

tages attaching to the military rank with which it corresponds, and shall regulate the rates of lodging-money, number of servants, rations of fuel and light or allowances in their stead, detention and prize money according to the regulations and upon the conditions in force from time to time; but such relative rank shall not entitle the holder to military command of any kind whatsoever, nor to the presidency of courts-martial, courts of inquiry, committees, or boards of survey, but when the president of such courts, committees, or boards shall be junior to the officer of the Civil Department, then such member of the Civil Department shall attend as a witness, and not as a member. Choice of quarters shall be regulated by relative rank according to date of commission, except in the case of commanding officers' quarters, and in cases in which special quarters shall be permanently appropriated with the approval of the Secretary of State for War.

Relative rank shall not entitle the holder to salutes from ships or fortresses, nor to the turning out of guards, but it shall entitle him, if commissioned, to salutes by sentries or by individual soldiers.

Honorary rank of paymasters shall carry with it all the privileges and advantages attaching to relative rank of corresponding degree.

All commissioned officers serving with the troops shall be entitled to funeral honours according to relative military rank.

Given at our Court of St. James's, this 7th day of March, 1863, in the twenty-sixth year of our reign.

By Her Majesty's Command.

(Signed) G. C. LEWIS.

## Correspondence.

"Audi alteram partem."

### MR. ADAMS AND MR. PROPERT.

To the Editor of THE LANCET.

SIR,—In reference to the observations which have been made in your journal in several leading articles on the case of Russell v. Adams, and in which statements have been made with respect to the influence which has been exerted either directly or indirectly by Mr. Propert in promoting and carrying on the legal proceedings against myself, I think it only due to the profession, as well as myself, to say that I believe all the statements as to the facts of this case which have appeared in the articles alluded to, to be perfectly correct; and, indeed, it might well be assumed, from their remaining uncontradicted by Mr. Propert, that their truth is admitted.

When I first learnt, by a letter from Mr. Toynbee, as treasurer of the Medical Benevolent Fund, in December, 1861, that the Russells had again applied to the Medical Benevolent Fund or relief, and that their application was supported by Mr. Propert, I at once suspected that he had been, after myself, the next medical victim of these people. I wrote to Mr. Toynbee, giving an account of the Russells, so far as I was aware of their proceedings, and especially of their having obtained credit at the lodging-house by false representations in reference to myself. I concluded my letter by saying,—“I hope Mr. Propert has not been taken in by these Russells.”

I thought it my next duty to give Mr. Propert the same information, and therefore enclosed him a copy of my letter to Mr. Toynbee, and wrote to him the letter dated 23rd of December, 1861, which has already appeared in your journal as the first letter in the Propert and Adams correspondence read at the meeting at the Freemasons' Tavern on the 24th of February. With respect to the subsequent letters, and the character of this correspondence generally, it is not for me to make any remark. Suffice it to say, that all the efforts made by myself and my solicitor utterly failed to induce Mr. Propert to listen to anything which could be said in answer to the false charges made against me by the Russells, and in the truth of which he appears from the first moment to have believed, on the unsupported testimony of this woman, Mrs. Russell.

About this period Mr. Propert had some interviews with Mr. Toynbee with reference to the Russells' application. Mr. Toynbee gave Mr. Propert the evidence which he, as treasurer of the Medical Benevolent Fund, possessed with respect to the Russells, based chiefly upon independent inquiries made by Dr. Kesteven, of Holloway, and in consequence of which the Committee of the Medical Benevolent Fund, in their twenty-sixth annual report for 1860-61 (see case 42), described Mrs. Russell as “believed to be a begging-letter writer, and deemed unworthy of further relief.”

Mr. Toynbee's efforts to enlighten Mr. Propert as to the true character of the Russells were, like my own, fruitless; and Mr. Propert then made use of the expression to Mr. Toynbee, as stated by him at a meeting of the Committee of the Medical Benevolent Fund, that “if it cost him £1000 the case should go before a jury.”

A notice of action (not of such a character as to demand any serious consideration) was sent to me on the 25th July, 1861, by a Mr. Hill, who after a few months gave up the case. Then Mr. Johnson, of Doughty-street, took it up, and again notice of action was sent, with some appearance of earnestness. Now Mr. Propert appeared on the field. The case was to be tried at Kingston in March, 1862, but before trial Mrs. Russell became suddenly ill, and Mr. Propert gave a medical certificate to that effect. The trial was postponed, and when Miss Russell was taken for costs, Mr. Propert was sent for by the Russells, and he offered his cheque for the daughter, which was refused as not being a legal tender; but the money was paid in a few days. Nothing more was then heard of the case till Mr. Propert's solicitor took it up and gave notice of action.

Whether Mr. Propert did or did not pay, or intend to pay, the costs of the last action, matters but little, since it can be proved that, up to within a short period of this action, he identified himself with the legal proceedings against me.

It is considered by many that it would be more consistent if Mr. Propert did pay the costs of the final action, since this was brought by his own solicitor, Mr. Pike, who is also employed as the solicitor of the Medical Benevolent College.

I am, Sir, your obedient servant,

WM. ADAMS, F.R.C.S.

5, Henrietta-street, Cavendish-square, March, 1863.

P.S.—If any statement in this letter is in any respect inaccurate, it is open to correction by Mr. Propert.

### DR. HUGHES BENNETT'S LECTURES.

To the Editor of THE LANCET.

SIR,—On the subject of vibriones, I beg to refer Dr. Hicks to a paper published by me in the *British Medical Journal* for February the 28th. It contains my reasons for believing that the molecules arranged in twos, threes, or a greater number, linearly, are not accidental, but indicate the mode in which the vibratile filaments are developed. That molecules aggregate and coalesce I regard as demonstrated; and if Dr. Hicks admits that cells in conjugation may meet together, why not molecules? It is not mere size, but structure, that determines what is a molecule or a cell; and if it can be shown that bodies which have never assumed such cell structure can produce filaments or membranes directly, then the universality of the cell theory is overthrown. Molecules found inside cells it is reasonable to conclude are more highly elaborated than such as are merely precipitated from organic fluids. They may, therefore, possess higher organizing properties, but will combine according to the molecular law of organization.

With regard to the contractility of the unimpregnated uterus, the passage referred to by Dr. Hicks in West's work proves nothing histologically. The uterus was morbid, and its muscular fibres had been hypertrophied, as occurs in pregnancy. All I say on this head, however, is that the contractility of the unimpregnated uterus—of the normal tissue—has not been established in physiology.

I am, Sir, your obedient servant,

Edinburgh, March, 1863.

HUGHES BENNETT, M.D.

### SPECIFICS.

To the Editor of THE LANCET.

SIR,—The subject of specifics was mooted in an annotation in THE LANCET of the 21st inst. Will you allow me to say a word relative to quinine? It has long been considered a specific for the ague, but I cannot think that such has been the case with those who have had much experience in the treatment

of the disease by this remedy. Whether or not there is such a thing as a specific for any disease whatsoever, is, I think, exceedingly doubtful, but most certainly quinine has no claim to be considered as a specific for the ague.

I am, Sir, your obedient servant,  
MICHAEL W. FISHER, M.D.

Terrington St. Clement, March, 1863.

## ON INFANTILE PARALYSIS.

To the Editor of THE LANCET.

SIR,—We have considerable experience at the Royal Orthopedic Hospital in the treatment of that remarkable disease termed "infantile paralysis." Out of every thousand consecutive cases, between sixty and seventy consist of deformities proceeding from this cause.

I trouble you with this communication because the results of observation in this institution differ from the generally expressed opinions, which have for the most part been somewhat thoughtlessly taken from the writings of Continental authors. In the first place, it is a very serious affection. Although many patients survive the first attack, and attain maturity, yet unquestionably very many die, either at the time of the seizure, when its real nature was scarcely understood, or at some later period, as has often happened in my own experience. I know of no case which could be said to arise without any lesion of the nervous system. In most cases the preceding convulsive attack is well marked; in all, the loss of motor power and the arrest of nutrition are immediate—perhaps contemporaneous.

We have not, I think, any clear evidence of the affection being due to congenital defect of conformation. Such defect may exist, but is not an essential feature of the disease. Many of the children are, in all other respects, well-formed and healthy. It attacks the sexes equally. Out of fourteen cases, there were seven male and seven female children. In twelve, the lower extremity was affected. The anterior muscles of the leg having suffered more than the posterior, the heel was raised, and the deformity called talipes equinus was produced. In one, the opposite condition prevailed, and the front of the foot was raised, causing talipes calcaneus. In one, the peronei and the muscles of the calf dragged the foot into the position of T. equino-valgus.

Out of the fourteen cases, the right limb was affected four times, the left five times, and both limbs five times.

The bones cease to grow just as far as the paralysis extends, and in proportion to the extent of the disease. If the loss of muscular power reach to the gluteal region, the corresponding side of the pelvis will be imperfectly developed—a fact of importance to the accoucheur. The arrest of development is considerable. In one patient, aged ten, the paralysed limb was two inches and a quarter shorter than the opposite.

The disease is not congenital, but usually comes on during the period of dentition. After a slight convulsion, all four limbs may be paralysed; but usually three recover—one only permanently struck by the disease. Cerebral complications are not uncommon, either at the time of the seizure, or afterwards. If the upper extremity becomes the seat of permanent paralysis, the deltoid muscle is chiefly affected, and the humerus drops from the socket; or the muscles of the upper arm are affected generally. The forearm usually, but not always, escapes.

Recovery is rare; but in some instances it is as sudden as unexpected. Tonics are rarely indicated. The chief medicine consists in purgatives, small doses of tartar emetic, continued for a period of many months, and in stimulating embrocations to the limb, that the circulation and vitality may be maintained. Parents, who are usually observant, often note the advantage of such treatment, and insist on persevering with it. The administration of nux vomica or the employment of galvanism has yielded no result. After all hope of recovery has passed, contracted tendons may be divided, and the foot may be put right; but the operation should not be hurried. I have known paralysis ensue at the period of second dentition.

I am, Sir, your obedient servant,

Queen Anne-street, March, 1863.

HOLMES COOTE, F.R.C.S.

CAMBERWELL HOUSE LUNATIC ASYLUM.—An entertainment was recently given to the inmates of this asylum, consisting of a prologue, "Illustrations of wit and humour," readings from Dickens and various other authors, a concert, and Haynes Bayley's comedy "Perfection." The patients were highly delighted with the entertainment, and in the course of the evening were regaled with oranges, coffee, negus, and cake. Several visitors were present, including many members of the profession.

## ARMY MEDICAL SCHOOL, FORT PITT.

THE following are the questions put to the candidates for assistant surgeoncies in the Army at the examinations held at the close of the winter session 1862-63:—

### MILITARY MEDICINE—(PROF. MACLEAN.)

1. What do you understand by the term malaria? Describe the conditions under which it is generated, the forms of fever it produces, its influence on the fluids and solids of the human system, and the manner in which this poison modifies and alters the type, progress, and phenomena of tropical diseases generally.

2. Describe the symptoms in a case of uncomplicated remittent fever. Show where they differ from, and where they resemble, those of true yellow fever; the organs most prone to suffer in the course of the disease; the tendency to death; with a sketch of the leading principles of treatment, and mode of using the therapeutic agent most relied on in the cure of the disease.

3. Give a definition of dysentery, pointing out the various forms of the disease, and the circumstances which determine the development of each. Then describe the symptoms, pathology, and treatment, (a) of uncomplicated sthenic, and (b) of malignant dysentery of camps.

*Practical examination.*—Make an examination of the case of —. (Twenty minutes are allowed for the examination. Written notes may be taken.) You are required to write concisely a history of the case; your diagnosis, prognosis, the probable effects of treatment, and the influence of the disease or injury on the man's fitness for service as a soldier. (Half an hour is allowed for this description.)

### MILITARY SURGERY—(PROF. LONGMORE.)

1. Name concisely the characteristic features of the various kinds of wounds—punctured, incised, lacerated, and gunshot—caused by implements of warfare. Select any class of such injuries you choose, for the purpose of illustrating the manner in which the treatment proper in civil hospitals may have to be modified in field hospitals, owing to the circumstances in which troops are usually placed in campaigning. Also enumerate the chief consecutive accidents which have to be guarded against in field hospitals, where many wounded are placed together.

2. Name the symptoms of a perforating bullet-wound of a lung, and describe the natural process of cure in case of recovery. State whether similar symptoms may be presented by other injuries, and if so, name what those injuries are.

3. Name the eight books and registers which the medical regulations require to be kept at every regimental hospital by the medical officer in charge. Describe briefly the purpose of each book, and the regulated manner in which its entries are ordered to be recorded.

*Practical examination.*—The same as in Military Medicine, *mutatis mutandis.*

### HYGIENE.—(PROF. PARKES.)

1. State precisely how, and to what extent, air is vitiated by respiration and cutaneous transpiration; what quantity of air is required by a healthy adult in a given time, and how this air can be best supplied.

2. What are the principal impurities of drinking-water, and what effects do they produce?

3. What are the weights of the accoutrements of the Infantry soldier, and what effects do ill-adjusted weights produce?

4. What are the chief diseases causing men to go into hospital on home service and in the three Mediterranean stations, and how may these diseases be prevented?

*Practical examination.*—First day: Examination of water and beer chemically. Examination of a mixture of starches microscopically.

Second day: Examination of milk and lemon-juice chemically. Examination of chicory microscopically.

### PATHOLOGY.—(PROF. AITKEN.)

1. Describe in detail the method of opening a dead body for the purpose of making a post-mortem examination, and the methods, or incisions required, for removing all the viscera from their respective cavities in such a condition that their morbid states and relations may best be seen.

2. State the average height of "growing lads" at the age of eighteen, and of "men" at the age of twenty-five to thirty, as determined by accurate measurements.