ducts, with their columnar epithelium unchanged, multiplied 100 diameters. The lower figure represents a part of the new growth showing a mass of cells and nuclei of elongated form, constituting a cord-like body, like those seen under the skin, multiplied 1000 diameters; and a part of the new growth multiplied 1000 diameters, shewing cells imbedded in a trabecular work of fibres.

Fig. 6.—A small nodule from the omentum of a guinea-pig seated at the bifurcation of a small artery. In the denser part around the artery little is to be seen but a closely packed mass of nuclei. The nuclei lie imbedded in the broad bands of fibrillated tissue, of which the omentum is composed. Even in the denser parts a reticular arrangement of the growth is thus preserved, but the open spaces are diminished in size. At a greater distance, the growth is still seen to originate from the same nuclei, which lie in rows imbedded in the fibres. In some places, an outer cell-wall around the nuclei is visible, the cells being large and round. Multiplied 1000 diameters.

ERRATUM. In last number of Journal, May 30, p. 526, second column, sixth line, instead of “what is ordinarily considered not tubercle,” read “what is ordinarily considered to be tubercle.”

Alcohol in the Treatment of Pneumonia.—M. Pécholier, in a work lately published by him on this subject, expresses his opinion as follows: “We hold it to be demonstrated, by facts and arguments, that the beneficial action of alcohol in certain kinds of inflammation, and specially in certain kinds of pneumonia, is, in the first instance, due to the stimulating action of this agent. We, therefore, accept a portion of Todd’s theories, without falling into his exclusiveness. If, in all cases of pneumonia, the vital powers are not always greatly weakened, as the English physician asserts, there exists a kind of pneumonia in which the radical forces are destroyed, and in which cutaneous reaction requires to be stimulated. For this kind of pneumonia, Dr. Todd’s prescription is proper; in others, it is useless, and sometimes even injurious.”

Contributions to the History of Medicine.

By Aquilla Smith, M.D.,
Professor of Materia Medica and Pharmacy in Trinity College, Dublin.

I.—On the Treatment of Coryza, or Nasal Catarrh, by “A Total Abstinence from Liquids.”

Dr. Charles J. B. Williams, in the article “Coryza” published in the Cyclopaedia of Practical Medicine in 1833, after giving the usual treatment by aperients, diaphoretics, and diluents, adds: “It is the acrimony of this discharge (from the pitutaneous membrane) which reacts on the membrane and keeps up the inflammation and its accompanying disagreeable symptoms. On this circumstance depends the efficacy of a measure directly opposed to that just noticed, but to the success of which we can bear decided testimony—we mean a total abstinence from liquids.” “This method of cure operates by diminishing the mass of fluid in the body to such a degree that it will no longer supply the diseased secretion.” “The coryza begins to be dried up about twelve hours after leaving off liquids; from that time the flowing to the eyes and fullness in the head become less and less troublesome; the secretion becomes gelatinous, and between the thirtieth and thirty-sixth hour ceases altogether. The whole period of abstinence needs scarcely ever to exceed forty-eight hours.”

Assuming that priority of publication of opinions or experiments is justly entitled to the merit of originality, and without any intention of detracting from Dr. Williams’s acknowledged reputation, I proceed to show that, in his method of treating coryza, he was anticipated by an eminent English physician at the close of the seventeenth century.

The author, in Tractatus de Cord, cui accedit Dissertatione de Origine Catarrh, in qua estenditur illum non proventre a Crescro, authori Richardo Lower, M.D., editio tertia et ultima, Amstelodami 1671, in cap. vi, De Catarrhis, says: “Cum vero catarrhi materia, occasio atque organorum in eo secernenti ministeria ex premisiis constiterit; satis obvium et facile erit concipere quod illi sistendo apissimis conferent.” In quantumigitur ex sero sanguinis materia catarrayo suppeditatur, quicquid ei pabulum detractit, aut serum per renes precipiat, vel per alvum derivat, vel per poros corporis dispellit, intentioni curative apprimi satisfact. Quare quom catarrhos primo urget, nihil majus ei supprimentmodo conduct, modo absque febre sit, quam ut situm diussimis toleramus; tridui enim vel quadru dies abstinentia a potu plures novi a catarrayo prorsus liberatos, cujus alia ratio est, quam quod nomine subdusto omnino exsciccatur, non aliter ac rivuli exarescent ex pluviarum penuri.” (P. 234.)

In the extracts from Dr. Williams’s article on Coryza, the words in italics are his own; and in the quotation from Lower I have put a few words in italics to show the parallelism.

On Iodide of Methyle and Therapeutical Researches.

By James Turnbull, M.D., Liverpool.

I observe in the British Medical Journal of April 18th, a report of a meeting of the Medical Society of London, at which Dr. B. W. Richardson presided and exhibited a specimen of iodide of methyle, which, he thought, promised to prove of the greatest use in practical medicine. He also made the statement that the iodide was first experimented with psychologically by himself last year, and was reported on by him to the medical society of Dundee. It is proper that I should correct this statement and the error into which Dr. Richardson has unwittingly fallen;* for if there be any merit in being the first to investigate the physiological properties of this and other allied compounds, I ought to assert my claim to it, having read a paper, at the meeting of the British Association for the Advancement of Science held at Liverpool in 1854, entitled “Researches on the Physiological and Medicinal Properties of some of the Compounds of the Organic Radicals—Methyl, Ethyl, and Amyle.” The paper was afterwards published in the Association Medical Journal, where, in the volume for 1865, page 69, the following account of the properties of iodide of methyle is given.

“Iodide of Methyle.—The next compound of methyle, the iodide, is a

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* April 22nd, 1868. Since this was written and sent to the Editor of the Journal, Dr. Richardson has in the most handsome manner rectified this mistake by a statement made at the subsequent meeting of the Medical Society of London.—J. T.