REMARKS. In the three cases of diphtheria published in the *BRITISH MEDICAL JOURNAL* of last week, the advance of the local lesion was the cause of death; while, in this case, the throat-affection was comparatively trifling, and the disease proved fatal by the slower process of exhaustion.

The hæmorrhage from the bowels and the eruption indicated serious blood-change; and there is no doubt that the former, by its amount, accelerated death.

It is worth while noting the speedy effect of the Bael wine in arresting the hæmorrhage. Dr. Stewart finds it equally useful in all cases of true dysentery.

Original Communications.

RESULT OF EXPERIENCE IN BLEEDING, NOT LIMITED BY PARTICULAR ORGANS, DISEASES, CLASSES OF PERSONS, OR SEASONS.

By JOHN H. JAMES, F.R.C.S., Consulting Surgeon to the Devon and Exeter Hospital, Exeter.

A SHORT time since, there was published in the *BRITISH MEDICAL JOURNAL* a communication from me on the subject of Bleeding, as connected with the present prevalence of a change of type in disease; and this resulted from my perusal of the very able address of Professor Stokes at the last meeting of the British Medical Association. The object of the present communication is to state briefly, but generally, the result of my own experience in general bleeding for acute diseases during a considerable portion of the present century, and also to show the presumptive proofs of a change of type during the latter period.

For any reliable investigation of the merits of this remedy, the examination must be of a very wide description. The wards of a hospital will not exclusively afford this; for there are many circumstances to abate the value of the evidence. The ranks of a regiment, or a ship's crew, will not; for they are men in the prime of life. The inhabitants of a large town, especially if manufacturing, evidently will not; neither will a practice chiefly among the rich, or among the poor. The physician sees disease from one point of view; and his cases are chiefly among the previously unhealthy. The surgeon, on the other hand, has to deal with a large number of cases not so circumstanced. Again, to select a particular organ as the fitting test of the result of the practice is, I conceive, to adopt a far too limited method. Again, the changes in the constitution of the air, as emphatically dwelt on by Sydenham and other writers of great authority, require that the results at long periods should alone be relied on.

However imperfect the sketch it may be in my power to give, yet it certainly has many of these advantages; and it has extended from August 1816, when I commenced my duties as one of the surgeons of the Devon and Exeter Hospital, till September 1863 (when I was attacked by an illness, which has disabled me from all active exertion and greatly impaired my sight). During the larger portion of that time, I was engaged in a very varied and extensive practice. From the very commencement, I had noted almost all the cases of interest which had come under my care; and I may mention that I have been enabled to construct tables bearing upon the causes of mortality after amputations (a subject little analysed before); also, my experience in strangulated

hernia, be it worth what it may. Neither resulted from any previous intention of recording a particular class of cases; and I may say the same of that which I now present—namely, my experience in the practice of bleeding.* All the cases signified general bleeding, either from the arm, jugular vein, or temporal artery; for, with regard to local bleeding, although often combined, and often used separately, I thought, on the whole, it is so inadequate in amount and effect, that I excluded it from my tables. And I would here refer to a remark in my work on *Inflammation* (second edition, 1832, p. 176): "But, with reference to quantity, I may observe, that there is not a greater error than consuming the strength and exhausting the blood of a patient by local bleeding whose case requires general." This impression, which was very strong in my mind when that work was published, together with the different character of the diseases which then existed, led me to rely very little on this mode of taking blood for a large number of years; but, with the changes in the type, I find I employed local bleeding much more frequently, but by no means exclusively.

I must expressly state that, in every instance, I have taken the cases as they presented themselves, without a single omission, as such a proceeding would vitiate the whole. To give the tables *in extenso*, would be more than I could ask insertion, or at present be prepared for; but I offer a portion, which, as it has a semi-official character, may, at all events, claim attention. I mean that which includes the period during which the registry has been in operation; and I contrast it with a similar period recorded in my case-books before the institution of the registry. The semi-official period extends from August 1845 to September 1863, comprising a period of eighteen years, and constitutes the returns to the Registrar-General of deaths in my private practice; not, however, including cases seen at a distance in consultation.

I will now proceed to give a digest of the 185 cases of death so reported, which will show, as far as bleeding is concerned, a probable alteration in the character of the diseases which produced them, as compared with former periods. I shall first divide them into: 1, chronic and subacute; 2, acute.

Chronic and Subacute.

Diseases of the head and nervous system	9
Diseases of the thoracic viscera:	
Phthisis	35
Chronic bronchitis	2
Anomalous diseases of the lungs	2— 39
Diseases of the heart and vessels	19
Diseases of the abdominal viscera:	
Liver	8
Alimentary canal	6— 14
Diseases of the urinary organs, including 4 cases of albuminuria	7
Varia:	
Cancer	6
Gout	3
Old age complicated	6
Atrophy	3
Ovarian disease	2
Foramen ovale not closed	1
Senile gangrene	1
Mollities ossium	1
Marasmus	1— 24
	<hr/> 112

* Had this been expressly registered, there would have been an advantage; but I question whether this is not fully counterbalanced by the absence of any foregone purpose.

<i>Acute.</i>	
Diseases of the head :	
Seizures, apoplexies, and congestions	14
Diseases of the respiratory organs :	
Peripneumonia notha.....	9
Pneumonia	8
Influenza complicated.....	9
Pleuropneumonia.....	1
Bronchitis	3
Empyema	1
Croup	2— 33
Diseases of the abdomen, etc. :	
Dysentery	2
Enteritis	1
Hepatitis	1
Gastritis with pneumonia	1— 5
Diseases of the heart	3
Fevers :	
Simple.....	7
Eruptive.....	5— 12
Varia :	
Carbuncle	2
Pertussis	1
Erysipelas	1
Asiatic cholera (<i>seu Febris choleroïdes</i>)...	1
Puerperal convulsions.....	1— 6
	<hr/>
Acute.....	73
Chronic.....	112
	<hr/>
*Total	185

With respect to the acute cases, I should make a few remarks. A title will appear here, peripneumonia notha, admirably described by Sydenham; but which has, as I believe unfortunately, gone out of use. That inflammatory condition of the respiratory organs which Sydenham denominates by this title, has been lately merged in those of bronchitis and pneumonia. Now pneumonia, if of a pure character, appears to me to approach more to the type of a limited inflammation; while the rapid effusion in peripneumonia notha into the air-tubes and interstitial substance has more the characteristic type and termination of diffuse inflammation. It will be found that these cases chiefly prevailed among old and weak subjects, or during the prevalence of influenza. Some of the cases which I returned in the register as pneumonia, as well as those of bronchitis, perhaps deserved to be denominated peripneumonia notha; but I thought it more correct to adhere to the titles under which I had registered them.

It will be observed that, with one exception, as hereafter stated, bleeding was not employed; and, on the other hand, in many cases of pulmonic inflammations, stimulants and support were administered. I mention this the more particularly, because it appears to me that the plan of using wine and support has of late been claimed as a *new practice*; whereas, in these and many other inflammations, I had long since recognised their value. I will here take leave to insert two paragraphs from my work before mentioned. "*Diet, etc.*—But there are stages of inflammation in which we must change *locally* our cold applications for warm; so there are those in which the continued negation of all stimulus to the system will prove most injurious, and where 'Cibum opportunè datum' is equivalent to all other remedies." (P. 187). Again, at page 180: "*Bark, etc.*—It may appear a novel proceeding to speak of bark and ammonia, and

other tonic or stimulating medicines, as *anti-inflammatory*. Nevertheless, if these directly tend to put an end to inflammatory action (and there are not many who will deny that there are some kinds of stages of inflammation in which they have this quality), it will be strictly correct to consider them in this point of view; and I have little hesitation in saying the converse is also true, and that bleeding will increase inflammation in some cases as decidedly as bark will in others, though by no means so often.

It will be seen from these, and many other passages, that I was not unaware, in 1831, of the value of such modes of treatment in certain cases.

Under the head of influenza, there are nine deaths chiefly in 1847. There were severe attacks of the chest in most of these; but there were other remarkable symptoms which attended the cases which died, as well as those which recovered (and the disease was very prevalent). The most remarkable was the excessive perspiration; and in my case-book I noted the affinity to the sweating sickness of the Middle Ages. I observed in the next quarterly return of the Registrar-General that he had made a similar remark. The influenza of 1847, as well as of 1837, is treated very generally with support and stimuli. It is very worthy of notice that concurrently (not consequently) with the frequency of influenza, change took place in the general type of disease. One complicated case, under very pressing circumstances, was bled, but without any useful result. This was one of the 185 cases. The other was a case of gastritis.

Of the cases of pneumonia, one occurred in middle-aged man, and somewhat resembled that of Mr. Brunel, inasmuch as a coin (a sixpence) had six years before passed into the left bronchus, where it became impacted just at the bifurcation, producing great dyspnoea during the remainder of his life. Inflammation came on from over-excitement, and terminated in fatal gangrene. I understood that he had consulted several men of eminence, both in Exeter and London, before he came under my care, but no attempt to remove the foreign body had been thought justifiable. Two were infantile cases; four were complicated with hepatitis; and two were aged persons (70 and 63 years respectively).

I may remark here that, while affections of the lungs and bronchia, low in character, proved frequently fatal, inflammations of the pleura and other serous membranes have, on the other hand, been very rare, as compared with former periods; and those who have studied the works of Bichat will not fail to bear in mind the different characters which the tissues when inflamed impress on the general system. Bleeding in the inflammations of the serous membranes rarely fail to serve, except in the puerperal form.

One word more with regard to a case returned as Asiatic cholera; but which disease I would rather designate as a special fever—namely, *Febris choleroïdes*—possessing generally, but not always, flux. I cannot help here expressing my conviction, that much error has arisen, both as regards the infectious quality, the various symptoms, and the proper mode of treatment of this disease, from a term which offers a very partial view of its nature. The case which I returned, after being carried through its blue stage, went on as a most malignant fever, and shortly terminated fatally. There was sphacelus of the scrotum.

Ordinary cholera is not infectious; and, from a false analogy, the infectious character of this disease was strongly discredited by general opinion in this country; but as, I believe, it is now pretty commonly admitted on the continent, and the opinion has

* A detailed list transmitted with this, contains the exact returns to the Registrar-General: the initials (being substituted for the name at length), the disease, and date of death.

gained much ground in England, perhaps it may not be too much to consider it probable that its character as a fever may hereafter also be recognised. Of the value of bleeding, in many instances, I have not the slightest doubt, and employed it with success in 1832. In 1849, the number of cases which occurred in Exeter were remarkably reduced by the active precautions instituted. Two or three other cases occurred to me, one of which I bled with advantage at that period.

During the period of the registry, there were twenty-four cases of general bleeding which recovered. I here give a statement of them.

Head cases:

Congestion of the brain	2	
Epileptic apoplexy	1	
Convulsions	1—	4

Respiratory organs:

Pleurisy	2	
Pleuropneumonia	1	
Impeded circulation	1	
Croup	2—	6

Abdominal cases:

Enteritis	4	
Hepatitis	1	
Peritonitis	2—	7

Varia:

Hæmoptysis	2	
Fever	1	
Rubeola	1	
Asiatic cholera	1	
High inflammatory diathesis	1	
Threatened miscarriage	1—	7

24

I will add, that these show a remarkable diminution in the number of cases bled, as compared with a similar preceding period of eighteen years to be presently stated; and this did not proceed from the doctrines which have recently been promulgated, because it will be seen, both by this return and the one to which I allude, that the amount of cases, according to my own observation, requiring it, had diminished very remarkably since the year 1837. I may emphatically state the doctrine against bleeding now so prevalent had not been broached by any sufficient authority at that time.

I must now proceed to state the result of my experience in bleeding during the preceding equal period of eighteen years, together with its relation to the presumed change in the type of disease. Now, the information I can supply under this head is less precise than that measured by the registry. It is founded on the data alone which my case-books afford. I will briefly mention why my experience was investigated.

A few years ago, I felt strongly called upon to ascertain what evidence was afforded as to the success of bleeding; and, as I before stated, I tabulated my cases contained in eleven large folio volumes.

The period from 1827 till 1845 being similar to that (as regards the number of years) which I have just given, I now propose, both as a continued evidence as to the results of bleeding, and indirectly as evidence of a change of type in disease. Were it in my power to go through the whole from 1816, I would willingly do so; but at present the labour is too great, and I will therefore only say, with regard to the first ten years, that I practised bleeding largely, chiefly in fevers, inflammations of the thoracic and abdominal viscera, and in surgical cases, and, I may perhaps be allowed to say, with much apparent success.

I was engaged in arranging these statistics at the

time of my illness, with the full intention of stating them, that the profession might form their own judgment. That illness altogether prevented me from proceeding, until recently, when the assistance of Mr. Lydall, who has kindly attended me during nearly the whole period, has enabled me in some measure to accomplish the object I had in view.

The number of persons bled was 161. The number is large; but when it is considered that during this period many thousand cases came under my care in my own private practice,* I may perhaps be justified in saying that the proportion bled really was not very great. I am now in a position to offer a short sketch of what occurred in the eighteen years preceding those recorded in the registry.

List of Persons Bled.

1827 (from August) ...	0	1838	3
1828	13	1839	5
1829	2	1840	9
1830	5	1841	11
1831	3	1842	10
1832	1	1843	8
1833	12	1844	7
1834	23	1845 (before August) ..	1
1835	19		
1836	20		161
1837	9		

It will be remembered that 26 only were bled in the succeeding eighteen years. Now nothing varies more than the number bled in particular years. Thus, in 1829, there were bled 2; in 1831, 3; in 1832, 1 (exclusive of cholera); in 1838, 3. And, on the other hand, in some years they were very large, as in 1828, 13 cases; in 1834, 23; in 1835, 19; in 1836, 20. From this, it is fair to infer that the practice was by no means indiscriminate, but that the character of diseases varied in different years. Where the numbers were so large, it was necessary to ascertain whether it was accounted for by any epidemic. In 1834 only, there were a few cases of cholera. From these facts, I feel myself authorised in saying that there was a great difference in diseases in particular years.

The deaths were 16 (just one-tenth of the whole), as follows.

Head cases:

Apoplexies	2
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Respiratory organs:

Peripneumonia notha	2
Laryngitis terminating in phthisis	1
Croup	2—

Abdominal cases:

Hepatitis	2
Peritonitis	1
Gastritis	1
Puerperal peritonitis	2—

Varia:

Asiatic cholera	1
Fever	1
Effusion after scarlet fever	1—

Total 16

If we regard the fact, that most of these cases were of a very serious nature, the question must always be a doubtful one, to what extent bleeding proved injurious; or, on the other hand, of the large number that recovered, how many might have died if they had not been bled. But, taking the subject in the most unfavourable point of view, I would ask

* In proof of this, I may mention that during four years only—viz, from May 1842 till July 1846—2,200 cases, exclusive of operations, were entered in the eighth volume of my Case-Books.

if there are no other remedies which, like bleeding, although often beneficial, yet sometimes proves injurious. After all, any sweeping condemnation of this measure is surely inadmissible, for its results mainly depend upon the due quantity being taken, the mode in which it is taken, and more especially the time; for that which might have saved life one day may destroy it the next. Time is the chief element of success in our profession, as far as my experience goes. He must have been a fortunate practitioner who has never given an untimely purgative or a damaging dose of opium; and so of many other remedies.

Again, the prejudicial consequences of loss of blood have lately perhaps been set forth in too strong colours; for we cannot but observe that nature herself very frequently establishes them to the benefit of the person, as in epistaxis, hæmorrhoidal flux, and, I may even say, in many cases of hæmoptysis. The catamenia, too, approach so nearly to a flux of blood, and the beneficial effects of the flow are so obvious, that it comes into the same category. Again, if we look at the effect of large hæmorrhages in cases of flooding (unless repeated) or from wounds in battle or otherwise, we rarely find that the immediate consequences are not speedily repaired. If we also take cases of fever or inflammation cut short or abated by the practice of bleeding, and compare them with others who have undergone a long illness and convalescence from similar complaints not so relieved, and mark the respective conditions of the parties at the expiration of a few weeks, the pale faces and emaciated limbs of the latter will generally show both less and worse blood than the former indicate. So bleeding does not necessarily impair the condition of the person. On these important points I will not enlarge at present.

With regard to the 145 cases which recovered, I will simply transmit a list of the diseases for which the bleedings were instituted.

List of Persons who were Bled during the Eighteen Years preceding the Registry, and Recovered.

Head cases:	
Congestion of the brain.....	16
Concussion.....	5
Seizures.....	3
Epilepsy.....	1
Spinal congestion.....	1
Incipient paralysis.....	1— 27
Thorax and respiratory organs:	
Pneumonia.....	7
Pneumonia with convulsions (child) ...	1
Pleuropneumonia.....	1
Bilious pneumonia.....	8
Bronchitis.....	6
Laryngo-bronchitis.....	1
Laryngitis.....	3
Croup.....	8
Pleuritis.....	4
Peripneumonia notha.....	1
Influenza.....	5
Suffocative catarrh.....	1
Hæmoptysis.....	3
Heart-disease.....	3
Gunshot wound of thorax.....	1— 53
Abdominal cases:	
Gastritis.....	4
Enteritis.....	7
Dysentery.....	1
Peritonitis.....	2
Hepatitis.....	6
Entero-peritonitis.....	1
Neus.....	1
Cholera Anglica.....	3— 25

Fevers:	
Simple.....	5
Simple, relieved by epistaxis.....	2
Gastric fever.....	4
Asiatic cholera (exclusive of the cholera in 1832).....	3— 14
Eruptive:	
Variola, incipient.....	1
Variola, secondary.....	1
Scarlet fever.....	2
Scarlet fever, effusion after... ..	1
Rubeola.....	1— 6— 20
Puerperal cases:	
Puerperal convulsions.....	2
Threatened miscarriage.....	1
Severe spasms during pregnancy.....	1
Severe colitis during pregnancy.....	1
Threatened paralysis from obstructed catamenia.....	1—
Varia:	
Strangulated hernia.....	1
Pertussis.....	2
Erysipelas.....	4
High inflammatory diathesis*.....	4
Obstinate constipation.....	1
Acute conjunctivitis.....	1
Febrile symptoms in syphilis.....	1— 14
Total.....	
145	

The change in the species of acute diseases I have already alluded to; and I may state that there has been a great increase in certain other diseases, especially neuralgia, and the various cachexiæ. Also, boils, carbuncles, and diphtheria (to the frequency of influenza, varying in degree from a very slight to a very fatal complaint, I have already adverted); and there is no small reason to suppose that the very unnatural feeding of cattle without exercise, and in confined buildings, may produce unhealthy food for the human beings who consume it. The unhappy preponderance of town populations, with all its contingent circumstances of mental anxiety, stimulants, narcotics, and so forth, would also much contribute to such a result.

In conclusion, I may briefly say that the following facts appear; namely, that, in the last period of eighteen years, 185 deaths registered show only two deaths of persons who had been bled, while 24 had been bled during the same period and recovered. It also shows that, during the preceding period of eighteen years, there were 16 deaths of persons bled. What proportion that bore to the actual number of those who died during that period, I have no sufficient means of proving from the want of a registry; but I find that 161 cases altogether were bled, of which these 16 form a part—namely, one-tenth—and success seems largely to have attended the measure, since 145 were bled and recovered. With respect to the 16 deaths, I think it but right to say that it would be very unfair to impute this to the bleeding without great qualification. There were a variety of circumstances which would affect the whole number bled, such as age, season, locality, circumstances disturbing the patient, the adaptation of food, and more particularly bad nursing, as well as other measures that might have been employed at the same time. Such, I think, are the conclusions which may be fairly drawn with respect to bleeding, leaving much to be said in its favour.

Then, with regard to the type or character of the

* It is difficult to find an appropriate term for the state denominated as inflammation of the blood by persons not belonging to the profession, but certainly not inapt. These four bleedings occurred in the same person, and always with great benefit.

disease, which has been sufficiently dwelt upon before, I may remark that the facts here stated establish strong presumption that, as bleeding was less frequently practised, the character of diseases had undergone material difference.

Much more might be said on the manner in which bleeding acts in such cases; and I cannot think that it is satisfactorily accounted for simply by the removal of a portion of the blood, as seems to be the prevailing opinion at present. I will now, however, simply say,

"*Multa renascentur quæ jam cecidere.*"

ON THE EMPLOYMENT OF LARGE DOSES OF IODIDE OF POTASSIUM IN SEVERE FORMS OF TERTIARY SYPHILIS.

By HENRY SMITH, F.R.C.S., Assistant-Surgeon to King's College Hospital.

THE subjoined case was in the hospital under my care last summer. It attracted considerable attention at the time, partly from the extraordinary severity of the symptoms, but mainly in consequence of the rapidity of the cure under the influence of very large doses of iodide of potassium, when smaller doses of the same medicine had repeatedly failed to be of any service. Since the patient's dismissal, he has every now and then shewn himself at the hospital, and he continues quite well.

A tall well-made labouring man, aged 44, was admitted on July 24th, 1865. He was so terribly disfigured, that none of his features were discernible, the whole of his face being covered with a mask made of several pieces of linen. When these had been removed, the entire of the face with the exception of a part in front of the left ear, was one mass of deep unhealthy ulceration, presenting the well marked character of tertiary syphilitic ulceration of the skin. The poor man was a most hideous object, and was in a very weak state of health. There was, in addition, a large unhealthy ulcer over the right external malleolus leading down to bare bone.

It appears that he had the primary ulcer twenty years previously; this had been succeeded from time to time by various secondary and tertiary manifestations, which were remedied by appropriate treatment; but during the last three years this ulceration in the face had been present, and had defied all treatment. He had been under treatment at the hands of several hospital surgeons, and just previous to his coming to me had been an inmate for four months at one of the hospitals. He had taken a large quantity amongst other things of iodide of potassium; but he informed me that he had never used it in larger doses than five grains.

I had him confined to bed, ordered him generous nourishment, and prescribed twenty grains of iodide of potassium to be taken thrice daily. I must confess I had little hope of doing better than others with this poor man; but he had not taken the remedy more than a week, when manifest signs of improvement presented themselves. Some of the ulcerations began to diminish in size, his appetite improved, and no bad effects of so large a dose were observable. I then ordered the dose to be increased to thirty grains; and in two weeks the ulceration had half healed; he continued with the same, and at the termination of six weeks the whole of the ulcers had firmly and thoroughly healed, the man's appetite and strength had vastly improved, and the ulcer on the leg had much contracted. I dismissed him with injunctions to continue the medicine, which he did for some weeks longer, when he presented himself per-

fectly well in every respect. I saw this man last week, and he remains quite well.

This man was exhibited at the meeting of the Medical Society of London, when a large number of surgeons were present to hear the views of Dr. Boeck on syphilisation. I was glad to hear one or two of the speakers confirm my views as to the value of large doses of iodide of potassium, when smaller doses had failed. The pupils at King's College Hospital have, for some years past, been made familiar with the excellent results of the use of iodide of potassium in scruple-doses for severe tertiary ulcerations of the skin and affections of the bone. It appears to me, after a very careful investigation and much practical experience, that iodide of potassium is not very useful in curing the ordinary secondary forms of syphilis; but that when the disorder has shown itself in the more severe tertiary forms, as in ulcerations of the skin, large and painful nodes, affections of the hard palate and nose, the remedy in question is of the utmost value, when freely employed; but I think the case detailed especially shows the importance of giving very large doses in instances where the ordinary doses have completely failed to give any relief whatever. We must, of course, look out for the possibility and probability of iodism; should this occur, we need not give up the remedy altogether, but use it in smaller doses, and gradually increase it, until we have obtained a decided effect upon the symptoms. As an illustration of this, and as an example of the great value of iodide of potassium in a very intractable form of primary venereal ulceration, I will refer to a case recently under my care at King's College Hospital. It was that of an elderly man, who presented himself with an extensive serpiginous ulceration of the penis, which had commenced on the glans six months previously, and partially healing there, had extended over the whole circumference of the organ, destroying the prepuce, part of the scrotum, and showing no symptoms of abating. A peculiar characteristic of this ulcer, was the severe pain experienced by the patient both night and day.

This form of ulceration is by no means common, and amongst the large number of venereal cases met with at our hospital, I see but a case now and then. Hitherto, remedies seem to have been useless in stopping this ulceration; rest, time, and good nourishment, appear to have been the only effectual means. Iron, even in these slow but destructive cases, is useless.

Having hitherto failed to give any relief in such cases, and recognising the similarity between this and some of the ordinary tertiary ulcerations, I determined to try iodide of potassium in large doses, and accordingly ordered the patient to take ten grains three times daily. The patient came in four days quite iodised, but although the appearance of this sore was no better, the pain was greatly relieved. I therefore reduced the iodide of potassium to five grains three times daily. Iodism was no longer produced. In the course of a few days the sore began to heal, the pain entirely left him, cicatrisation went on steadily and surely, and, at the termination of one month, the man presented himself to notice with this large sore, which had resisted all sorts of treatment for six months, firmly healed.

16, Caroline Street, Bedford Square.

VICE-VERSA. In England, where any one may sell drugs, there is a cry out against the liberty of sale, whereby through ignorance many persons are yearly poisoned. In France, where only *pharmaciens* are allowed to sell medicines, there is a loud cry raised against the restriction.