width is a little over $1\frac{1}{2}$ inches—strictly speaking, $1\frac{1}{8}$ inches. The remaining diameter is $1\frac{1}{4}$ inches. The canal runs parallel to the side which I take for the upper, at a distance below it of three-eighths of an inch, having a length of about half an inch, and opening forwards into a shallow groove on the surface in question, and extending along the promontory before referred to. Its horizontal diameter is an eighth of an inch, but the vertical less, so that a no larger catheter than a No. 2 of the English scale will pass.

The stone weighs $1\frac{3}{8}$ ounces, is of a pale yellow colour outside, and paler within. One or two chipped surfaces show a laminated texture.

The only specimen I have seen which bears it any resemblance is one nearly as large, like it in structure, but unlike it in shape, in the possession of Mr. Bickersteth of Liverpool.

PREVENTIVE MEDICINE IN ORDINARY MEDICAL PRACTICE :

BEING A SEQUEL TO DR. RANSOME'S ADDRESS ON
STATE MEDICINE.*

By WILLIAM OGLE, M.A., M.D., F.R.C.P.,

Physician to the General Infirmary, Derby.

DR. RANSOME'S able address (BRITISH MEDICAL JOURNAL, August 18th, 1877) on State Medicine closes with some valuable suggestions to the legislature, and he indulges the hope that these suggestions may be adopted before many more years have elapsed. There is also a final paragraph asking for supplementary aid from "voluntary sanitary associations", similar to the one in Manchester.

It is principally to this concluding paragraph that I desire to direct your attention, and, indeed, to propose an amendment. I understand the word voluntary to mean "gratuitous". Against this I entertain a twofold objection. First, the profession is already overweighed with this kind of "voluntary" work; and, secondly, an agency is required much more comprehensive and thorough than any yet devised, even in Manchester, and one that is capable of doing work which it were both visionary and wrong to desire done by unpaid agents. I shall show presently how sanitary associations of this comprehensive, and, if you please, commercial, character might be organised, not only in large towns, but, as Dr. Ransome says, "in every locality". But, before doing so, and, indeed, by way of introduction, I must offer some remarks upon the hope expressed that the legislature will adopt a more enlightened sanitary policy, and in particular that it will give greater consideration to, or at least will not wholly ignore, the suggestions of medical men in framing new laws that relate to the prevention of disease. These two aspects of the question—the legislative and the voluntary, *i.e.*, the individual, are in fact inseparable.

At first sight, it may seem incredible that an enlightened Government should have framed laws for the preservation of the health of the people without a reference at every step to the medical profession. But the reason is not far to seek. Legislation cannot safely be very far in advance of public opinion. A little in advance it may and ought to be; but to be far ahead is not possible, nor, if possible, would it be workable, for the simple reason that obedience to law must be willing and intelligent if it is to be effective. Men cannot, even if they would, thoroughly carry out laws which they do not comprehend. This is my first remark. My second is that public opinion on medical questions is very much, if not better, yet not worse, than what the medical profession (in a past generation) has made it; and consequently that the faults in medical legislation, which Dr. Ransome has so fully and so justly exposed, must in some way or other, if not directly, then indirectly, which practically amounts to the same thing, be chargeable on the profession itself. If you will dispassionately look into this, you will perceive that the very same fault might be found with us for our defective mode of dealing with our patients that Dr. Ransome finds with the legislature for its mode of dealing with the profession. We ignore preventive medicine in ordinary medical practice; therefore, the public ignores us when it frames its preventive laws.

To establish this position, and to enlarge, as I desire to do, the scope of my observations, I beg you to notice that there is the same sequence observable in regard to the cure of disease. The relations between patient and doctor are very from being in accordance with the requirements of modern medicine, and consequently public opinion on curative measures is generally at fault. We allow the form of acknowledgment for our services to remain very much the same as when medi-

cine meant "physic"—little more, and certainly nothing less; and, as a natural consequence, the public puts its faith in physic and in nothing else, even when, as in homœopathy, there is nothing of physic but the name. Whilst medical charges continue to be based upon the quantity of medicine supplied, it will be to little purpose that Dr. Johnson (the same Dr. Johnson, be it observed, who gives castor-oil in cholera, and therefore not to be charged with scepticism as to the value of physic when physic is wanted) is bold enough to teach that typhoid fever is best treated solely by adjuvantia, such as careful diet and skilled nursing, and that many similar instances might be quoted on equally high authority. Payment "per bottle", or even "per visit", takes no account of enlightened methods of cure, and so to the general public they are unknown. In like manner, so long as the prevention of disease is ignored in the ordinary acknowledgment demanded for professional service, so long will the public most naturally conclude that prevention is not commonly regarded by us as any part of our duty; and the example of such noble men as Anstie, though emphasised by his death, so far as influence upon public opinion is concerned, is in a great measure lost.

The first step, therefore, towards the realisation of Dr. Ransome's most reasonable hopes of more enlightened sanitary legislation, should be for each of us who are engaged in the practice of our profession to consider our own ways.

To bring the question to a practical issue, I submit to the members of the British Medical Association the following proposals; viz.: (A) a thorough readjustment of our professional relations with the public on a preventive basis; and, second, arising out of this, (B) sanitary associations such as Dr. Ransome desires.

A.—The family doctor to be recognised as the "health-officer" of the family at all times, as well as the medical attendant in times of sickness. To make this possible, the acknowledgment for his services to be—*a.* A certain sum *per annum* for all ordinary work, including, of course, "preventive" work; *b.* Supplementary fees for extraordinary visits. Physic, whenever possible, to be supplied by druggists, or at least to be charged for separately.

1. The amount of the sum *per annum*, and of the exceptional supplementary fees to vary according to circumstances, and to be determined beforehand by private agreement between the doctor and his client.

2. The term "ordinary work" to include all attendances for which the request has been made at an early hour of the day—say by the time of the first postal delivery; also all visits made by members of the family to the doctor at his own house when he is "at home" for consultation. "Extraordinary visits" to be: night visits, but only such as are specially requested by the patient; Sunday visits, specially requested; and visits in obedience to summonses to come immediately, as to a confinement, or to a consultation, or, in short, at some particular time fixed by the patient.

In this simple way, the interests of the patient and the doctor become identical. The arrangement has been tried and proved satisfactory.

Proceeding on the same preventive principles, and calling in the aid of the principle of co-operation, sanitary associations may be formed "in every locality", but specially in large towns, "much more comprehensive and thorough than any yet devised". Thus—

B.—I. All *per annum* sums of, say, under ten guineas to be paid to a common fund.

II. Of these sums, the respective "family" doctors to receive only a part, a principal part, but only a proportion (say two-thirds or three-fourths). The remainder, which might readily amount to a large sum, to be held in trust for the general purposes of the Association, available for—

a. Exceptional payments by way of aid to the associated members, *e.g.*, supply of physic under exceptional circumstances (by provident dispensaries);* organisation of hospitals and convalescent homes for the well-to-do, as suggested by Mr. Burdett, etc.

b. Expenses connected with the registration, as in Manchester, of disease; the purchase of expensive instruments, which, by reason of their cost, and that they are only occasionally wanted, are not within the reach of ninety-nine out of every one hundred medical men in the

* Read in the Section of Public Medicine at the Annual Meeting of the British Medical Association in Manchester, August 1877.

* Many years ago I studied carefully the working of all the then existing provident dispensaries in the kingdom. I came to the conclusion that the one at Coventry was the best; but even that I could not now recommend heartily without reservation. Provident dispensaries were a noble experiment forty years ago, but that is all that can be said in their favour. In the recent imitations of them—on the whole, inferior imitations—I see nothing to induce me to modify this opinion. I take, therefore, this opportunity of saying, that I believe provident dispensaries, unless they be as here suggested, part of a larger and more comprehensive scheme of efficient medical aid, will be found unworthy of confidence, and in regard to hospital abuses, will sooner or later be classed among the remedies that are worse than the disease.

country. For instance, how few provincial towns possess a (Ransome's) stethometer, or even a sphygmograph, etc.

c. An organisation of this kind would also secure the introduction without delay of the newest modes of treatment, *e.g.*, the method of curing spinal curvature, which has been so ably demonstrated to this meeting by Dr. Sayre of New York, etc.

In short, these co-operative medical associations would proclaim to the public, in language not to be misunderstood, that the profession is resolved to make the prevention of disease, both infectious and other, not only a part but a principal part of its duty. And, further, that, for the cure of diseases not prevented, physic or no physic is not the main consideration; but simply how to cure them as thoroughly, as quickly, aye, and with as little cost to the community as is compatible with efficiency.

Improvement in sanitary legislation would follow. The public, becoming day by day practically acquainted with preventive medicine in their own homes, would learn the necessity for legislative measures, and then the Parliament would as naturally give to the profession its legitimate position, as now this is naturally withheld.

The words of Professor Stokes of Dublin addressed to the British Medical Association at Oxford (1868), on vacating the chair of the President, are so appropriate that I cannot conclude with words more apposite than the following.

"When medicine is in a position to command respect, be sure that its rewards will be proportionately increased and its status elevated. In the history of the human race, three objects of man's solicitude may be indicated: first, that of divinity; next, that of law or government; and, as man often seems to love gold more than life, the last is medicine. But, with the progress of society, a juster balance will obtain, conditionally that we work in the right direction, and make ourselves worthy to take a share in its government."—BRITISH MEDICAL JOURNAL, 1868, vol. ii, p. 125.

THE THERAPEUTIC AND TOXIC ACTION OF SALICYLATE OF SODA.

By FREDERICK H. DALY, M.D., Dalston.

I HAVE used salicylate of soda a good deal, during the past twelve months, in cases of acute and subacute rheumatism; and the result of my experience of the drug is decidedly favourable. I have, like others, found it most useful in acute cases, when many joints are affected and where there is high temperature. Undoubtedly there is a greater tendency to relapse after treatment by this remedy than in those cases treated by alkalines and quinine; and it is remarkable for what a long period there is this liability to relapse, even after the pulse and temperature have been for days normal, if the salicylate be discontinued. The dose ought to be gradually diminished, and combined with a couple of grains of quinine three times a day. By this plan, the risk of relapse is greatly lessened. But all this is generally well known. My object in this note is to show how, in a single case, I had recently an opportunity of witnessing both the therapeutic and the toxic action of salicylate of soda.

On November 4th, I was sent for to see Mrs. B., aged 50, suffering from rheumatic fever in a severe form: both knees, one ankle, one shoulder, and both wrists were greatly swollen, and exquisitely painful. She was sweating profusely; the tongue was coated; and the temperature 103.2 deg. I ordered milk-diet and twenty grains of salicylate of soda every two hours. I again saw the patient in twenty-four hours. She had taken the twenty-grain dose regularly every two hours, and I found her quite free from pain, sweating very little, and the swelling nearly gone. The temperature was normal. She had slept very little, and was a little incoherent and inclined to call things and people by wrong names. She was ordered to take the salicylate every three hours. On the 6th, I found her quite delirious, refusing to take food or medicine, unless forced, and labouring under all kinds of absurd delusions. She appeared quite free from pain, and the temperature was still normal; but she had not slept at all and was wandering the whole night. She was ordered to stop the salicylate of soda, and to take an alkaline with quinine; also twenty-five grains of chloral-hydrate at bedtime. After my visit, the delirium became violent, but the chloral at bedtime gave six hours' sleep; and I found my patient next morning quite rational and much better, only complaining of pain in the right wrist. The urine was quite dark and contained a very little albumen. I resumed the salicylate of soda in ten-grain doses, with a grain of quinine, three times a day; and from this day there was no further trouble from the joints, but an attack of rheumatic conjunctivitis retarded the convalescence.

The above brief extract from my note-book needs no remark. My object is to draw attention to the toxic action of the salicylate, about which I have not seen much mentioned. I may remark that I have found small doses, repeated say every four hours, of little, if any, use in rheumatic fever. The remedy ought to be given every two hours for at least the first day.

A CONTRIBUTION ON THE TREATMENT OF THE PROFESSIONAL DYSINESIA.*

By DR. LEONARDO BIANCHI,

Private Lecturer on Neuropathology and Medical Electricity in Naples.

IN the first number of *Il Morgagni* for 1873, I published a case of scribes' cramp, which, in a very short space of time, was cured with hypodermic injections of nitrate of strychnia. The young man whose case was the subject of that publication, at that time a student, is now a barrister, and has never since been troubled by the malady.

It appears, as far as I know, that since that time no other cases have been published in which the cure was obtained with hypodermic injections of strychnia, except one of Rossander, cited by Erb in Ziemssen's *Encyclopædia*. But I have had the opportunity of seeing many cases, the histories of which will be published in another work.

The views there expressed will perhaps be different from those expressed in my first publication. Therefore, putting aside for the present all pathological and physiological considerations, I will relate here some of these cases only, with the object of attracting the attention of this Association to the treatment of the disease.

CASE I.—In July 1873, I was consulted by Mr. D. L., a stout and strong man, for a disorder of his right arm. He informed me that he had been affected by it for six years, and had been prevented from writing by a painful feeling of tension and fatigue in every part of the arm and hand, with obstinate contraction of the supinators of the hand, turning it over; in the new position assumed by it, writing became impossible. Sensibility was undisturbed, and there was no difference, as regarded the muscular reaction with the faradic and galvanic currents, in the arms and forearms of the two sides. There were no painful points over the cervical spine. The faradic current applied for one month was quite useless; but he was very much improved by twelve injections of nitrate of strychnia; his writing became more regular, and he was less rapidly fatigued, as the contractions became less constant. He was then obliged to put off the treatment, on account of the necessity of writing, as he was occupied in a great deal of business which could not be left in other hands.

CASES II and III.—In 1874, I saw a man named Santilio, who consulted me on account of an irresistible and troublesome numbness of the right arm every time that he began little and delicate operations of the hand; viz., writing or sending telegraphic despatches. He was employed at the telegraph office, and the malady had manifested itself after two years of unusual and immoderate exercise of his profession. This is the second recorded case of telegraphists' cramp. The first was published in the *Lancet* in 1875, and it rather alarmed the English telegraphists. In my case, no spasm or contraction was observed in any muscle; but an irresistible torpor and sense of tension pervaded the entire arm when he attempted to write and to send telegraphic despatches, while he showed considerable strength in operations that required more muscular force and the exercise of both arms. There was no difference of reaction with the faradic current as regarded either the muscles or the nerves; but he sometimes felt pain on the cervical spine. He did not derive improvement either from muscular faradisation or from the continuous galvanic current, nor from injections of nitrate of strychnia, of which I made about thirty. I used two grains of the strychnia salt, after having ascertained that it was good by making experiments upon rabbits. The young man, who was very intelligent, assured me that his brother, employed at the Post Office, had suffered during about eight years from scribes' cramp, so much so that he was obliged to take an assistant for writing; and that, after the publication of my paper in *Il Morgagni*, he was completely cured by a number of hypodermic injections of nitrate of strychnia, and had resumed all the duties of his office.

CASE IV.—Mary D., a Sicilian, an elementary female teacher, had suffered during six years when she consulted me. She felt painful fatigue in every part of the right arm when she began to write, and had contractions of the interossei of the index and of the thumb, with also a slow contraction of the supinators, which, in the act of writing,

* Read in the Section of Medicine at the Annual Meeting of the British Medical Association in Manchester, August 1877.