

lymph; if vaccination have been unsuccessful, vaccinator may direct child to be forthwith re-vaccinated. *Clauses 17 and 18* make provision if the child is not fit for vaccination; and the delivery of a certificate by the public vaccinator or medical practitioner, which shall remain in force for two months, and be renewable every two months. (No fee for this.—R. G.) *Clause 19* determines the continuance of the two months' certificate, by saying if a child has been more than once unsuccessfully vaccinated, and the vaccinator shall find he is insusceptible of vaccination, then a certificate to that effect shall be granted, and the parent shall thenceforth not be required to cause the child to be vaccinated. (No fee for this.—R. G.) *Clause 20* provides for the furnishing of a certificate to be forwarded to the registrar where the birth was registered (if known to him), or else to the registrar of the district where child was vaccinated, within twenty-one days of its successful vaccination, and duplicate certificate to the parent of the child. (No fee for this.—R. G.) *Clause 21* provides that no fee shall be paid the public vaccinator for these certificates. (This should be reversed.—R. G.) *Clause 22* provides that the parent of the child shall transmit the certificate if the medical practitioner be not a public vaccinator. *Clause 23* provides that the registrar shall keep a book wherein to enter vaccinations; and for every search therein 1s. shall be paid, and for every copy 6d.; but no fee shall be paid for a search by a public vaccinator, or any officer of the guardians authorised by them to make such search, or any inspector appointed by the Poor-law Board or Lords of Her Majesty's Council. The registrar shall also receive one penny for every notice to vaccinate, when he registers a birth, and 3d. for every certificate of vaccination he shall have registered and a penny for every certificate of vaccination where he has not registered the birth. *Clause 24*—Registrar to make out in duplicate quarterly accounts, and to be paid fees by boards of guardians. *Clause 25*—Vaccination declared to be not parochial relief. *Clause 26*—Guardians to be paid all reasonable expenses for notices to be printed and circulated, and to compensate any officer appointed by them to prosecute persons charged with offences against this Act, or otherwise to enforce its provisions. *Clause 27*—Parents or others neglecting to take child to be vaccinated, or after vaccination to be inspected or re-vaccinated and re-inspected, shall be guilty of an offence, and be liable to be proceeded against summarily, and upon conviction to pay a penalty not exceeding 20s. *Clause 28*—Vaccinator and parent neglecting to transmit certificate liable to a penalty not exceeding 20s.; and, in the case of false certificates, to be guilty of a misdemeanour and punishable accordingly. *Clause 29*—Justices may make an order for the vaccination of any child under 13 years of age within a given time; and if, at the expiration of the time, the child has not been successfully vaccinated, or is unfit, etc., the parent or other person shall be liable to a penalty not exceeding 20s., and it shall be no answer to the making of such order that he shall have been previously convicted of an offence under this or any other Act relating to vaccination. *Clause 30*—Penalties upon persons inoculating with small-pox. *Clause 31*—Penalty not exceeding £5 for wilfully exposing small-pox patients, or carelessly conveying them in public conveyances. *Clauses 32, 33, 34, and 35*, relate to the statutes now in force; notices and interpretation-clauses; and titles, followed by forms A, B, C, and D; which will require altering, especially the medical titles, which are only M.D., L.A.C., or F.R.C.S.

## LOCAL ANÆSTHESIA BY ETHER-SPRAY.

LETTER FROM HENRY DAY, M.D.

SIR,—The attention which you have thought proper, for some weeks past, to direct to Dr. Richardson's plan of producing local anæsthesia in minor operations, induces me to think that you will not be averse to receive some little additional information as to the success of the proceeding. This I now offer to you, and hope that none of your readers will consider that by so doing I am occupying your columns with unimportant matter. You, of course, will not think so; or otherwise your remarks upon this invention (if I may be permitted so to call it) would naturally have been very different from the eulogistic observations you have made upon what I believe to be one of the most practically serviceable improvements the profession (or rather a member of it) has given to the public for very many years past.

On Friday last, Mr. Hughes, the senior surgeon of the Stafford General Infirmary, had occasion to lay open a most intensely painful and suppurating housemaid's knee. The young woman was very nervous, and so exquisitely sensitive was the part, that she fairly dreaded the performance of the operation. In consequence of this, it was in contemplation to put her under the influence of chloroform. Fortunately on the Friday morning I had received from Messrs. Krohne and Sesemann one of Dr. Richardson's "anæsthetic spray-producers"; and Mr. Hughes expressed a wish to have it tried in this case. It was done, and with the most perfect success. The part was laid open to the extent of not less than three inches, and the incision was made in the most slow and deliberate manner, to test to the utmost the effect produced. The girl looked calmly on at the proceeding, and experienced no suffering whatever.

On Saturday morning, tooth-extraction was performed by Mr. Bull, the surgeon-dentist to the infirmary; and the result was of the most satisfactory character.

I can scarcely bring myself to believe that the plan can ever be made applicable to major operations (excision of the knee-joint, for instance); but, even if it fail in these, enough can be done with it to render both patients and surgeons under an everlasting obligation to Dr. Richardson.

I am etc.,  
HENRY DAY, M.D.,  
Physician to the Stafford General Infirmary.

Stafford, March 6th, 1866.

## LETTER FROM ROBERT FARQUHARSON, M.D.

SIR,—The merits of Dr. Richardson's method of producing local anæsthesia are now fully recognised by the profession, and experience of its use must convince every one of the great services which it will render to surgery. Having today, through the kindness of that gentleman, had the opportunity of testing its powers at our regimental hospital, I am induced to forward a few brief notes in corroboration of its efficiency.

CASE I. A small sebaceous tumour was removed from the temple. After a very short application of the ether-spray, intense blanching of the skin was suddenly produced, and the further steps of the operation caused not the least pain. In fact, the patient stated that he felt nothing beyond a slight "scraping" when the walls of the cyst were being turned out.

CASE II. A large and very acute abscess in the upper part of the thigh was freely laid open. The bistoury was carried through the skin to the extent of nearly an inch and a half; and, as in the former instance, sensation was found to be totally abolished.

CASE III. A sinus in the fold of the left groin was slit up on a grooved director. The operation was performed in the usual way; but, as the line of incision passed through thickened textures, and as the anæsthesia was, perhaps, somewhat superficially produced, the patient was conscious of a very trifling degree of pain. This, however, he described rather to resemble the pricking of a needle than the keen sharpness usually following the transit of the knife. On the occurrence of a similar case, it might be advisable, as suggested by Professor Longmore, who was present, to incise from without inwards, so that the deeper structures might be rendered insensible, after the primary division of the skin.

CASE IV. A small bubo was punctured; and, as the man was unusually nervous and apprehensive of suffering, he was greatly relieved to find that no uneasy sensation was the result.

In no instance was the freezing process attended by inconvenience. The skin became white, brawny, and intensely cold; but the action of the cutting instrument was not thereby impeded in any degree. Nor was there any painful reaction as in the older process by ice and salt; on the contrary, the subsequent smarting of the divided integument seemed materially lessened.

Trifling though they are in themselves, the above cases serve very well to show the success of this valuable discovery, and to prove that pain need no longer under any circumstances attend the manipulations of the surgeon. For, while medical men, warned by experience, become chary of the use of chloroform in minor operations, they are now provided with means by which they may restrict its use to the graver exigencies of the profession.

In conclusion, I have to thank Dr. Richardson for his very kind and cordial cooperation; and to state that the following gentlemen were also present on the occasion: Professor Longmore, Dr. Way, Dr. Sedgwick, and Assistant-Surgeon Trotter Coldstream Guards.

I am, etc.,  
ROBERT FARQUHARSON, M.D. Ed., L.R.C.S. Ed.,  
Assistant-Surgeon Coldstream Guards.

Coldstream Guards' Hospital, Vincent Square, March 6th.

LETTER FROM JOHN WAY, M.D.

SIR,—Will you favour me with space for a few words touching a recent experience of mine of the efficacy of Dr. B. W. Richardson's plan for producing local anæsthesia; than which, since chloroform, surely no greater boon has been vouchsafed to suffering humanity.

On Tuesday last, a carbuncle, of the size of half a walnut, on the back of my left hand (from which I had suffered acutely during the preceding ten days), was submitted to the influence of Dr. Richardson's ether-jet, he himself kindly directing this. Speedily there ensued, in the carbuncle itself and a narrow margin of surrounding skin, a sense—very bearable—of aching numbness, followed by a sudden and somewhat startling blanching of the tissues—a kind of negative blush, extending over a space coverable by a five shilling piece. The part so blanched was now in a state of complete insensibility; and I saw the knife glide through the diseased tissues without experience of the slightest pain from the incision itself. A diffused uneasiness (quite insufficient to elicit a wince), due to the inevitable dragging on neighbouring inflamed and hyperæsthetic structures, was all of *malaise* that I suffered.

Complete local anæsthesia was produced in about forty seconds; about a like space of time was occupied in the complete division, by means of a tenotomy-knife, of my carbuncle from base to sum-

mit; and certainly, within the space of five minutes from the commencement of the freezing process, my disease, previously very painful, had become painless and on the high road to complete recovery.

I am, etc.,  
JOHN WAY.  
Eaton Square, March 8th, 1866.

THE PRESCRIPTION OF NOSTRUMS.

LETTER FROM WM. J. CHURCH, Esq.

SIR,—In a recent address delivered at one of the Branch meetings of the British Medical Association, the President of the year mentioned that he hoped that the new *Pharmacopœia*, which was then about to make its appearance, would be so extended in its list of preparations, that there would be no further need for medical men to have recourse to the nostrums (I may say the quack medicines) of the druggist. This hope is not realised; and we, consequently, find that some of the leading physicians of London adhere to the now old practice of prescribing medicines, with the composition of which they are unacquainted. For instance, a patient of mine, who was in London for some little time, was recommended by me to consult Dr. —. He gave her a prescription with “*liq. ferri superacetatis*”, and told her it was only to be had at “*Drew and Hargraves*.” Again, another patient consulted a leading physician, and was prescribed a nostrum which could only be procured at “*Bullock's*.” I cannot but think that this savours of quackery; and that the sooner the first-rate authorities leave off this practice, the better they will be able, and with more consistency, to raise their voices against the uneducated pretender of the present day. We all like to keep patients in our own hands; but let this be done by judgment and skill in the case, and not in an illegitimate mode of prescribing for it. When a country practitioner sends his patient to London for an opinion, it can be hardly right that he should come back with a prescription for a seven shilling bottle of drops, to be procured only at one place in London. This is carrying centralisation rather too far.

I am, etc.,  
WILLIAM J. CHURCH, F.R.C.S.,  
Ex-President of the Bath and Bristol Branch of the  
British Medical Association.

Circus, Bath, March 5th, 1866.

[We cordially agree with every word stated by our correspondent. EDITOR.]

PREVENTION OF CHOLERA. Dr. Salisbury, of Tolono, Illinois, says, in the *Chicago Medical Journal*, persons whose excreting organs are impaired, are more susceptible to the influence of poisons, and this class are more easily affected by cholera and all epidemic and infectious diseases. On the other hand, those whose excretory organs are in active operation, more effectually resist the action of these poisons. There are some articles, dietetic and medicinal, he says, which have been observed, to a certain extent, to be preventives of epidemic cholera, such as cider and certain classes of ripe fruits and vegetables. During the last epidemic in a small town in Kentucky, nine young men employed themselves in nursing the sick and burying the dead; it was a season when melons were abundant, of which these young men all ate freely the whole time; none of them suffered with any symptom of the disease, although a large proportion of the inhabitants were attacked. Dr. Salisbury draws the general conclusion, that, as all the articles are diuretic, producing at least free action of the kidneys, the use of mild diluent diuretics, which are neither emetic nor cathartic, might during an epidemic season prevent or mitigate the disease.