

prophylactic power of venesection in obviating the tendency to inflammatory action, or in arresting its progress, or in removing its effects when present. In reference to treatment, he recommended the removal of foreign substances, and all other causes of irritation, when practicable, from the wound. When the wound was small, and especially if there should be two openings, the closing of the anterior was to be attempted; and, if there were no sign of effusion, both might be closed. In all cases, absolute rest, cooling beverages, and moderate nourishment was called for, avoiding over-stimulation. Bleeding, mercurialisation, narcotism, and antimony, the old elements of treatment, might, under the direction of sound skill, and under special circumstances, become advisable; but their routine application is second only in mischief to the injury itself.

The following summary closed the paper:—

1. When a weapon or bullet enters a pleural cavity, the external air passes inwards.

2. If the wound be small, there seems to be little, if any, alteration in the movement of the lungs; as the respiratory murmur may be heard, more or less distinctly, on auscultation.

3. It follows from No. 2, and has been otherwise proved, that when a wound is formed in a pleural cavity, of a size equal to, if not larger than the opening at the glottis, collapse of lung is not a necessary consequence. That, under such circumstances, the lung of the injured side may inflate, and that such inflation occurs during expiration, and not, as might have been anticipated, during inspiration.

4. That the thorax may be pierced by a cutting instrument or a bullet, obliquely or transversely, without wounding the lung—*ergo*, the existence of two apertures is no proof that the lung has been wounded.

5. That mechanical congestion of the lung is often mistaken for the effects of inflammatory action.

6. That simple opening of the pleural cavity in animals seems to be productive of little or no risk, and only very trifling inconvenience.

7. That in the human subject, as well as in animals, an actual wound of the substance of the lung is always, sooner or later, mortal; but not from the effects of inflammatory action, but from the cessation of proper aeration, in either a whole or portions, of one or two lungs.

## Editor's Letter Box.

### NARCOTIC INJECTION IN NEURALGIA.

LETTER FROM ALEXANDER WOOD, M.D.

SIR,—Since I explained at the Association meeting here my method of treating neuralgia, and more especially since the publication of my address in the *BRITISH MEDICAL JOURNAL*, I have been overwhelmed with letters on the subject. Most of these inquire where the instrument can be procured; and others request information in regard to the class of cases in which it is likely to be successful.

As a general answer to the first class of querists, I refer to the advertisement of Mr. Young in the current number of the *JOURNAL*.

In regard to the second, I have found the narcotic injection useful in all cases of pain seated in or following the course of a nerve—including of course sciatica. In the treatment of these cases, the tender point must be ascertained, and the injection applied in it. I have never seen it of the least service in rheumatic pains affecting fasciæ, or muscular fibre.

I yesterday sent home, perfectly free from pain after two applications, a man, in whom one of our most eminent surgeons divided the affected nerve in one operation, and two years afterwards (the first operation having failed to give relief), removed the bone down to the infra-orbital foramen. This second operation having been unsuccessful, he applied to me. He had been twenty-four hours free from pain after the second puncture. I would have kept him under observation longer, but he was anxious to get home, but he intends to apply again if the pain returns.

I hope the gentlemen who have written to me will kindly excuse a separate answer to each.

I am, etc., ALEX. WOOD.

10, St. Colme Street, Edinburgh, Sept. 1st, 1858.

## THE MEDICAL ACT.

SIR,—If unqualified practitioners continue to give "certificates of the cause of death", as heretofore (and I do not see anything to prevent them), then the new Act will fail in "enabling the public to distinguish between qualified and unqualified practitioners in medicine." I, for one, should not be benefited in the least.

It is true, the people have an idea that these irregular practitioners are not "proper doctors"; but since they seem to possess almost the same power as duly qualified men (that is, in the way of granting certificates, etc.), they maintain a position otherwise untenable, whilst at the same time a manifest injustice and insult is done to the legitimate surgeon.

I do not refer to certificates of illness granted to members of clubs, etc.; but I do think every "registrar" in the kingdom ought to be cautioned against receiving "certificates of the cause of death" from unqualified persons. If they are capable of certifying the cause of death, why not admit them to give evidence at coroners' inquests, etc.

I know, full well, that the fact of their being able to certify the cause of death, gives them power and influence with the working classes; and I think it is a privilege they ought no longer to enjoy.

I am, etc.,

FAIR PLAY.

August 31st, 1858.

## Medical News.

### BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

\* In these lists, an asterisk is prefixed to the names of Members of the Association.

#### BIRTHS.

BLOMFIELD. On August 30th, at 19, Grove Terrace, Peckham, the wife of Josiah Blomfield, M.D., of a daughter.

DEMPSTER. On August 10th, at Oundle, Northamptonshire, the wife of J. Carroll Dempster, M.D., Staff-Surgeon, Her Majesty's Forces, of a daughter.

GENET. On August 28th, at 2, Ovington Terrace, Brompton, the wife of Frederick J. Genet, Esq., Surgeon, of a son.

HUMPHRY. On August 20th, at the Bucks County Asylum, Stone, near Aylesbury, the wife of John Humphry, Esq., Medical Superintendent, of a son.

LAURENCE. On August 30th, at 30, Devonshire Street, the wife of \*J. Zachariah Laurence, M.B., of a daughter.

MACKENZIE. On August 24th, in Dublin, the wife of William Ord Mackenzie, M.D., 3rd Light Dragoons, of a son.

SCHULHOF. On August 23rd, at 14, Brook Street, the wife of Maurice Schulhof, M.D., of a son.

TYACKE. On August 25th, at Chichester, the wife of \*Nicholas Tyacke, M.D., of a daughter.

WILLIAMS. On August 16th, at Brecon, the wife of John James Williams, M.D., of a daughter.

#### MARRIAGES.

COCKSHOTT—MURIEL. Cockshott, the Rev. John William, vicar of Burwell, Cambridgeshire, to Harriet Georgina, third daughter of John Muriel, Esq., Surgeon, Ely, on Aug. 31st.

EMERSON—WEBB. Emerson, W., Esq., Surgeon, of Kentish Town, London, to Mary, only daughter of the late James Webb, Esq., of Newcastle-upon-Tyne, at St. Pancras Church, on August 31st.

WOOLLEY—DYCE. Woolley, George, M.D., of Kentish Town, London, to Frederika Maria Meredith, daughter of the late Dr. Dyce, of Aberdeen, at Hillhead, Dunkeld, Perthshire, on August 26th.

YOUNG—LATTEY. Young, Lake, Esq., Surgeon, of Kettering, to Sarah Frances, only daughter of Abraham H. H. Lattey, Esq., Surgeon, of Daventry, on August 31st.

#### DEATHS.

DAVIS. On August 23rd, at Wrekenton House, near Gateshead, Mary, widow of the late Robert Davis, Esq., Surgeon.

DUNN, Henry, Esq., Surgeon to the House of Correction, Wakefield, aged 55, on August 18th.

MACCULLOCH. On August 22nd, at Brighton, Louisa Margaretta, widow of the late John MacCulloch, M.D., F.R.S.