REMARKS ON THE TRANSIT OF INVALIDS.

By RICHARD DAVY, F.R.C.S., Surgeon to the Westminster Hospital.

AN extended experience in the use of hammocks for invalid transit has confirmed their utility, and it is now my desire to place some additional facts on record with reference to a new stretcher and hammock-van.

Stretchers.—The diagram shows the form of stretcher in use at the Westminster Hospital for carrying patients from the wards to the open air. (Fig. 1.) The poles are placed on the shoulders, or borne at

Fig. 1.—Stretcher.

arm's length by the porters; the depth of the hammock necessitates shoulder carriage on going up or down stairs; the capacity of the hammock is much increased by the spreaders, and this arrangement gives also a feeling of security to the occupant; the shift from the stretcher to the hammock-van is readily performed by the mechanism here shown, for experience soon proved that, without it, there was a difficulty in freeing the poles. (Fig. 2.) The spreader (1) supports the weight of

Fig. 2.—Mechanism for Shifting Patient.

the invalid. The patient can readily be shifted by removing (2) and sliding the poles right and left. The pendants shown in Fig. 1 have, of course, been previously attached to the permanent hooks in the van or railway carriage.

Hammock-van.—The British public have practically evinced a far higher regard for the removal of valuable furniture than for the transit of delicate Christians. The method pursued in removing furniture in large vans by road, or rail, or sea is most convenient; and I have to introduce to public notice a hammock-van for the convenience of invalids. (Fig. 3.) This carriage may be drawn by one or two horses;

Fig. 3.—Hammock-Van.

permits of two hammocks being swung in it (the dotted line shows the position of a second); is furnished with strong springs, India-rubber tires, seats for attendants, lavatory and its accompaniments. I have found, in transmitting my patients from London to country places, great inconvenience on reaching the rural terminus, by reason of having to hunt up some suitable conveyance to complete the last stage of the journey. By employing the hammock-van, the patient is subjected to the least amount of inconvenience, being slung in the van at his own

door. The van is placed on a railway truck at the station, and, on reaching the railway terminus, the van is shunted off, and is ready to receive horses for the last stage; so that the invalid suffers no intrusion from the time of leaving one house until arriving at the door of the other; the poles and stretcher are packed away in the van; and thus all arrangements can be satisfactorily completed. I am sanguine enough to hope that sea-sickness may by this arrangement be lessened, and shall avail myself shortly of a practical test to this end.

I have recently been informed that Surgeon-Major Porter of Netley has repeated all my experiments with hammocks on railways, and that he has expressed himself satisfied with the results. My object will be attained if these suggestions lead to the better management of

invalid transit, and thereby economise the pain and distress of all sick persons that travel by land or by water.

Messrs. Seydel and Co. of Birmingham have heartily assisted me in my experiments, and are the sole makers of these hammocks and appliances.

THE PHOSPHORUS PILLS OF THE BRITISH PHARMACOPŒIA.

By J. ASHBURTON THOMPSON, M.D.

I REGRET that absence from England has hitherto prevented me from commenting upon a note on the phosphorus pills of the *British Pharmacopœia* by Dr. Owen Rees, published in the *BRITISH MEDICAL JOURNAL* of October 7th. In the meantime, Messrs. Young and Postans have stated that, during May 1874, Mr. Martindale related to the Pharmaceutical Society an experiment, by which he had ascertained that these pills are indigestible.

I wish to say that the fact is stated in my work, *Free Phosphorus in Medicine*, published two years ago. At page 40, a formula is referred to, which consists of phosphorus and white wax alone. It was published, along with some clinical reports of cases in which it had been used, in 1849. From these reports, I have inferred that such a formula is inactive. At page 80, the indigestibility of wax is referred to, and Mr. Martindale's experience described a little farther on; and then the conclusion is drawn from these *data* that wax is not an useful vehicle for the internal exhibition of phosphorus. In another part of the same work, many reasons are given for believing that a solution of phosphorus in fat or oil will be found the safest and most certain, as well as the most active, form in which this metalloid can be administered.

It was on account of the reputation for uncertainty of action conferred upon it by its use in combination with improper vehicles, that phosphorus had fallen into almost entire disuse for a very long period subsequent to its first employment as a medicine and previous to the last ten years. It is much to be regretted that by the introduction of the formula under consideration to a work of so much authority as the *British Pharmacopœia*, such an useful remedy should have been needlessly brought into the same danger again at a critical period of its history. When properly prepared, phosphorus is neither an inactive nor an uncertain drug.

Dr. Rees, in the same note, refers to certain cases of two kinds of disease in which he has found phosphorus useful; and, in another part of the same issue of the *JOURNAL*, I observe a brief record of the fact that two cases of yet two other kinds of disease have been successfully treated with phosphorus by a correspondent. I venture to say that more particular accounts would have been of interest to the profession. Very little indeed has as yet been precisely ascertained of the therapeutic powers and clinical uses of phosphorus. Nevertheless, it seems unlikely that information upon these points is wanting for lack of experience; for I have been informed from time to time by the various manufacturers that the sale of phosphorus compounds is not only very

large, but still increasing; and that, in the case of one preparation, the right of, or reputation of, best manufacturing it is now a valuable piece of property to those who possess it. The practitioners who prescribe these large quantities presumably find it to the advantage of their patients to do so, and would, therefore, render much service to the profession if they made known their experience in the matter.

THERAPEUTIC MEMORANDA.

CALABAR BEAN AS A LACTAGOGUE.

IN the BRITISH MEDICAL JOURNAL for 1874 (vol. ii, p. 549) and 1875 (vol. ii, p. 396), I brought before the profession various uses to which Calabar bean might be put, from its power of dilating the peripheral blood-vessels. Wishing, a few days ago, to restore the secretion of milk after it had disappeared from the breast for about three days, I thought this dilating power might be made useful. I accordingly prepared an ointment of the strength of twenty grains to the ounce, and ordered it to be applied, and washed off carefully before the baby was allowed to suckle. After two applications, *the baby not having been put to the breast in the meanwhile*, the milk returned in full flow.

W. MUNRO, M.D., C.M.

ARTIFICIAL DRUM-HEADS.

I ASK permission to place on record the correction of an error made by Mr. Lennox Browne in his description of Yearsley's so-called "artificial tympanum". It is not a "thin disc of cotton-wool of the shape of the membrane", etc., as he says, but a "small pellet" of moistened cotton-wool, applied to a certain part of the membrana tympani, or, in the absence of this structure, to one of the ossicles. (See Yearsley's paper in *Lancet*, July 1st, 1848, reproduced in his work on *Deafness*, 6th ed., 1863.)

JAMES PATTERSON CASSELLS, Glasgow.

TREATMENT OF TAPEWORM.

ALTHOUGH most cases of tapeworm can be readily cured by the usual remedies, such as male-fern, koussou, or turpentine, it sometimes happens that all are resisted, however carefully given. Such a case occurred to me about a year and a half since. The gentleman, a Canadian, suffering also from lung-disease, had for more than two years been the subject of inveterate tapeworm, with all its attendant evils and discomforts. Before leaving Canada, he had undergone the usual round of remedies, and, under all, great lengths of the worm were expelled, but, as the results proved, never the whole parasite. After coming to Torquay, he again took, under my superintendence, large doses in succession, at intervals, of the above three remedies, as well as a full dose of kamala; but with still the same results—large portions of worm expelled, and on one occasion so narrowed that it was hoped the head had only escaped observation. Comparative freedom from discomfort for some time seemed to confirm this hope, but once more the signs were manifest. Just then, the formula to which it is my purpose to call attention was sent over from Canada. My patient being in a weak state of health, the first dose given was not of full strength, more especially as one minim of croton-oil only was added. Success was not complete. After an interval of a few weeks, the full dose was taken, and within two hours the entire parasite, including the head, was expelled alive.

The bulk of medicine to be taken is large, but my patient said he found it much less disagreeable than the koussou; and I believe the mucilage from the pumpkin-seeds renders the medicine at once more palatable and easier in action.

The following formula is exactly as it was sent to me. I believe it is largely employed both in Canada and the States.

Take of pomegranate bark ʒss; *pumpkin-seeds, ʒj; ethereal oil of male-fern, ʒj; ergot (freshly bruised), ʒss; powder gum Arabic, ʒij; croton-oil, mʒ. Upon the pomegranate, pumpkin-seeds, and ergot well bruised, pour eight ounces of water. Bring to the boil, stirring constantly whilst boiling for fifteen minutes; adding water to keep up the eight ounces. Make a smooth emulsion, with a small quantity of water, of the croton-oil, oil of male-fern, and gum Arabic. Strain the decoction through a coarse cloth and express strongly, and mix with the emulsion.

The patient should have a full dose of aperient (Rochelle salts ʒj) on going to bed; and the following morning the above dose about eight o'clock, before any food.

* From yellow field-pumpkin.

I may add that, when I heard of my patient a considerable time after the last dose of the medicine, there had been no return.

SPENCER THOMSON, M.D., Ashton, Torquay.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN.

HOSPITAL NOTES.

UNIVERSITY COLLEGE HOSPITAL: SIR WILLIAM JENNER'S CLINIQUE. In the course of recent visits to the *clinique* of Sir William Jenner, we have collected some notes of his teaching, in respect to current cases of disease under treatment.

Heart-Disease in Children.—In an attack of rheumatism, the disposition to inflammation of the heart and its membranes is in direct proportion to the youth of the patient; the younger the heart, the more readily it is affected; and this is a form of malady likely to increase with years. Parents often hope "the child will grow out of it": the heart, of course, must grow; but, if the valves be imperfect, they must become more patent as the size increases; whereas, in older patients, the heart having ceased to grow, the mischief at least remains stationary. The fact is, then, that, as regards valvular diseases, children rather grow into their trouble than out of it. The pathology of heart-disease is also largely a question of age; for instance, if I were to be affected, it would probably be of degenerative character; but, if a child, or even one of you, it would almost always be rheumatic. You must, however, bear in mind its possible connection with albuminuria, with syphilis, or with congenital defect. Independently of these, it will almost surely be the result of rheumatism, though the attack may have been so slight as to have been forgotten. If you find evidence of cardiac disease, and if you do not get a history of ordinary causes, you must have very unequivocal evidence to prove they did not exist. The more improbable any point is, naturally the stronger must be the evidence of it. If Dr. Slade tell me he gets spirit-writing, his proofs ought to be above suspicion. If endocarditis in a child be the *only* symptom present, still it must be taken as strong evidence of rheumatism. I remember a boy who came with no definite complaint; but we found a loud friction-sound over the heart; a week afterwards, he got swelling of the joints and other evidence of rheumatism. Another case was more striking, and occurred in the young child of a medical friend. It was found late at night suddenly suffering from great dyspnoea: I was sent for hurriedly in the absence of the father, and found a loud mitral *bruit*, which had never been suspected before. Half an hour afterwards the father returned, to find dead the child that he had left apparently well. It was two years old, and, after much consideration, they remembered that, about twelve months before, its limbs had seemed very tender, and it was uneasy in walking; but these symptoms had passed away and been forgotten; no doubt, they indicated the commencement of the attack. The least sign, then, of such trouble in children should be most carefully watched; and remember the great tendency of the malady to recur, so that, after one attack, care should be constant. *Chorea* has been considered a rheumatic inflammation of the spinal meninges. The rheumatism may be a coincidence, but it is certainly a common one. If there be active endocarditis at the time, I consider it certainly rheumatic; but, in estimating the importance of a *bruit*, inquire whether it varies, is absent from certain beats, or whether it be constant; for, if the former, it will often be dynamic from irregular action of the papillary muscles. I remember a child with chorea and a *bruit* of organic character, but no other evident rheumatism. In a week, however, he got urticaria, and later a marked attack of acute rheumatism. Another baby with chorea was intensely fretful, and I found the explanation in signs of acute pericarditis, which, indeed, proved fatal soon afterwards.

Ascites is never directly produced by heart-disease, but only after organic disease of liver has occurred.

Rachitis.—Sir William Jenner observed that a very large mortality is due to this malady, though it has no place in the Registrar's returns. If a child be brought to you with (1) sweating of the head and upper part of the body; (2) tenderness of limbs; (3) strong desire to lie cool, that is, to throw off its bedclothes; (4) or fetid stools; let the child be stripped, and observe its position and the state of its bones. Rickets is popu-