complainant. In giving the names of those at present holding high offices, and of those holding permanent appointments in their respective departments, I wish it to be clearly understood that I do so, not in a spirit of dictation, but by way of illustration.

PARLIAMENT
LOCAL GOVERNMENT BOARD.

President—The Right Hon. James Stansfeld, M.P.
The Right Hon. W. E. Gladstone, M.P.; the Right Hon. Earl Ripon;
the Right Hon. Robert Lowe, M. P.; the Right Hon.
H. A. Bruce, M.P.

Secretary—Mr. Lambert.

Sanitary Department.

The Chief Medical Sanitary Inspector—Vice-President.

Mr. Simon—Chief Medical Officer.

Dr. Seaton—Vaccination Medical Officer.

Dr. Farre—Registrar of Deaths, etc., and Sickness.

Mr. Rawlinson—Chief of Engineers.

Dr. Frankland—Analyst for Water, etc.

Dr. Angus Smith—Analyst for Air, etc.

Secretary.

Poor-Law Department.

Vice-President; Secretaries; Inspectors.

1. County Medical Sanitary Inspector; 2. Medical Officer of Health—Rural or Urban; 3. Deputy or District Medical Officer; 4. Rural or Urban Sanitary Committee; 5. Clerk to Rural or Urban Sanitary Authority; 6. Surveyor to Rural or Urban Sanitary Authority; 7. Nuisance Inspector; 8. Disinfectors; 9. Two Householdors.

The straight lines indicate the course by which intelligence is conveyed on sanitary matters from the householder to the sanitary officers, and

from them to each superior officer. Thus if a householder (No. 9) wish to complain of the existence of a nuisance, he has the option of making the complaint either to the inspector of nuisances (No. 7), to the deputy medical officer of health (No. 3), or to the medical officer of health (No. 2). Number 3 will forward his reports to No. 2 and No. 1. By this means No. 1 is acquainted with the contents of reports to No. 2, and can thus learn where the fault lies if the reports are not acted upon. Number 2 will receive the reports of the deputy medical officer of health (No. 3), the inspectors of nuisances (No. 7), and complaints of householders. It will be his duty to report on these to the Sanitary Committee, to advise them on matters contained therein, and to forward a copy of his report and advice to the county medical inspector (No. 1). The last named officer (No. 1) will receive reports, etc., from Nos. 2 and 3, and forward his own reports on the same to the vice-president of the Sanitary Department of the Local Government Board. Where any authority makes default in any sanitary matters, the county medical sanitary inspector will first give notice of it to the clerk of the defaulting authority, and if not immediately attended to he will then report to the Sanitary Department of the Local Government Board.

The dotted lines in the diagram indicate the course by which orders or instructions are conveyed from the superior to the lower sanitary officials. The dotted lines from No. 1 to No. 5 indicate action requiring the sanitary authority to perform its duty; Nos. 6 and 7 show that orders, etc., are transmitted to them from the Sanitary Committee; and from No. 3 to No. 8 show the course orders take to the disinfectors.

I have endeavoured to be as brief as possible, in order not to occupy too much space; and for this reason I shall content myself for the present with saying very little about the tabulated form showing the proposed reorganisation of the Local Government Board. I cannot doubt that some such arrangement as I propose would be far better than the present one; for, with a vice-president conversant with all the details of public and private practice, and the working of sanitary measures, urban and rural; having the appointment and control of the county medical sanitary inspectors, whose reports he would receive weekly, and with the advantage of a board composed of the heads of the subdepartment named, to whom he would weekly submit the reports, and with whom he would consult, he would undoubtedly be able to utilise to the fullest extent any information he might acquire as to the carrying out of existing Acts and their deficiencies, and thus be able to furnish the president of the Local Government Board, and, through him, Parliament, with most valuable data for remedying any existing defects in the various sanitary Acts.

In conclusion, I venture to hope that this slight attempt of mine to contribute to the furtherance of sanitary science may be productive of some good, and that at least it may lead to further discussion on the subject, and by that means elicit a better scheme, if there be one.

HYDROCYANIC ACID AS A REMEDIAL AGENT IN DELIRIUM TREMENS.

By HENRY B. DOW, M.D., Bayswater.

WITHOUT describing the causes and pathological conditions of delirium tremens, as that would occupy too much space in this notice, it will be simply necessary to mention briefly the chief symptoms of the disease, and then refer to the therapeutic value of hydrocyanic acid in its treatment.

The first and most important symptoms of delirium tremens are loss of appetite, followed by nausea and vomiting, and accompanied by mental excitement, as exemplified by anxious and often hideous dreams during sleep, sometimes wandering; and, during wakefulness, by the presence of imaginary objects and foes. The tongue is furred, indicating a disturbed condition of the digestive organs, and tremulous, in sympathy with the impaired state of the nervous centres. The circulation, which often at the outset of an attack is depressed, becomes quickened, and oftentimes the patient becomes violent, as in the delirium of an acute attack of mania. The course of the disease may be from bad to worse, until exhaustion and death end the scene. Or, on the other hand, sleep may supervene, and the sufferer awake refreshed and in a fair way towards recovery.

Opium in its various forms, digitalis, and belladonna, have been used in the treatment of this disease; but they do not fulfil all the indications for treatment, and are liable to cause harm, either by their cumulativeness or by their influence on some idiosyncrasy of the system. Hydrocyanic acid does unquestionably fulfil these indications. It allays the irritation of the stomach, and checks the nausea and vomiting; it quiets the nervous excitement, and, by so doing, tends to produce sleep; and it also controls the action of the heart. It has the advantages of

producing its effects quickly, and of not being cumulative, and is taken readily by most people. I have used it with the most satisfactory results, and will now mention my usual method of administration. I give it in combination with bicarbonate of potash, chloric æther, and camphor mixture, in doses of one, two, or three minims of the Pharmacopœia solution every two, three, or four hours, according to the severity of the case; and also find that benefit may sometimes be derived from the addition either of three or four grains of carbonate of ammonia, or a few minims of the compound spirit of ammonia. The patient is to be nourished by the administration of beef-tea, milk, etc., and wine or other alcoholic stimulants to be given, according to the discretion of the medical adviser; the less, however, the better. As soon as the worst symptoms have been relieved by the above treatment, the appetite is soon restored by the use of dilute nitric acid and decoction of cinchona.

CLINICAL MEMORANDA.

CASE OF POISONING WITH CARBOLIC ACID.

THOMAS LLOYD, aged 72, was admitted into the Merthyr Infirmary on April 18th, suffering from a severe burn on the left leg. In a few days, when the eschar began to slough, a large piece of sponge saturated with carbolic acid was placed on a plate underneath his bed. On April 29th, about 3 A.M., I was sent for, and on the way was told that T. L. had got at the sponge and had sucked the carbolic acid from it, as far as could be ascertained, about twelve midnight. The patient was in a semi-comatose state, pulse 98 and feeble, respirations 48. I administered some olive oil and castor-oil, which was swallowed very slowly. I then gave a scruple of sulphate of zinc dissolved in warm water, and two grains of tartar emetic; but vomiting was not induced. The pulse and breathing became gradually more feeble and complete, coma set in, and death occurred an hour after my arrival.

Post mortem examination, April 30th. The body was well nourished. The lips, the chin, the right side of the face, the right breast and hand were of a brown colour, with a strong odour of carbolic acid; the dura mater and arachnoid were very much congested; the brain-substance was healthy. The membrane of the mouth and tongue was white and softened. The mucous membrane of the larynx was thickened. The lungs were healthy, with old pleuritic adhesions. The membrane of the pharynx and œsophagus was pale, thickened, soft, and corroded. The lining membrane of the stomach was much softened, corroded, and congested. The whole of the small intestines were congested, the upper part being softened. The odour of carbolic acid could be traced as far as the cæcum. All the other organs were healthy.

I did not think it advisable to use the stomach-pump, which was at hand, as the acid had been taken at least three hours previously. For the future, I intend using the carbolic acid powder.

CORNELIUS BIDDLE, L.R.C.P.Lond.,
Surgeon to the Merthyr Tydfil Workhouse.

OBSTETRIC MEMORANDA.

ENEMATA OF CHLORAL HYDRATE IN PUERPERAL CONVULSIONS.

THE notice in a contemporary of a somewhat similar case, induces me to mention an instance of the successful administration of chloral in a most severe case that I recently saw in conjunction with my friend Dr. Hulme, of Wigston Magna.

Mrs. T., aged 22, primipara, who had had slight anasarca before her confinement, was delivered at 5 P.M. on February 9th. The labour was satisfactory, the placenta following naturally. Shortly afterwards, convulsions set in, and continued almost without intermission. I saw her first at 2 P.M. on February 10th, the convulsions having lasted twenty hours. She was totally insensible, cold, and clammy; the pupils were largely dilated; pulse 180. She was unable to swallow; the fæces and urine passed unconsciously; she had had turpentine enemata with no benefit. While I was there, she had the most horrible set of convulsions I ever witnessed. In fact, I thought she was dead, respiration ceased for so long. Unable to give any remedy by the mouth, I suggested, as a forlorn hope, half a drachm of chloral in a small starch enema, to be repeated once. I saw her again at 6 P.M., and found her in a quiet natural slumber that I did not disturb. She had fallen into it, and had had no more convulsions after the second enema.

Passing through the village next day, the 11th, I found her only a

little stupid; the pupils were natural; pulse 108; the milk and lochia appearing. She made a good recovery, and is now well and nursing her baby.

JOHN BARCLAY, M.D., F.R.C.P., Leicester.

REPEATED ABNORMAL PRESENTATIONS.

ACTING upon the suggestion contained in Dr. Molony's communication to the JOURNAL of April 12th, I beg to record the following unique case of repeated abnormal presentations occurring in the same person, and tending to suggest an affirmative reply to the question raised, Is a woman who has had a breech or footling presentation at one labour more liable to the same at her subsequent labours than any other woman of the community? The case in point is that of a strong healthy woman, who, about three years and a half ago, engaged me to attend in her then approaching confinement, remarking at the time that she had had nine children, all of which, excepting the first, were "wrong births" and still-born. In due course, I was called upon to attend. Making an examination, I found the feet presenting; the labour progressed rapidly, the child, a very fine one, being still-born. Twelve months subsequently, I was again engaged to attend her. Upon this occasion, the breech presented; child still-born. About six months ago, I attended her again for the third time; but upon this occasion, the presentation was natural, and the child was born alive. Of the previous nine births, my inquiry confirmed the statement made by the mother that eight were preternatural—all being either foot or breech presentations, and still-born. Of the twelve births, therefore, this case presents the extraordinary number of ten breech or footling cases occurring successively, the first and twelfth being the only natural presentations.

RICHARD LOUGHER, L.R.C.P., L.S.A., etc., Cardiff.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

LONDON HOSPITAL.

SUBPERIOSTEAL EXCISION OF A PART OF THE LOWER JAW.

(Under the care of Mr. MAUNDER.)

ON May 21st, Mr. Maunder showed a young girl from whom, three years ago, he had removed a portion of the lower jaw, containing a myeloid tumour, comprised between the position of the right canine tooth and the middle of the left ramus. The separation of the soft parts and sections of the bone were executed from within the cavity of the mouth, and the mass was withdrawn through this orifice. In this way, no important vessels or nerves were injured; and, as neither lip nor cheek had been severed, there was no scar whatever. The patient could masticate well with the remnant of the right base of the jaw. (See photograph of this patient in Maunder's *Operative Surgery*, 2nd edition, p. 113, and in the BRITISH MEDICAL JOURNAL, January 13th, 1872.) Mr. Maunder now proceeded to perform a similar operation on a female adult, the subject of a tumour occupying the right side of the base of the jaw. It had existed nearly two years, and had been removed on two previous occasions elsewhere. The knife was used very sparingly, the soft parts being separated chiefly by a raspatory and the finger. The ramus and base of the jaw were divided from within the mouth partly by the saw and partly by cutting forceps. The isolated portion of jaw was extracted through the mouth without any section whatever of important vessels, nerves, or skin. No scar will result, and it is scarcely needful to note the importance of such a method of operating, especially in the female.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

CASE OF DISEASE OF PULMONARY VALVES AND RIGHT VENTRICLE, WITH COMMUNICATION BETWEEN THE VENTRICLES.

(Under the care of Dr. SANSOM.)

The notes of this case were taken by Mr. Gill, Resident Medical Officer.

Lydia S., aged 8½, was admitted into the hospital on January 12th, 1873. She manifested much languor, but no other prominent symptoms; she was extremely pallid, but showed no cyanosis whatever. Of healthy parentage, the pregnancy of the mother having presented no abnormal circumstance, the child was weakly from birth, but was quiet