

The only ill effects that I have ever known to arise from this mode of treatment are nausea, dyspepsia, and, occasionally, eruption of a papular or vesicular kind; once or twice only have I observed a constant desire to pass urine; and in these cases I believe the vesicle irritability was to be attributed more to the adulterations of the drug than to the copaiba itself. Most surgeons recommend the administration of a saline purgative to remove any of these effects; and the practice may be adopted, if thought desirable. I have, however, in such cases, generally contented myself with suspending the use of the copaiba for a day or two; and this may be done with safety, for it will be found that the curative effect continues, and the nausea or eruption will disappear as rapidly as if purgatives had been given.

I am induced to write thus confidently as to the efficacy of copaiba because I have recently had ample opportunities for testing the merits both of the rational and empirical modes of treating gonorrhœa, and I do not hesitate to state my belief that the copaiba is as certain a remedy for gonorrhœa as quinine is for ague.

Whilst writing on this topic, I trust to be excused for touching on a subject which, I regret to say, our notions of morality have allowed to remain too long without due consideration. In France and other continental countries, as everyone knows, the respective governments have recognised the necessity of establishing some kind of inspection and control over those unfortunate beings who surrender themselves to prostitution. Why is it that in England we are unable to see the wisdom of such control? To take the case of our soldiers and sailors as a single example. How beneficial would be the effects of a well organized system for the examination and control of those unfortunates from whom sailors and soldiers are so constantly contracting diseases! Our soldiers are examined weekly, I believe, for the early detection of venereal diseases, and for the prevention of the injurious effect of such diseases on their constitutions. Why cannot the people of England consent to go one step further back to strike at the root of the evil—to seek to prevent instead of to cure? Let it not be urged that the comparative immunity from disease would prove detrimental to morals. Experience has always demonstrated the contrary.

I believe, Sir, that with most medical men the necessity for attention to this point on the part of the legislature is admitted. Does it not now belong to the press—to the medical press especially—fearlessly to grapple with this evil, and to urge on the legislature the necessity for sanitary reform, even in this particular.

I remain, Sir, your obedient servant,
Millbrook, July, 1855. H. R. VEALE, M.D.

THE PROPOSED MEDICAL REFORM BILL.

To the Editor of THE LANCET.

SIR,—In reply to the letter of “M.D. Edin.,” I have only to say, that his query, whether St. Andrew’s and Aberdeen are in the schedule he alludes to, is totally beside the question. It is the Bill, and not the schedule to it, which gives the privilege of registration; and by reference to the twentieth section of the Bill your correspondent will find that it lays down two qualifications for registration in the physicians’ list: one of these is a medical degree from any University in the United Kingdom; the other is a diploma or licence from any of the bodies mentioned in the schedule. To this latter class, and to it alone, the schedule therefore refers.

Out of the members of the Committee there are four physicians with Scotch University degrees, and you may depend on it that they have no intention of disqualifying themselves from future practice.

I am, Sir, your obedient servant,
A MEMBER OF THE REFORM COMMITTEE
OF THE PROVINCIAL ASSOCIATION.
July, 1855.

To the Editor of THE LANCET.

SIR,—Some remarks on the New Medical Reform Bill having lately been answered in your columns by “A Member of the Reform Committee of the Provincial Association,” may I be permitted to ask from the same or an equal authority for information on the following points, which I believe to be of much importance to many who will be affected by this Bill.

Under the operation of the new Bill, will a general practitioner, holding a degree of M.D. from a British University and the diploma of the College of Surgeons, be legally entitled to register as physician in the list of physicians, and also as sur-

geon in the list of surgeons at the same time? this being the only mode by which he can indicate that he is a general practitioner, if the terms physician and surgeon be used in their ordinary sense.

Will a practitioner registering as physician be entitled to write or to dispense his prescriptions for his patients as may best suit his and their convenience?

If uniformity of education were required at all the Universities, would not a combined diploma of Doctor of Medicine and Surgery—as given, I believe, at some Universities abroad—be a simple and efficient title and licence to practise for all practitioners, whatever branches they might afterwards devote themselves to?

Could not the University examinations be attended by Government examiners, so as to ensure an impartial and strict testing of the candidates, and thus the necessity for a second examination by any of the present so-called licensing bodies be dispensed with as a superfluous complexity, only tending to put fees into the hands of the second body of examiners?

I am, Sir, your obedient servant,
July, 1855. MEDICO-CHIRURGUS.

THE UNIVERSITY OF LONDON.—THE DEGREES OF M.B. AND M.D.

To the Editor of THE LANCET.

SIR,—I cannot understand why, in granting the licence to practise, any difference should be made by the Senate between the Bachelors and Doctors of Medicine of the University of London, when both are by the Act of Parliament on an equality; the distinction, if carried out, will be extremely invidious. I think, however, that the Senate might fairly charge one guinea for every licence granted, leaving it to the graduates to apply or not as they pleased, the guinea being a kind of registration fee. I also agree with the idea that all fees should be paid at the time of the examination for M.B.

Yours obediently,
July, 1855. A GRADUATE IN THE ARMY.

BANDAGING AFTER DELIVERY.

To the Editor of THE LANCET.

SIR,—The paper of Dr. Gilmour, of Liverpool, “On Bandaging the Abdomen after Delivery,” does him credit, on account of the pains he has taken to make a case out to guide the public, but he has not satisfied my mind.

I must have attended upwards of a thousand women during parturition, and I never have used a binder after confinement, and no reason can I rest upon to induce me to recommend it. I think I have powerful arguments against it, which the sequel will show.

The abandonment of a practice so universal requires strong arguments to justify it. I look upon it in the light of a popular error, ultimately to be regarded as stays are now regarded by sensible people; instead of strengthening the back, as people used to believe, they are now condemned as interfering with the natural powers, and as doing more harm than good, as all artificial interference with the laws of nature must do.

Prolapsus uteri is very common in the present day. How much to do with this evil has “Bandaging after Delivery”? The only preventive of hæmorrhage after delivery is free contraction of the uterus, and that contraction ought to be seen to before any such interference as bandaging is had recourse to. After hæmorrhage is thus guarded against, of what avail can a bandage be?

The only excuse I can find for the binder is, that it affords a temporary feeling of comfort after delivery; but that this feeling is only very temporary I have ample proof; and that it (the binder) slips up, and becomes inconvenient, and when removed often gives cold, is allowed by all women who have used it. The specious object for women countenancing it is, because they have been told it improves the figure, which is as much a popular error as that stays improve the figure; but the idea flatters the vanity of the sex, as they all like to be considered good figures; even the little lady three feet ten inches high, with a waist four or five feet round, becomes an advocate for the binder, under the hope of being made a “good figure.”

The binder is an artificial and unnecessary application, submitted to for a temporary feeling of comfort, afterwards to be followed by discomfort and risk, its use probably having something to do with the production of prolapsus uteri, the very possibility of which is enough to condemn it as a clumsy interference with the operations of Nature, and not indicated

by any natural law we can bring to mind in any instance of parturition throughout the animal kingdom. I find more instances of prolapsus uteri where "bandaging after delivery" is used, than where no bandaging is adopted.

I am, Sir, yours faithfully,

Carlisle, July, 1855.

WILLIAM REEVES.

THE TURKISH CONTINGENT FORCE.

To the Editor of THE LANCET.

SIR,—It possibly may interest many of your professional readers to hear, from an authentic source, how the large staff of medical officers sent out within the last few months by Government to Constantinople for the Turkish Contingent Force have been getting on since their first arrival in Turkey. As you doubtless are aware, the majority of these officers were engaged by Dr. Macpherson, the Director-General, either in London or Scotland, and as their services were urgently called for, there was not much time allowed for making preliminary arrangements. Others were engaged in Birmingham, and at other provincial medical schools, by Staff-Surgeon J. Vaughan, of the Indian army; and although by these means a considerable number of medical gentlemen were engaged in a very short space of time, the choice, as experience is now proving, was in almost every instance very fortunate. Some of the juniors had, as a matter of course, but lately passed, and had to begin the toils of an active life, with the cares and anxieties attendant on professional avocations in a large camp, and where disease, if not quickly stopped and assiduously attended to, runs through the various stages in an incredibly short space of time, very different to the usual class of complaints treated in this country. The accounts just referred to speak in the highest terms of commendation of one and all; that they have shown themselves to be a body of gentlemen emulated by high and honourable feelings—a credit to the noble profession to which they belong. But to quote one extract, out of many, may suffice to prove what I have above stated:—

"The medical staff of the Turkish Contingent prove themselves first-rate men; they have shown themselves equal to the present emergency, and have been well tried in the commencement of their duties, with an Indian sun, and, as a matter of course, not the most comfortable accommodation or covering. The medical men have shown themselves made of good stuff, and first-rate fellows. They are indefatigable in their exertions, and work happily and contentedly, and will, I feel certain, be of invaluable service wherever duty calls."

Statements like the above are very satisfactory, when coming from parties on the spot, and well able to pass an opinion; and doubtless the like encomium is applicable to all their medical brethren serving their country with the army in the East; and it is to be hoped that our Government will not, as has been the case heretofore, overlook and pooh, pooh! the claims of medical officers for rewards which they have deserved; but not having telling influence in high places, they are generally overlooked and forgotten.

I remain, Sir, your obedient servant,
V.

London, July, 1855.

THE DISPOLLUTION OF THE THAMES.

To the Editor of THE LANCET.

SIR,—Several important facts are entirely overlooked in the present discussion. By reference to that which took place in the House of Commons last year, it is seen that a large sum of money was granted to the Commissioners of Sewers to commence the construction of two great outfall drains, and it was expressly stated, that if the money were not granted, the matter would have to stand over another year, to the great injury of the inhabitants.—*Hansard, July 27, Chronicle, Daily News, and Advertiser, July 28, 1854.*

The Commissioners have raised, and hold the sum referred to—viz., £300,000. They have solicited the submission of plans, have received "a variety of plans," as Sir B. Hall informed Parliament on the 9th instant, and on the 18th of April last, the general Committee of the whole Commission

"Resolved,—That it be recommended to the Court to order that the reports and communications of the gentlemen under-mentioned, having reference to the drainage of the metropolis, or part thereof, be referred to a Committee of Engineers for their consideration and report.

"Resolved—That it be recommended to the Court to order that all reports and papers printed by the Commissioners, bearing upon the question of the main drainage of the metropolis

be also laid before the proposed Committee of Engineers for their information and guidance."

Since the month of April, however, no farther progress has been made, although powers to purchase land for outfall works could easily have been secured during the week required for obtaining the consideration and report of a Committee of Engineers, and the works proceeded with at once, instead of being delayed by having to pass through five new and distinct tribunals, according to Sir B. Hall's Bill, every one of which has afresh to be informed on the subject.

July, 1855.

EDILIS.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I have not forgotten my promise to send you information on the treatment medical men experience at the hands of the authorities in India. Circumstances have prevented my seeing THE LANCET during a lengthened period. Time and opportunity also have been wanting until now. You will, however, I trust, continue to express an interest in the well-being of the medical service throughout the dominions of the Hon. East India Company.

My knowledge of the service is connected chiefly with that of Bombay, which place, I believe, is the worst of the three Presidencies to which a medical man can be appointed. The duties, generally speaking, are more harassing, the remuneration is less, the number and proportion of staff appointments greatly less, and the mortality from climate by far the largest. A young medical man, once engaged, and sent out to this country, cannot, should he feel disgusted and disappointed, give up the service. He has expended his all, say a few hundred pounds, in his education, outfit, and passage-money; landed from on board ship, he must, *volens volens*, set to work, and make the best of his bargain. He soon sees that his residence here, unless at an enormous sacrifice, must be for life; and before a few months passes over his head, he will bitterly recall to mind the pie-crust nature of the East India House promises, and in his dreams for years he will see the *honourable* changed into the *horrible* Company at Leadenhall-street.

There can be no doubt that the medical service is entered, even at the present day, by many young men, under the distinct impression that after seventeen years' service in India they can return home to *otium cum dignitate* on a retiring pension of £500 per annum. This has been the promise held out, and the authorities still talk to young men of the immense advantages conferred by the Government and medical retiring pensions. Unfortunately, however, the truth is, that, for some years past, the pensions, and not the pensioners, have been retiring! The Bombay fund has stopped payment altogether, being £20,000 in debt; and for years to come, until this debt is settled, the managers have declared there can be no new pensioners admitted on the list. Promotion, also, is of course prevented. The Honourable Court inadequately support the funds, still they brag of their value. Meanwhile, however, there can be no greater mistake than entertaining the idea of retiring after seventeen years from the service on anything but starvation allowance. All the Presidencies, I believe, have their funds in an equally embarrassed condition.

Bombay differs from Calcutta and Madras, in having an "Indian navy." Into this service every medical officer is pressed, and takes his turn, after he has passed his first year on shore. He must serve two years on board ship, the delights and advantages of which are seldom expatiated on at the India House to the youthful candidates, lest they might, perhaps, be too prone to entertain exaggerated ideas of the luxuries of the East. But, in reality, the appointment of assistant-surgeon on board one of those vessels is a real punishment. The small cabin space on board, the tropical heat, the insolent and overbearing conduct of the commanders generally, is sufficient to drive away all gentlemanly feeling, and love of science; study of the profession is out of the question. Dr. Johnson's definition of ship-board—a prison, with the chances of being drowned—is nothing to service in the Indian navy. It is purgatory in reality to an educated medical man.

After escape from the Indian navy, or obtaining *release*, as it is phrased, the assistant-surgeon is employed in marching about the country, in medical charge of detachments of troops. He is seldom allowed to settle anywhere, beyond a few months, until after a residence in the country of four years, during which time he has been receiving, on an average, the pay and allowances of a lieutenant, 225 rupees per mensem, equal to £22 10s., at the average rate of exchange, or two shillings per rupee. On receiving medical charge of a native infantry regiment, the assistant-surgeon is entitled to an additional allow-