, of which mean advantage has been frequently taken, in the minor appointments of the profession. I confess that I was surprised when I heard the other day that this habit of working for nothing was in full force in the Council of the Royal College of Surgeons of England. Now, excuse me, gentlemen, if I say that the College is not a charitable institution, but the great surgical corporation of a rich country, and that it has an income amply sufficient to defray the expenses incurred in transacting its business. I am sure no Fellow or Member of the College would wish the members of the Council to be out of pocket while attending to the business of the College at great loss and inconvenience to themselves. The expenses ought most certainly to be paid, as a matter of course, out of the College funds; and, in addition to this, I think that fees should be paid to members attending the sittings of the Council. The expenses must be heavy on the country members of the Council, as their visits to London must be frequent; and I should be glad to hear that this part of the habit of working for nothing and paying the expenses has been abolished, and I trust that the enclosed resolution will be moved from the chair and carried at your next meeting.

"Resolution: 'That the expenses of members of the Council incurred in attending its meetings and transacting the business of the College be defrayed out of the College funds.'—I have the honour to be, gentlemen, one of your constituent atoms,  
"JOHN POSTGATE."

PROFESSIONAL ETIQUETTE.

SIR,—I ask your opinion on the following. Last week, a gentleman staying at the side left his lodgings as well as usual to go for a walk. When he had got some little distance, he had very severe hæmorrhage. Some one ran for A. (an allopath), who immediately went to the poor fellow's assistance. Soon afterwards B. (a homœopath) appeared upon the scene, and with A. remained with the patient until he was somewhat revived. A vehicle was then procured, into which the patient was put, and, lying in the arms of A., was conveyed home, B. accompanying on foot. In order that some little preparation might be made for the reception of the patient, a message was sent to the lodging-house to say that Major — was being brought home ill; and it would seem that on the receipt of the message, some one (probably the lodging-house-keeper) sent for the nearest doctor, C. (allopath), not knowing that medical men were accompanying the sufferer. Accordingly, when A. and B. arrived with the patient, they found C., who not only assisted them, but installed himself medical attendant in charge, although he had never seen Major — before. A. and B. of course left.—Yours, etc.,  
AN ASSOCIATE.  
September 10th, 1879.

\* \* \* A. should apparently have continued the attendance, as he first appeared on the scene.

HOME FOR YOUTHS OF WEAK INTELLECT.

SIR,—Can any of your correspondents inform me of any institution into which a young man, twenty-four years of age, described by his father as "neither an idiot nor insane", but "weak-minded", could be received? Application having been made to "Earlwood", it was found that no inmates are received after sixteen. The young man was formerly in an asylum in Scotland, but dismissed as not being "insane". I shall be happy to afford all particulars of the case to any one who will kindly assist me with information regarding any institution where he could be received either "free" or at a very moderate board.—Yours faithfully,  
Riding Mill-on-Tyne, Sept. 16th, 1879. J. M'GRIGOR MACLAGAN, M.D.