THE

Medical Press

and Circular. Estab. 1838.

Being the Incorporation of the Journals hitherto known as "The Medical Press and "The Medical Circular."

A Weekly Journal

OF

MEDICINE AND MEDICAL AFFAIRS.

FROM JANUARY TO JUNE,

1904.

LONDON : 8 HENRIETTA STREET, STRAND; DUBLIN: 16 LINCOLN PLACE.

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VOL. LXXVII NEW SERIES. (VOL. CXXVIII OLD SERIES.)

JANUARY TO JUNE, 1904.

OBITUARY.

THE OPERATING THEATRES.

TRANSACTIONS OF SOCIETIES.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, JANUARY 6, 1904. No. 1.

Original Communications.

THE RADICAL CURE OF FEMORAL HERNIA:

A MODIFICATION OF THE AUTHOR'S OPERATION.

By JAMES H. NICOLL,
Professor of Surgery in Anderson's College, Glasgow.

FEMORAL herniæ, as met in practice, fall into one or other of two classes in the matter of operative procedure. The simpler cases, small herniæ without intra-abdominal tension or other complication, are capable of radical cure by the simplest of measures. Such cases have been repeatedly cured by operative procedures undertaken for the relief of strangulation, and in no way intended to serve as the means of radical cure. In these slighter cases any of the simpler forms of operation may be depended on to effect a cure. Mere ablation of the sac or of its lumen by any method is frequently effective. The "purse-string" suture of Cushing, Fortunato (1), Curtis (2), and others, popularised by Coley (3), Kocher's operation, and the more or less similar suture operations of Bassini (4), Franz (5), Fabricius (6), Bottini (7), and others may all be relied on to secure the permanent disappearance of the hernia.

The more severe cases, on the other hand, large herniæ in patients with corpulent abdomen or other unfavourable feature, are apt to tax the principles of the most ingeniously devised methods. The difficulties of radical cure in these cases have been such as to lead surgeons of large experience to propose operative measures sufficiently striking. Thus, the canal is to be plugged by the healing in of glass balls, of wire gauze, or even [Chaput (8)] of transplanted costal cartilage, or closed by operating from within the abdomen after preliminary laparotomy, or by way of the inguinal region [Ruggi (9), Nasi (10), Parlavecchio (11)]. Buonamici (12) closed the canal by making use of the fascia transversalis, and Gordon (13) by displacing the conjoined tendon of the internal oblique and transversalis muscles from the inguinal to the femoral region. Flaps of bone and periosteum have been turned over from the os pubis [Trendelenburg, Kraske (14), and others], while musculo-fascial flaps have been turned up from the pectineus [Watson Cheyne (15), Saltzer (16), Prokupin (17), and others] and from the adductor longus of the thigh [Schwartz (18)].

The following method of operating, described at the meeting of the British Medical Association in Manchester, in August, 1902, I originally adopted for the more severe and unfavourable cases of femoral hernia only, but have come to regard the precision of the closure effected by it as sufficient inducement to extend its practice to all cases. The use of the sac to form a buttress on the abdominal aspect of the ring, and the closure of the canal by restoring its boundaries to their natural relations (and not by the transplantation of neighbouring structures), are ideas familiar in the operative treatment of hernia, and rendered classic by Macewen in his operation for inguinal hernia. This restoration may be accomplished in femoral hernia with a degree of precision and completeness not, I believe, attainable in any other form of hernia, inasmuch as of the four boundaries of the femoral ring or canal, two only—the anterior and the external—are displaced by the descent of the hernia, the posterior (pubic ramus) and the internal (Gimbernat's ligament) being incapable of displacement. By fixing the anterior boundary (Poupart's ligament) to the posterior (the ramus of the os pubis), an absolute closure of the femoral ring to the extent desired is readily attained. There is nothing, therefore, novel in the principles involved in the two parts of the operation. The technique alone demands description, and it is as follows:—

OPERATION.

This consists of two parts:—

(*A*) *Obliteration of the Sac*, also of the peritoneal depression over the abdominal aspect of the ring, and the substitution of a buttress over the internal aspect of the ring:—

1. Expose the sac, and clear it from surrounding tissues (the skin incision may be vertical or transverse).

2. Open the sac longitudinally in its middle line, and clear of contents.

3. Separate it from parts surrounding its neck, including the transversalis and iliac fasciæ, for one inch round the abdominal aspect of the ring.

4. Bisect the sac longitudinally from fundus to neck. (Fig. 1.)

5. Make an aperture in one-half near the neck. (Fig. 1.)

6. Interlock the halves by putting the other through the aperture. (Fig. 2.) In certain cases it lies better if previously twisted one half turn on its longitudinal axis.

7. Reduce the whole sac through the femoral ring into the extraperitoneal space previously cleared for it by detaching its neck from the abdominal aspect of the ring. The sac thus lies bunched up within the abdomen, between the peritoneum and the transversalis and iliac fasciæ over the internal aperture of the femoral canal.

Where the sac is unnecessarily large, part of it may be cut away before reducing it through the canal.

(*B*) *Closure of the Femoral Ring*:—

1. Carry an incision (bone-deep) from the femoral vein along the pubic ramus to the region of the pubic spine. This divides the pubic portion of the fascia lata, the origin of the pectineus, and the periosteum. Its length will depend on the extent to which the femoral vein has been displaced outwards by the presence of the hernia, and will vary from one inch to one inch and a half.

2. Detach the periosteum to a limited extent, and retract it.

3. Drill the bone near its upper edge in two places, half-inch to one inch apart (one drillhole may be made to suffice). Any bone drill or punch may be used. In the illustration (Fig. 3) the simple hand drill, and the tongue depressor used as a protecting spatula, are those I commonly employ.

4. Pass through one of the apertures a loop of stout catgut or other absorbable ligature. (Fig. 3.) This may be passed by threading it in the eye of a curved surgical needle, or by pushing it through, simply doubled on itself. It is, however, more easily passed by threading it in the eye of the bone drill or in the eye of an ordinary surgical probe. For the purpose I employ a special probe in which the eye is small and placed very near the extremity of the handle. (Fig. 4.) The advantage of that shape and position of the eye will be obvious to those familiar with drills for wiring fractures, or to anyone in his first performance of this operation. With such a probe the operation is of the simplest; without it some difficulty may be experienced in passing the sutures through the one aperture and withdrawing them through the other. The probe should be of the ordinary pliable type.

5. Divide the loop of ligature. Thread one end in a large curved surgical needle and pass it as a mattress

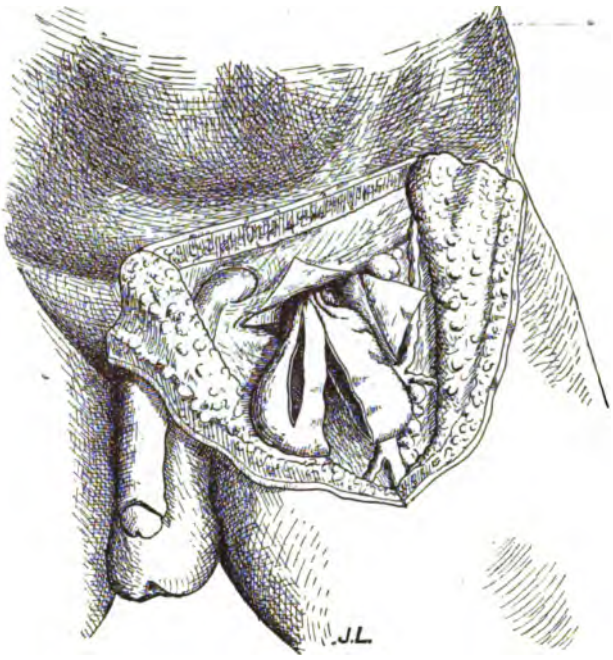

FIG. 1.—Sac emptied, detached from surrounding parts, including internal aspect of abdominal wall, for one inch round femoral ring; split longitudinally, and one-half incised for passage of the other.

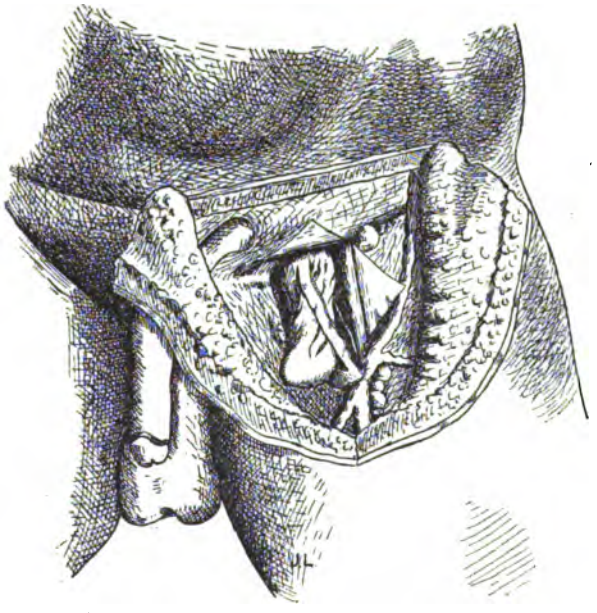

FIG. 2.—Sac ready for reduction, with halves interlocked. (The situation of the aperture in the sac in Figs. 1 and 2, and the relative positions of the two halves of the sac in Fig. 2, are not, in the interests of semidiagrammatic clearness in the drawings, quite those of actual practice.)

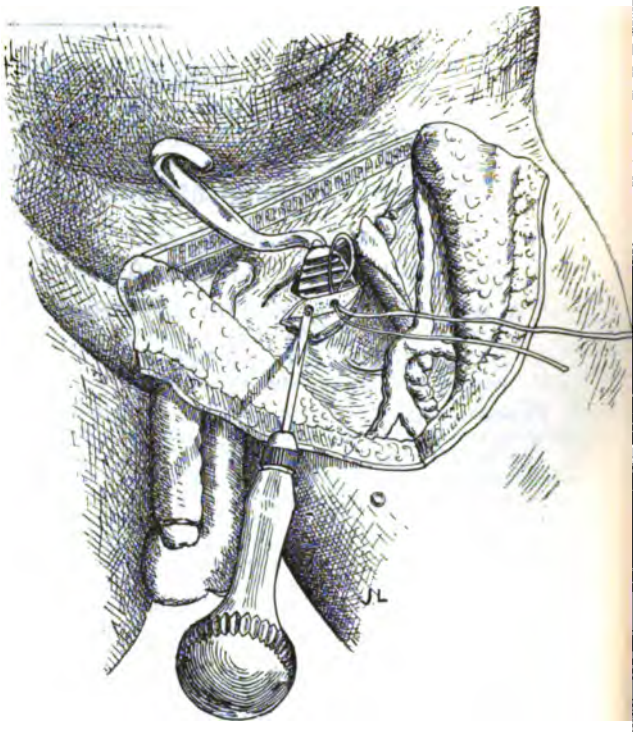

FIG. 3.—Closure of ring; drilling of bone; looped catgut suture passed through first drillhole.

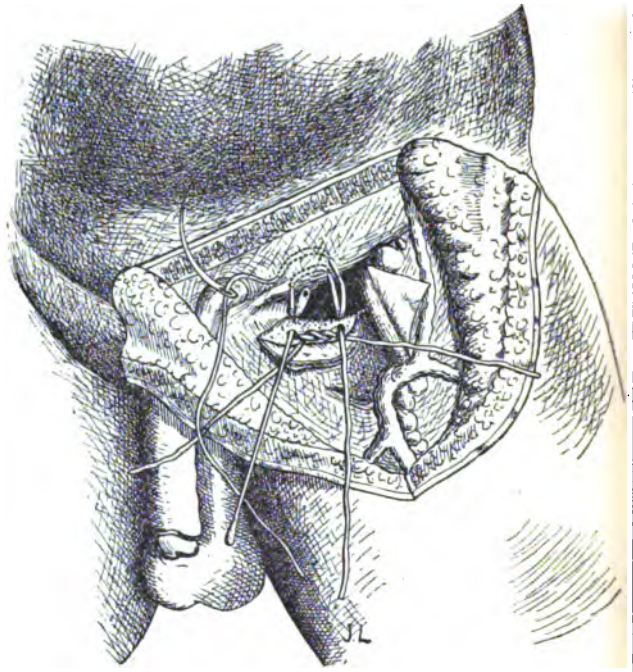

FIG. 4.—Closure of ring; placing of the loops in Poupart's ligament, and return of the ends through second drillhole. (One loop tied loosely to indicate action in pulling Poupart's ligament down to postero-superior aspect of ramus of os pubis.)

suture through Poupart's ligament. Unthread it from the needle. (Fig. 4.)

Repeat this with the second end, carrying it through Poupart's ligament at a higher level (Fig. 4), avoiding the deep epigastric artery to the outer side, and, in male patients, the spermatic cord above. (In very large herniæ the loops, instead of being placed the one directly above the level of the other, as figured, may be made to diverge in the ligament so as to "gather in" the margin of the aperture.)

6. By means of the probe (into the eye of which the ends are threaded), withdraw both ligatures through the second drillhole in the bone. (Fig. 4.) It is in this part of the operation that the special probe is of particular advantage.

7. Tie the ends of each loop separately over the front of the bone, thus bringing Poupart's ligament down to the postero-superior surface of the bone and fixing it firmly in contact with that surface, constituting what

FIG. 5.—Closure of ring; bone sutures tied; completion of closure by suture of fascia lata and pectineus to the fixed Poupart's ligament.

is in effect an extension outwards of Gimbernat's ligament, and absolutely closing the femoral ring to whatever extent may be desired, due regard being paid to the amenity of the femoral vein. The degree of occlusion is regulated by the position of the sutures in Poupart's ligament, but not by the tension with which they are tied. This latter does not vary, the knots being tied in all cases firmly to bring the ligament into contact with the bone. (Figs. 4 and 5.)

8. To make the closure doubly secure, complete the operation by uniting, by interrupted catgut sutures, the detached margin of the pectineal origin, and the pubic portion of the fascia lata to the "anchored" Poupart's ligament. (Fig. 5.)

Remarks.—The operation is easily performed. The first part is simple by comparison with some of the known methods of dealing with the sac, while the second is no more difficult than many of the methods of suture employed in the closure of hernial apertures.

Method of Treating the Sac.—The manœuvre of returning the emptied sac through the canal of a hernia is not new. While descriptions of such operations may be found far back in surgical records, the practice was first put upon a formal footing by Sir William Macewen, and to his advocacy is due the general recognition of the great value of the buttress formed over the abdominal aspect of the ring by the puckered-up sac. Macewen, as is well known, puckers up the sac by a "gathering" suture which, passed through the hernial canal and out through the parietes, is made the means of puckering up the sac on the abdominal aspect of the ring. Variations of the technique by which Macewen's object is attained have been introduced by other surgeons [*vide*, for example, the operations of Davis (19) and Packard (20)], and the method described above is but one of these variations.

The absence of all sutures in the sac has three advantages:—

1. The obvious saving of time.

2. Avoidance of the recognised risk of strangulation, and consequent sloughing, of the puckered-up sac in the grasp of the ligature.

3. The facility with which the entire sac may be placed within the abdomen. A suture emerging from the neck of a large sac may, while pulling the neck within the abdomen, by anchoring it to the parietes, leave the bulky fundus blocked in the canal. The absence of a suture permits the interlocked sac to be pushed as far within the abdomen as may be desired.

Against these advantages there is to be placed, I believe, one disadvantage, and that a minor one, involved in the absence of suture, namely, that the fixing of the sac in position depends on the tying of the sutures closing the ring, and not upon a special sac suture, and that therefore it is necessary, particularly in cases where the patient has "strained" between the placing of the sac and the tying of the ring sutures, to verify and, if need be, adjust the position of the sac before tying the sutures closing the ring. Once tied, these sutures close the ring absolutely, and no prolapse of the sac into the canal is possible. In femoral hernia I have never seen any tendency of the sac to prolapse before closure of the ring, but I have seen it in several cases of inguinal hernia. The explanation may lie in the fact that the inguinal rings are more freely affected by "straining" or deep respiration than is the femoral.

Method of Closure of the Femoral Aperture.—In looking into the literature of the subject, I find that Roux (21) has also been carrying out in the closure of the ring the idea of attaching Poupart's ligament directly to the bone, though employing a different method to attain that end, namely, the use of a ∩-shaped metal nail driven through the ligament into the bone; and it is somewhat surprising that a further search (so far as the regrettable decease of the invaluable *Index Medicus* permits such to be made) should reveal no other references to the utilisation of so conveniently placed a *point d'appui* as is offered by the pubic ramus for the closure of the femoral ring on the classic principle of restoring its boundaries to their correct, or to an over-corrected, position.

The method of closing the ring above described, and which I had been practising for some time before I learned of Roux's independent work, is, in my probably too partial opinion, preferable to that adopted by Roux, for the following reasons:—

1. Roux's operation involves the introduction of a metal foreign body. The subsequent removal of this, if desired, involves a second operation, with the risk of detaching the ligament from the bone in withdrawing the nail. Its permanent retention, on the other hand, involves the chance of the loosening of the nail by absorption (possibly necrosis) of the bone, as occurs not infrequently with wire sutures in fractures. Should this occur, and the nail become dislodged from the bone, by the natural pull of Poupart's ligament or otherwise, a state of matters is established in which every movement of the thigh or abdomen would menace the femoral vessels and the peritoneum with puncture by the points of the nail.

2. The method of suture employed in the operation I have described brings Poupart's ligament down to the postero-superior surface of the bone, attaching it there in the region of the ileo-pectineal line on the plane of Gimbernat's ligament, constituting virtually an artificial extension of that ligament. The effect of such an attachment, as a study of the anatomy of the region will show, is to occlude the femoral aperture at its

extreme upper (inner) end (the plane of Gimbernat's ligament), thus shutting its mouth, instead of closing its throat as the attachment of Poupart's ligament to the superior or antero-superior surface of the bone does.

3. By varying the position of the two mattress loops of ligature, or by making them diverge, in Poupart's ligament, it is easy to effectually close the largest femoral ring without exerting pressure on the femoral vein. The tension of the femoral sheath may be regulated with precision.

4. Roux's nail attaches Poupart's ligament to the periosteum. The operation above described attaches it independently to both bone and periosteum.

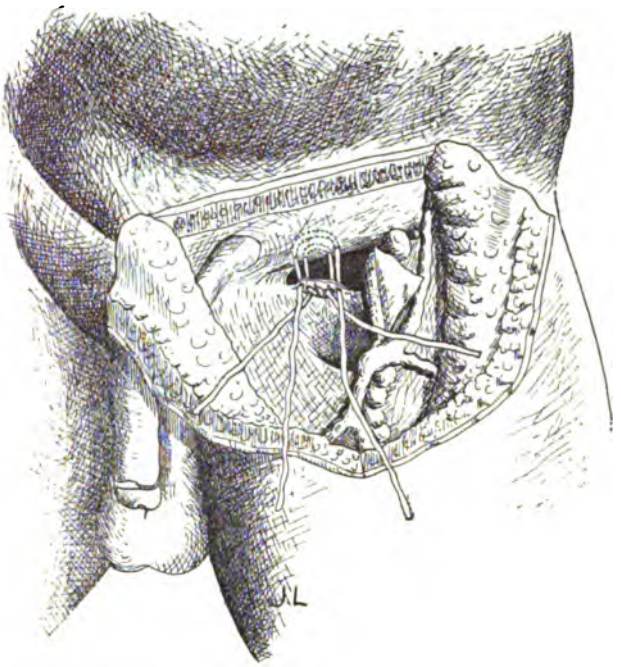

FIG. 6.—Anterior lip of periosteal incision raised in the form of a short periosteo-fascial flap through which the sutures have been passed.

MODIFICATION OF OPERATION.

The following modification is not intended as a regular substitute for the second part of the operation, the closure of the femoral canal. In effect it is less secure. It affords the means, however, of attaching Poupart's ligament in the desired position in cases where the operator is not supplied with a drill, as when hurriedly called to operate in a case of strangulation.

The sac having been reduced into the abdomen, and Poupart's ligament pushed back with a spatula, an incision is carried along the postero-superior aspect of the pubic ramus from the femoral vein to the pubic spine (or part of that distance). This divides the periosteum. Its anterior lip is then raised to a slight extent by any convenient elevator, such as the flat end of an ordinary probe bent to a suitable angle, or the blade of a pair of curved scissors. The effect of this is to form a short periosteo-fascial flap, the size of which has, for the purposes of illustration, been exaggerated in Fig. 6.

With an ordinary curved surgical needle the catgut suture is carried through Poupart's ligament, divided, and the ends, again threaded in the needle, successively passed into the periosteal incision and out again through its anterior lip. (Fig. 6.) The tying of these ends lodges the free margin of Poupart's ligament in the periosteal incision on the postero-superior aspect of the bone, thus closing the canal. (Fig. 7.)

As already mentioned, the closure thus obtained is less secure than that resulting from the bone suture method. Further, if the periosteal incision be made too long, or the anterior lip be raised as far as it necessarily has been in the illustrations, the result will be the attachment of Poupart's ligament, not to the postero-superior, but to the superior surface of the bone, a much less efficient attachment.

To the skill and kindness of Dr. John Lindsay, of Glasgow, I am indebted for the sketches forming the illustrations.

REFERENCES.

1. Fortunato, *Hildebrand : Jahresbericht*, 1897.
2. Curtis, quoted by Mayo, *Ann. of Surg.*, 1899.
3. Coley, *Ann. of Surg.*, 1901.
4. Bassini, *Lang. Archiv*, 1894.
5. Franz, *Deut. Zeitschr. f. Chir.*, Bd. li. Heft 1.
6. Fabricius, *Wien. klin. Woch.*, 1895 ; *Centralbl. f. Chir.*, 1891.

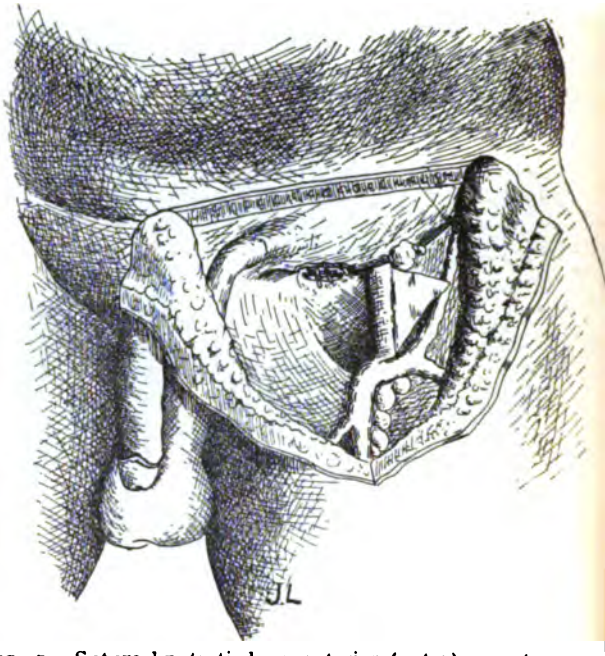

FIG. 7.—Suture knots tied on anterior (outer) aspect of anterior lip of periosteal incision, thus lodging the free margin of Poupart's ligament in the periosteal incision. *N.B.*—In Figs. 6 and 7 the periosteal lip or flap is necessarily represented as raised too extensively, and, therefore, too long.

7. Bottini, *Centralbl. f. Chir.*, 1894.
8. Chaput, *Bull. de la Soc. de Chir.*, No. 5.
9. Ruggi, *Methodo-Operativo Nuovo par la Cura Radicale dell' Ernia Crurale.*
10. Nasi, *La Clinica Chirurgica*, 1900, vol. 1.
11. Parlavecchio, *Il Policlinico Sessione Chirurgica*, fasc. 6, 1900.
12. Buonamici, *Hildebrand : Jahresbericht*, 1901.
13. Gordon, *British Medical Journal*, June, 1900.
14. Kraske, *Deut. med. Woch.*, 1893.
15. W. Cheyne, *Lancet*, 1892.
16. Saltzer, *Centralbl. f. Chir.*, 1892.
17. Prokupin, *Hildebrand : Jahresbericht*, 1898.
18. Schwartz, *Centralbl. f. Chir.*, 1893.
19. Davis, *Ann. of Surg.*, 1896.
20. Packard, *Trans. Amer. Surg. Assoc.*, 1895, vol. xiii.
21. Roux, *Anjou Méd.*, No. 2 , *Hildebrand : Jahresbericht*, 1900.

Society for the Relief of Widows and Orphans of Medical Men.

DURING the past year twelve new members were elected, three died, and three resigned, the number of members being 298. Two widows and six orphans applied for relief, three widows died, and one orphan became ineligible. At the end of the year fifty-three widows and fifteen orphans were in receipt of half-yearly grants. A sum of £3,299 10s. was distributed during the year, and the expenses were £246. At Christmas a present was made to the widows and orphans amounting to £583.

A PLEA FOR THE MORE THOROUGH STUDY OF THERAPEUTICS. (a)

By DENNIS VINRACE, M.R.C.S., L.S.A.

As I do not wish it to be thought that, in endeavouring to emphasise the importance of a thorough study of therapeutics as an element in the medical curriculum, I am trying to force an already open door, I should like in the first instance to say a few words as to the present attitude of the public towards medical matters. It is generally supposed that we are living in a highly scientific and somewhat sceptical age, and that nowadays people are apt to subject everything to the touchstone of reason, and are no longer willing to take anything on trust. Broadly speaking, this view is doubtless largely correct, but, curiously enough, in the sphere of medicine this "dry light" of reason, to use Bacon's famous expression, is less generally applied. The day of wireless telegraphy, of Röntgen rays, and numberless other scientific marvels is also a period in which the crudest advertisements of worthless nostrums will open the popular purse-strings to an extent which probably has never been equalled. Of course, medical quackery is no new thing. It would almost seem, indeed, that there is some mysterious instinct which induces otherwise sensible persons to reject what is capable of proof in favour of what is marvellous and beyond the reach of reason, so that, to-day perhaps more than ever, the tried and reasoned formulæ of the Pharmacopœia are passed by; the mysterious concoctions of the quack drug-vendor are accepted with a childlike faith which would be amusing if it was not also pathetic. At the present time it is impossible to take up any popular newspaper or magazine without being faced by pages of quack remedy advertisements, which seem to grow in audacity from day to day. It is clear, then, that, *pari passu* with the great advances which have been made of late in the regions of legitimate medicine, there has been an even greater tendency on the part of the public to have resort to the charlatanry of the compounder of quack drugs.

What is the explanation of this paradoxical state of affairs? The natural tendency of the popular mind to run after new and strange things will not fully account for it, for it is improbable that the present generation is more credulous than its predecessors. No, the explanation must be sought elsewhere, and I would ask whether the success of the quack and the growing habit of self-treatment and consulting the chemist or the herbalist may not to some extent be the fault of the medical profession itself. Is it not possible that there is some defect in the present system of medical training which accounts for this willingness on the part of the public to trust their health and their lives to unqualified persons? In my opinion, the solution of this problem is to be found, to some extent at any rate, in the rather subordinate position which has been accorded to the study of practical therapeutics in the training of medical men. Anatomy, physiology, and pathology have claimed so much attention that there has been a tendency to give therapeutics somewhat less than the attention which it deserves.

To the average general practitioner a profound acquaintance with anatomy or a deep knowledge of bacteriology is, I submit, far less really essential than a sound working familiarity with therapeutics. Of what avail is it that he can locate all the component parts of the human organism, down to the minutest detail, or that he can determine the character of a malady with pathological accuracy, if he has not at his fingers' ends the remedial measures which each particular condition demands, and if he is not personally able to dispense the necessary drugs, or at any rate possesses a sound knowledge of the nature and the combinations into which they can most advantageously be formed? It is as if a man should go into battle with a gun of admirable workmanship, but lack the knowledge to arrange the ammunition which alone could make it an effective weapon.

Very briefly I will deal with two phases of this question—the training received by medical students, and the attitude towards practical therapeutics adopted by the average qualified man. I have recently looked into the examination papers set by the principal qualifying bodies, and I must admit that I found that more attention appeared to be paid to the practical side of therapeutics than in the period when I was myself a student. On the whole, however, it was obvious that to pass their examinations students must still spend by far the greater part of their time on anatomy, physiology, pathology, &c., therapeutics being comparatively unimportant. The natural consequence is that practical therapeutics, being of little help in the securing of degrees, is apt to be rather neglected. Now, I contend that throughout the student's career the value of a thorough knowledge of therapeutics and pharmacology ought to be kept constantly before him. If it be true that in their student days medical men are not led to attach sufficient importance to therapeutics, one would naturally expect to find them in their after years continuing to somewhat cold-shoulder this branch of their calling. And this, I contend, is in fact the case.

Let me take two points—the tendency to neglect minor ailments, and the decadence of dispensing. In regard to the first, I cannot but think that medical men nowadays are too anxious to fly at high game. A mere sore throat or tooth-ache hardly seems worthy of their serious consideration, and yet it is these little matters which should form one of the most constant and reliable features in the average doctor's practice. The result is that people with minor ailments are more and more getting into the way of consulting the chemist when they have, say, a headache or an attack of indigestion, or of doctoring themselves with the catch-penny remedies advertised by the score in every popular periodical. And this is really the thin end of the wedge. When a person finds that his toothache has vanished under the attentions of Mr. Jones the chemist, or after a dose of So-and-so's "Pain Destroyer," he is apt to argue that, after all, a medical man can often very well be dispensed with. In course of time it is not only for petty maladies that he seeks relief in these ways. Even when he has a more serious affection he applies to his old allies for assistance, and another patient is lost to the qualified man. If medical men devoted, proportionately, as much time and care to the treatment of the smaller ills of life as they would to a case exhibiting interesting or unusual features, there can be little doubt that, by reason

(a) Read before the Therapeutical Society, December 22nd, 1903.

of their superior skill and knowledge, they could very largely overcome the competition of the chemist and the drug-vendor. It is worthy of note in this connection that considerable classes of persons, such as chemists, manicurists, chiropodists, and barbers who profess to cure ailments of the hair and scalp, derive a large part of their livelihood from treating the kind of minor maladies which doctors too largely despise.

Turning now to the question of dispensing, I feel convinced that it is very unfortunate that the custom of medical men acting as their own dispensers is going rapidly out of fashion. My ideas may be old-fashioned, but I am satisfied that the old system has several commendable features. By dispensing, a medical man acquires a mastery over the qualities and properties of drugs which no amount of theoretical study can ever give him. He is further able to ensure that his prescriptions are accurately prepared and compounded of good materials, and he is thus in a better position to secure satisfactory results, and is consequently strengthened against the rivalry of the chemist and the quack. But it is not only actual dispensing which is going out of use among medical men. Even the art of writing prescriptions seems to be on the wane. More and more, medical men seem to be coming to depend upon the wholesale druggists. At the present moment the large wholesale firms prepare medicaments after formulæ of their own in absolutely bewildering number and variety, and, as supply is governed by demand, one is forced to conclude that doctors must be very largely availing themselves of this easy and simple means of providing medicine for their patients with the least possible trouble to themselves. No doubt, many of these preparations are excellently adapted to their purpose, but I cannot think that this dependence of medical men on compounds in the preparation of which they have had no part, and of the composition of which they have little or no accurate knowledge, is a healthy sign of the times. If the present tendency continues to increase, it looks as if a time will come when medical men, as far as the giving of remedies is concerned, will be little more than agents for the great drug firms. Why, I may ask, should a doctor abdicate one of his most important functions in this remarkable way? Surely if he has a thorough knowledge of practical therapeutics and pharmacology he should be able to dispense, or at least prescribe, preparations quite as efficacious as any of those which are sold by the wholesale chemists. In so doing, apart from the financial saving, he would have full control over the nature of the medicaments supplied to his patients and a greater power of varying them to meet individual requirements.

There is another point in this connection to which I should like to draw attention. Most of the reputable wholesale houses supplying the profession make a point of stating that their specialities are not supplied to other than medical men, and no doubt this statement is quite honestly made. I think, however, that most of those whom I am addressing will have encountered instances in which these preparations have passed through the hands of retail chemists direct into the possession of members of the public. Some of these specialities also are even advertised in the lay Press, and others make it clear from their format and the elaborate instructions by which they are accompanied that they are intended to be purchased without the intervention of a doctor. The proprietors of some of these nostrums go so far as to state in plain terms that a medical man need not be consulted, so that I think it will be agreed that there is already an appreciable general circulation of drugs which should properly only be administered through the medium of a professional man.

Now, if this is the case already, what may be expected to take place in the not distant future? If the laity is given reason to believe that the remedies which they obtain from their doctors are largely procured ready-made from the manufacturers, they may begin to ask why they should not be able to procure them for themselves without the preliminary need for a medical fee, and it is possible that many wholesale firms may find it worth their while to put their goods openly on the market, even at the risk of losing part of their professional connection. Surely this is a consideration which might make medical men pause before further encouraging the wholesale chemists in the production of preparations according to formulæ of their own.

Upon all these grounds I wish to urge that the claims of practical therapeutics should be paid more attention than they have received in the past. If I might be allowed to make a few concrete suggestions, they would be :—

That each medical student should dispense at the hospital for an hour a day for at least three months.

That the use of stock mixtures and printed formulæ at hospitals should be reduced to a minimum.

That there should be Professors of both practical pharmacy and therapeutics, the former to concern himself with the art of compounding drugs in the most efficient, agreeable and convenient manner, while the latter would instruct as to the action of medicine in health and disease, explain the manner in which one drug may aid another, and describe the action of drugs, both physiologically and therapeutically.

In conclusion, I may perhaps be excused for saying that I feel I owe much to the fact that, when I was Resident Medical Officer at the Golden Square Throat Hospital, the paramount importance of therapeutics was indelibly impressed on my mind by the teaching and example of my distinguished friend Dr. Prosser James. On the clearer realisation of the principles I advocate by the profession at large, I believe that the future prosperity and utility of its members must largely depend.

Paris Clinical Lecture.

ON

SPONDYLITIS OF INFECTIVE ORIGIN.

By DR. L. CHEINISSE,
Ancien-Interne des Hopitaux de Montpellier.

[FROM OUR PARIS CORRESPONDENT.]

VAGUELY recognised towards the middle of the nineteenth century by Chassaignac, who described acute osteomyelitis under the vivid term of "typhus of the limbs," the infective origin of the inflammatory diseases of the bones has since been amply demonstrated by bacteriological research. It is thanks to bacteriology, indeed, that we are

enabled, in addition to the acute osteo-myelitis of children, due to ordinary pyogenic organisms, to recognise other forms of osteo-myelitis which result from the most varied infections, localised in a particular part of the osseous system.

Among these osteo-myelitic lesions those associated with typhoid fever have specially attracted the attention of observers. Nevertheless, although the lesions affecting the tibiæ and ribs, the seats of predilection of typhoidal myelitis, have been known for many years, the same cannot be said of the vertebral localisations of typhoid fever, which, until quite recently, hardly found mention in the numerous works in French and German devoted to the study of the osseous complications of typhoid fever. Out of 144 cases of the kind comprised in Dr. Klein's Thesis (Kiel, 1896), in only one is reference made to the localisation of the infective process in the vertebræ. This case, which was in the service of Dr. Quincke, together with one other similar case, enabled him to describe in 1899, under the name of *spondylitis typhosa*, a group of symptoms which make their appearance either after recovery from the attack of typhoid fever, or during the period of decline. The affection is characterised by intense pain situated in the lumbar vertebræ, with fever, swelling of the affected area, sensory and motor troubles in the lower limbs, and sometimes also of the bladder and rectum.

Since the publication of Quincke's monograph other cases of the kind have been reported, the total number amounting to seven observed in Germany. Quincke mentions that similar cases had been noted in the United States, Gibney regarding the disease as of the nature of a peri-spondylitis, and Osler as a neurosis. These cases appear, indeed, to be tolerably frequent in America, whence the name "typhoid spine." Had the Kiel professor taken the trouble to look up the foreign literature of the subject, he would have found that cases of the kind had already been described by Pallard and others in France. In order to throw light upon the history of this interesting affection I have gone into the subject very thoroughly.

The question arises whether typhoid fever is the only disease which is liable to localise itself in the vertebral column. In other words, does there exist, side by side with typhoid spondylitis, and apart from ordinary spondylitis of the tuberculous and syphilitic varieties, other forms of infective spondylitis? Certain anatomo-bacteriological observations appear to suggest a reply in the affirmative. Fränkel's researches on bone marrow in infectious diseases are specially interesting from this point of view. He discovered Eberth's bacillus in the marrow of the vertebræ of patients who had succumbed to typhoid fever in every instance. Nay more, in the case of a girl who, in the course of an attack of enteric fever, and but a few days before death, developed pneumonia, Fränkel was able to demonstrate the presence in the spinal marrow of the diplococcus alongside of Eberth's bacillus. This discovery induced him to extend his researches to other maladies than typhoid fever. In the course of these further investigations, he revealed the presence of the diplococcus in the marrow of persons who had died of pneumonia, of the streptococcus in cases of erysipelas, pulmonary abscess and diphtheria, and of the Staphylococcus pyogenes aureus in cases of phlegmon and various forms of suppuration.

The presence of these organisms in the marrow of the vertebræ gives rise to a whole series of pathological changes, *e.g.*, hæmorrhages, fibrinous exudations, localised necrosis and the like. Anatomically the bone marrow of the vertebræ shows itself to be as liable to the influence of infective agents, whether general or local, as the spleen. The analogy is the more complete, seeing that the splenic localisation of the infective process, like the vertebral manifestations, exhibits a like tendency to spontaneous resolution, and, in contrast to affections of the long bones, only exceptionally culminates in suppuration, the difference being no doubt due to the comparatively greater vascularity of the marrow and the spleen.

However this may be, it is obvious that although the centres of disease in the depths of the vertebral marrow are, as a rule, so small as to subside without giving rise to symptoms accessible to clinical investigation, they may, in rare cases, determine more or less grave symptoms. In such cases we have infective spondylitis properly so called. Typhoid spondylitis is unquestionably one of the most typical forms, but other varieties have been observed.

Quite recently Quincke published two very characteristic examples thereof. Case I was that of a man, æt. 46, who, about six weeks after the onset of an attack of pneumonia of average severity and running the usual course, suddenly complained of acute pain in the lumbar region of the spinal column, not accompanied by any rise of temperature. Admitted to hospital, he remained an inmate for upwards of five months, on account of well-marked spondylitis, which left, after recovery, some swelling of the spinous processes of the second and third dorsal vertebræ. The hypothesis of the process being tuberculous could be discarded on account of the absence of any rise of temperature, and of the absence of any pulmonary disease and hereditary antecedents, and, on the other hand, there was no history of traumatism. The author, therefore, arrived at the conclusion that it was a case of pneumococcic spondylitis. In the other case, a farmer, also æt. 46, was admitted to hospital with right-sided empyema, which, ten days previously, had burst into the lungs with expectoration of pus. Several ribs were resected and the pleura opened, whereupon the expectoration of pus considerably diminished, and in about six weeks the patient, who had meanwhile gained twenty-five pounds in weight, was discharged. Some weeks later he began to complain of pain in the lumbar region. The pain was but slight when he was lying down, but became very severe on the slightest movement or on pressure, so that he was readmitted. Investigation revealed the existence of some rigidity of the spinal column, with tenderness on pressure over the lumbar spinal processes, especially over the third lumbar vertebra. In the left lumbar region, just above the iliac crest and about three-quarters of an inch from the spinal processes, a swelling the size of a goose's egg was perceived. An exploratory puncture did not give issue to pus, and the patient was allowed to go home after fitting him with a plaster jacket.

As this patient was suffering at the time from chronic bronchitis, it was, of course, possible that he had Pott's disease, but, judging from the

subsequent history of the case, supplied by his medical man—the symptoms having cleared up in the course of a few months—this hypothesis cannot be substantiated. Dr. Quincke therefore concluded that the symptoms were the sequel of the empyema, and since the pleural exudation was rich in streptococci, he inclined to the view that the vertebral affection was of streptococcic origin.

It is obvious that the two cases just briefly related present considerable analogy with cases of typhoid spondylitis. The severity of the pain, the swelling of the soft parts, and the more or less persistent rigidity of the affected segment of the spinal column seem to point to implication of the periosteum and ligaments, and to justify the name "perispondylitis" given to it by Gibney. If we add the slight tendency to suppuration and the predilection of the morbid process for the lumbar region, we have a group of symptoms common to all varieties of spondylitis.

It may be conceded that Quincke's cases alone would hardly suffice to establish the existence of infective spondylitis. But apart from the fact that they fit in very well with the bacteriological results obtained by Fränkel, it is only fair to add that other clinical observations tend to confirm this view. In the course of the discussion at the Medical Society of Kiel on one of Quincke's cases, two other cases were mentioned, one following an attack of pneumonia and one after scarlatina.

It would be a mistake to suppose that the Kiel professor was the first to call attention to these vertebral manifestations in association with infective diseases other than typhoid fever. We have only to refer to Gibney's paper on typhoid spine to see that in the discussion to which the paper gave rise Shaffer stated that he had met with similar morbid incidents *not only after typhoid fever, but also after scarlet fever and measles.*

If, in his practical remarks on the subject, Quincke thought it desirable to advise the avoidance during convalescence from infective diseases of all risk of traumatism and over-exertion of the spinal column, the fact remains that fourteen years before, Shaffer made use of almost the same words in discussing the influence of "excessive exercise or a direct blow or fall after an acute fever."

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXVII.

BY OUR SPECIAL MEDICAL COMMISSIONER.]

OVERTON HALL SANATORIUM, BOURNEMOUTH.

OVERTON HALL is a large villa residence so constructed and adapted as to meet in some measure the requirements of a small private sanatorium for consumption. Its situation is by no means ideal, for it is on the north side of the busy Bournemouth tram-route, Poole Road, from which it is only separated by a comparatively small garden. This location, while doubtless convenient in many ways, has many serious drawbacks, for it lacks in quietness and privacy, and in summer months cannot be free from dust. The close proximity of other residences is also a disadvantage.

The institution was first established by Dr. Pott, but is now, as we understand, in the hands of Dr. Stein.

The building has an attractive appearance. It is built of red brick, and forms a hollow square minus the north side. The extensive south front of some 80 ft. provides a series of pleasant rooms for the patients. Short wings diverge from the two corners. Between these projecting ends there is a lofty and wide verandah, which communicates with the lower bedrooms and is provided with glass screens, and has glass windows in its roof for ventilation. This structure seems to be much used by patients as a resting shelter, but we should imagine it is in danger of becoming a kind of all-the-year-round "winter garden." Above the verandah is a partially roofed over balcony. There is a good corridor-hall running the whole length of the house, and affording a common ground where "the patients pass the evening in conversation and reading the daily papers."

Many of the bedrooms are good, although by no means coming up to the hygienic standards set by some recent sanatoria. The rooms, indeed, have too "homely" an aspect. As far as we could see, every care is taken to maintain absolute cleanliness. The furniture, mostly of mahogany, is more elaborate than is usually seen in sanatoria. There are, of course, no fixed carpets, but a plentiful supply of rugs which, considering the site and size of the sanatorium, must be great dust collectors and require considerable labour to keep clean.

The wings of the building contain a number of bedrooms smaller, however, than those on the south side.

Heating is by means of open fires. Lighting is by electricity. The sanitary arrangements appear to be good.

The grounds are very limited, being only about one and a half acre in extent, but they are provided with various "sun traps" and revolving shelters.

Treatment is conducted in accordance with the now generally recognised hygienic principles. The sanatorium is only intended for early cases. For such patients as are suited for Bournemouth, Overton Hall offers many advantages. The public gardens and sea front can be readily reached, and undoubtedly the electric cars offer a ready means of locomotion which, wisely or not, is certainly largely made use of.

For subjects disliking the routine and restraints of institutional life, and desiring the comforts and conveniences of a private house, this establishment has distinct attractions.

There is an excellent resident matron and a good staff of attendants.

The terms are from four to five guineas.

Overton Hall is only a few minutes' walk from West Bournemouth Station, and, as already indicated, the electric cars pass the gates.

THE NATIONAL SANATORIUM FOR CONSUMPTION AND DISEASES OF THE CHEST, BOURNEMOUTH.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—So much has been done during the last five years to bring the National Sanatorium structurally up to date that we must take exception to the statement of your Special Commissioner that "it cannot claim to rank high among modern sanatoria." (1) The wards and corridors are very well ventilated, the old windows being replaced by double casements and fanlights, the wards on the ground-floor having, in addition, openings into corridor, as described in your article in one ward only. (2) The whole of the sanitary arrangements have been rebuilt. (3) Electric light has been installed all over the building and shelters. (4) The dining-rooms each have four double casement windows. (5) The partition between the day-room and the corridor has been removed, thus admitting more light and free circulation of air throughout the building.

The grounds are three acres in extent. There is accommodation now for seventy-two patients. Plans for an additional extension have been revised and will provide for ten to twelve new beds. There are now six nurses working under the matron.

Although one cannot expect to alter an existing building so that it will have quite the same appearance as one of the modern sanatoria, yet the alterations carried out here have to a great extent brought the

institution into "accordance with modern principles of sanatorium construction."

I am, Sir, yours truly,

A. GEO. EYRE HARRIS, M.D.Dub.

[We are glad to insert the above statements, which certainly show that no pains have been spared to attain as high a standard as may be possible under existing conditions. Our Commissioner will reply in next issue.—ED.]

Transactions of Societies.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD DECEMBER 11TH.

MR. SYDNEY STEPHENSON, F.R.C.S., in the Chair.

DR. A. MONSON showed an

ABDOMINAL CASE FOR DIAGNOSIS.

The patient was a boy, æt. 9, who had suffered from an attack of nephritis, accompanied by general œdema, albuminuria, and tube casts. After recovery he was sent to a convalescent home, and there a lump was discovered in the left side of the abdomen, situated low down. The boy said he had been conscious of something movable there for six months. Dr. Monson found a mass in the left iliac fossa which was fixed, and a part above which was movable. He believed the movable portion of the tumour was a floating kidney, which might possibly have become twisted so as to develop the renal symptoms above described.

Dr. CAUTLEY thought the lump was more or less fixed, that the attack of nephritis was probably unconnected with it, and that the mass was possibly tuberculous.

Dr. PERCY LEWIS (Folkestone) recalled a similar tumour mass, leading to intestinal obstruction, which proved to be a dermoid cyst.

Dr. GUTHRIE thought there was a movable kidney on the left side, and that the swelling below was probably tuberculous.

Mr. ARNOLD LAWSON showed a case of

EXOPHTHALMIC GOÎTRE

in a girl, æt. 12. The physical signs were all well marked. The chief interest of the case lay in the extreme youth of the patient, very few cases of Graves' disease at such an early age having been recorded. No cause could be assigned for the onset of the disease. The child's health had been excellent previously, and there was no family history of insanity or nervous disease. The constitutional effect of the illness on the child was very slight, although the disease had been in progress for over twelve months.

Dr. ROBERT HUTCHISON referred to a case he had seen in a child of eight years, and asked if there were any affection of the pelvic organs, and if early menstruation had occurred. The association of pelvic disorder in women with Graves' disease was a subject more worthy of study.

Dr. SANSOM referred to the case of a child of twelve who developed this infection after an attack of influenza.

In reply Mr. LAWSON said he had not examined the pelvic organs, but the menses had not commenced. There was no definite neurotic element about the child.

Dr. E. P. BAUMANN showed a boy, æt. 7, suffering from mediastinitis. Last July he suffered from acute rheumatism, complicated by endocarditis and pericarditis. In September puffiness of the face and ascites developed. There was found to be a large liver and an enlarged heart. The abdomen had been tapped several times, but the evacuation of the fluid made no difference in the venous dilatation of the neck. Examination by the X-rays threw no further light on the case. In view of the history and the clinical symptoms, a diagnosis of adhesive mediastinitis had been made. The boy's general health was good.

CASE OF DISPLACEMENT OF THE THYROID.

Dr. GEORGE CARPENTER showed a girl, æt. 16, with a tumour at the root of the tongue, which was accidentally discovered. The mass was probably a dermoid in connection with the thyro-glossal duct. The thyroid gland could not be felt in the neck, and the possibility of the lingual swelling being a misplaced thyroid was suggested.

Mr. JAFFREY thought the swelling occupied the site of the thyro-lingual duct.

Dr. FRANK COLLIE said he had known the patient for four years, and until one and a half years ago there was no question of any swelling. At the latter time she began to menstruate, and two months later a prominence developed in the region of the chin, which might have been due to the effort to get a freer passage of air. Two well-known specialists in throat diseases had seen the case, and agreed that it was probably a case of displacement of the thyroid on to the dorsum of the tongue. As the child suffered no inconvenience, he advised that it should be left alone.

Dr. CARPENTER also showed a case of congenital heart disease, and a case of cirrhosis of the lung.

THE AFTER-EFFECTS OF POLYNEURITIS.

Dr. LEONARD GUTHRIE showed a boy, æt. 12, who seven years previously had suffered from a severe attack of polyneuritis of uncertain origin. At the end of three months he had completely recovered, save that the knee-jerks were absent, and there was a tendency to contraction of the tendo Achillis on both sides. He had been admitted into hospital during the present year suffering from a well-marked condition of talipes equino-varus, for which tenotomy had been performed, with improvement of the walking powers. At present he showed a condition of pes cavus on both sides, strongly resembling that of Friedreich's disease, but without ataxy. The knee-jerks were absent, the muscles of all the extremities were small, but there was no paralysis. He was somewhat deficient mentally. After excluding other possible causes of the condition, such as spastic paraplegia, Dr. Guthrie concluded that the case illustrated the after-effects of polyneuritis.

Dr. JAMES TAYLOR agreed with the diagnosis, and suggested that there had been six years ago some general toxic condition. This had not only affected the peripheral nerves, but also the anterior horns of the cord and the highest cerebral centres. This had caused the impaired mental condition which was now present.

Dr. FLETCHER BEACH thought that there was defective moral control, probably the result of the early illness.

Dr. GUTHRIE also showed a girl, æt. 11, with physical signs which he regarded as those of aortic valvular disease, with stenosis. The maximum of the intensity of the murmur was in the second left intercostal space.

Dr. THEODORE FISHER said that disease of the aortic valves, either congenital or acquired, was not so rare as was usually supposed. A variety of lesions affecting the aortic valves was found on post-mortem examination. Various diagnoses as to the cardiac condition were given by members, including mitral disease, aortic regurgitation with presystolic thrill and murmur (Flint's murmur), pulmonary valvular disease, and patent ductus arteriosus.

Mr. J. W. THOMSON WALKER showed a dermoid cyst which he had removed from the front of the sternum in a girl, æt. 5. Since infancy a small round swelling had been observed, which had increased to the size of a large horse-chestnut. It was easily dissected out. On microscopic examination, hair follicles, sebaceous glands, and sweat glands were easily recognised.

Mr. DOUGLAS DREW showed a specimen of tuberculous caries of the upper dorsal spine, with an abscess pressing on the bifurcation of the trachea. The patient was a child, æt. 5, who, while under treatment for spinal disease, developed some difficulty in breathing, which at times became rather urgent. One of these seizures proved fatal from asphyxia. The upper dorsal vertebræ were found to be extensively diseased, and there was a large thick-walled abscess pressing on the trachea and bronchi.

Dr. GEORGE CARPENTER showed a specimen of a lung removed from an infant, 5 months old. The lower

lobe of the left lung was cystic, the largest cyst being the size of a small orange. It was probably of congenital origin, and akin to the cysts found in the kidneys and spleen. During life the prominent feature was dextrocardia.

Mr. ALBERT CARLESS read a paper on some cases of "Lymphangeiomata," which was discussed by Mr. Douglas Drew and Mr. Thomson Walker.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING HELD AT MANCHESTER, FRIDAY, DECEMBER 18TH, 1903.

DR. J. E. GEMMELL, President, in the Chair.

CARD SPECIMENS.

MR. STANMORE BISHOP.—A series of specimens of hydro- and pyo-salpinx, a fibroid uterus, proliferating papillomatous cysts of the ovary.

Dr. W. E. FOTHERGILL.—Ectopic gestation, pyonephrosis following movable kidney.

Dr. J. H. WILLETT.—Tubal mole in process of extrusion.

Dr. LLOYD ROBERTS.—Ovarian cyst with twisting of the pedicle.

Dr. W. WALTER.—Fibro-myomata of uterus.

Professor W. J. SINCLAIR (Manchester) showed glass drainage-tubes used in vaginal hysterectomy. He had devised these because he was not satisfied with ordinary rubber ones, which were apt to become choked by fibrous clot. The glass tube resembled a short narrow test tube with a very wide flange, and it was perforated by several rows of holes. It could be washed out with normal saline solution and kept clear of clot.

Dr. ARNOLD LEA (Manchester) said he had had personal experience of the tubes, and they had all the advantages claimed for them.

Dr. J. B. HELLIER (Leeds) related a case of

SEPTATE UTERUS AND VAGINA; LABOUR OBSTRUCTED BY THE VAGINAL SEPTUM.

She had had only one child, and when the medical attendant arrived to conduct the labour, he found both feet contained in a sort of pouch on the left side of the vagina. This pouch appeared to be closed below, and the feet were ultimately extracted from it and delivery completed, the perinæum, however, being lacerated. The latter was sutured, but did not heal, so the patient was sent to Dr. Hellier, who thus obtained the opportunity of examining the conditions under anæsthesia. He found a broad fundus uteri with a depression in its centre; a single os externum, within which was a well-marked septum dividing the cavity of the uterus into two halves of equal length; a well-formed vaginal septum of fleshy consistence, which was deficient above in front of the os. The two halves of the vagina were open above and below. The septum was excised.

Dr. BLAIR BELL (Liverpool) read notes of

AN UNUSUAL CASE OF ECTOPIC GESTATION.

The patient was a single young woman with a long history of "indigestion" and "bilious attacks." For several days she had had repeated attacks of severe abdominal pain, but persisted in going about as usual and in declining to see a doctor, as she attributed this pain to "indigestion." Ultimately Dr. Bell saw her, and found that menstruation had always been profuse, and that a supposed period which had continued for ten days (unusual for her) was just "going off." Rectal examination was negative, but there were rigidity and tenderness of the right iliac fossa. The pulse was slow and the temperature low. It was considered that there was probably appendicular trouble with impending gangrene or perforation, so laparotomy was performed. Much blood was found in the abdominal cavity and the cause of the illness revealed. The right pregnant tube was removed, leaving the ovary intact. The entire length of the vermiform appendix was adherent to the back of the cæcum, so it was freed and removed also. Dr. Bell remarked that had the appendix been normal he would have removed it in any case to prevent any chance of disclosures in the future. The patient recovered perfectly, and has since been free from "bilious attacks."

Dr. J. H. WILLETT (Liverpool) read a pathological report on the specimen removed by Dr. Blair Bell, and showed lantern slides of sections made from it. The remarkable point about it was the extreme and universal thinning the tube had undergone.

The PRESIDENT inquired if there was any acknowledged menstrual irregularity?

Dr. ARNOLD LEA asked whether there had been any indications of attacks of appendicitis in the past. Could the condition be attributed to adhesions round the appendix? Dr. Hellier commented on the advisability of removing a healthy appendix. Professor Sinclair favoured the view that an attack of appendicitis might predispose to tubal disease, and related a case in support of his statement. Dr Garner (Preston) and Dr. Fingland (Liverpool) having spoken, Dr. BELL replied. He said there was no evidence of the spread of inflammation from appendix to tube in this case. The two conditions were quite distinctly independent of one another.

Dr. W. K. WALLS (Manchester) detailed a case of "Severe metrorrhagia in a girl, æt. 14." Ergot proved valueless, so the uterus was curetted, the cervix being so patulous that it was scarcely necessary to use dilators. A very large number of long thick strips were removed. The condition was cured after this had been carried out.

Dr. LLOYD ROBERTS said that in such cases ergot was of little use, iron and purgatives being more beneficial. Local applications of iodine used to cure before curetting became fashionable, but the latter had been the best treatment in this case.

Professor W. J. SINCLAIR said that the pathology in such a case was mere guess-work, although it might perhaps have been possible to ascertain some possible ovarian change. Was the uterus smaller in size a few periods after the curetting, or larger? He suggested the possibility of some sexual element, and mentioned a case in which bleeding had ceased after marriage.

Dr. W. WALTER considered that the cause of the trouble had been in the uterus, as the curetting had cured the bleeding.

Dr. W. E. FOTHERGILL suggested some developmental error as a possible cause. He instanced the irregular profuse menstruation met with just after puberty, and said that Dr. Walls' case might be an exaggeration of an ordinary type of case. At puberty there occurred an increase in blood-vessels and muscular fibres. If the latter were defective or late in appearing hæmorrhage would occur, and ergot would not control it, because there were no muscular fibres for it to act upon. The same cause was in action at the menopause.

Dr. J. J. O'HAGAN (Garston) said that possibly a small fibroid which had escaped detection might have accounted for the bleeding. He had known this to be the case in an older girl.

The President and Dr. Hellier having spoken, Dr. WALLS said, in reply, that hæmophilia and a small fibroid had been excluded, and the sexual element had not been inquired into. The curettings were about an eighth of an inch in thickness, but the microscopical examination did not reveal any increase in the blood-vessels. At the same time he thought that Dr. Fothergill's explanation of why ergot failed in these cases would stand criticism.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD DECEMBER 17TH, 1903.

RUSHTON PARKER, Esq., B.S., F.R.C.S., President, in the Chair.

MR. THELWALL THOMAS exhibited receptacles for dressings designed by him to facilitate the carrying out of aseptic surgery in private practice. The boxes

are rectangular, the lid placed underneath, and let in in such a way that when the box rests on a flattened surface dust cannot enter; the sides have perforated "hit and miss" slides. They fit into a large steam steriliser, and each box will hold the necessary dressings, bandages, sheets of sterilisable waterproof material covered with thick muslin, and two specially designed gowns. A dark mackintosh cloth case fits over the box for transportation.

The PRESIDENT said the boxes shown were by far the most convenient and suitable ones he had seen.

Dr. GORDON GULLAN showed a lad, æt. 18, suffering from morbus cæruleus. He was able to follow his trade as a watchmaker. There were signs of enlargement of the right heart, with obstruction of the pulmonary artery, and probably a patent ductus arteriosus.

Dr. Gullan also reported two cases of cretinism in youths, æt. 20, one patient being shown. Both were typical cases. One was improving under thyroid; the other had shown no improvement.

Dr. HUBERT ARMSTRONG referred to the risk of sudden death in congenital heart disease, and mentioned two cases in his own experience, one a baby, and the other a boy of twelve.

Mr. NIMMO WALKER showed a woman, æt. 49, with double optic atrophy and double third nerve paralysis. There was a history of "inflammation of the bowels" two years previously, with vomiting and headache, and the lesions were probably due to a basal syphilitic meningitis, implicating the affected nerves in the interpeduncular space and the chiasma. Mr. Walker said it was a rare case, and had only occurred once in 9,000 patients seen at St. Paul's Eye and Ear Hospital in the present year. Some power was returning under mercurial inunction and potassium iodide internally.

Mr. GEORGE G. HAMILTON read a paper upon

RAPID PARAPLEGIA,

and reported a case, which will be published in full later. In commenting upon the condition he thought discussion might usefully turn upon the following conditions:—Traumatic neurasthenia, meningitis, spinal hæmorrhage, Landry's paralysis, peripheral nerves, and toxic palsies. In this particular case the post-mortem revealed a hæmorrhagic myelitis.

Dr. E. E. GLYNN had examined the spinal cord and cerebro-spinal fluid, and had found no evidence of bacterial infection.

Dr. W. B. WARRINGTON said many cases of so-called acute myelitis were really due to softening of the cord following syphilitic arterial disease, but the differential diagnosis was difficult. He suggested that a syphilitic history, the spread of the symptoms from one limb to the other, with the Brown-Séquard features, might help, and quoted two cases in which this symptom-complex was present. Primary hæmorrhage into the cord was extremely rare. It was important to recognise a syphilitic origin for its guide to treatment.

Drs. T. R. Glynn, Raw, Carter, and Barr spoke, and Mr. HAMILTON replied.

CORK MEDICAL AND SURGICAL SOCIETY.

MEETING HELD WEDNESDAY, DECEMBER 9TH, 1903.

Professor HENRY CORBY, M.D., in the Chair.

PROFESSOR CORBY read a paper on

SOME DISEASES OF THE PLACENTA CAUSING ABORTION,

dealing especially with fatty degeneration of the placenta, and the occurrence of apoplectic lobules or cysts, due to effusion of blood in the placental tissue. He showed a typical specimen of this latter condition.

A discussion on the paper followed.

Dr. D. J. O'CONNOR read a paper on

THE QUESTION OF BLOOD-LETTING IN ACUTE PULMONARY DISEASES,

in which he argued that the practice of venesection, though now entirely out of fashion, might be employed with advantage in many cases of this description, and said that some of the best authorities were now in favour of the revival of the practice in certain cardiac and pulmonary diseases.

A discussion took place on this paper also.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 2nd, 1904.

RENAL OPOTHERAPY.

AT the meeting of the Académie de Médecine, M. Tenault read a paper on the treatment of chronic albuminuria by opotherapy, in which he related the cases of three patients suffering from chronic Bright's disease, interstitial nephritis and cardiac albuminuria respectively, who were treated with macerated pork kidneys. The albuminuria disappeared completely, and the quantity of urine excreted became normal.

The administration of the remedy should not exceed ten days, after which it should be suspended for four or five days.

TINEA TONSURANS.

The treatment of this troublesome affection is varied and frequently exhausts all the microbicides known.

Professor Charmeil counsels as general treatment, outdoor exercise, sea air, tonics in the form of glycerophosphates, arsenic, cod-liver oil, &c. As local treatment, depilation of the patches three or four times in the course of the disease. As application, pure acetic acid painted on the part by a pencil made of a piece of cotton wool on a stick, and rubbed gently in followed by drying with a bit of soft cotton. A certain amount of inflammation bordering on vesication is the consequence, but in ten days the part resumes its normal appearance. Other agents may be tried, however, as liquid ammonia, croton oil, tincture of iodine, essence of winter green in ether (1 in 3). Twice a week the whole head is rubbed with:—

Proof spirit, ℥x.
Spirit of lavender, ℥iv.
Bichloride of mercury, grs. xii.
Tincture of cantharides, ℥iv.
Hydrate of chloral, ℥i.

PSORIASIS.

Professor Renault, of Paris, in his local treatment of psoriasis employs but one or other of the three following agents after the squamæ have been removed by baths:—Oil of cade, pyrogallic acid, and chrysophanic acid. The first preparation he mixes with glycerine and starch thus:—Cade oil, ℥i; glycerine, ℥iii; starch, ℥ii; to be rubbed night and morning. If this preparation has the advantage of being sure in its action and non-toxic, it has the inconvenience of provoking a certain amount of irritation and of smelling disagreeably. Pyrogallic acid is odourless, but produces black stains, and cannot be used except in circumscribed patches. The same might be said of chrysophanic acid, which, although very efficacious, presents certain disadvantages; it gives a violet colour to the teguments and yellow to the hair, and produces local erythema and sometimes bilateral conjunctivitis. Bearing all these points in view, preference should be given to oil of cade.

The internal treatment should be essentially arsenical. In some countries great confidence is given to large doses of iodide of potassium, but M. Renault does not see what use it can be in psoriasis.

THE site of twelve acres in South London, presented by the Hon. W. F. D. Smith, for the new buildings of King's College Hospital, has been supplemented by a gift of £1,000 from the firm of Messrs. W. H. Smith and Son, and the promise of a similar amount next year.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, January 2nd, 1904.

At the Medical Society Hr. Lassar spoke on

INOCULATION EXPERIMENTS ON ANTHROPOID APES WITH SYPHILITIC VIRUS.

He said that twenty years ago he had inoculated animals with syphilis, but his experiments, like those of others, had had negative results. Roux and Metschnikoff had more recently experimented with highly developed apes, and he himself had inoculated a chimpanzee four or five years of age, which had been healthy and lively in confinement. The patient from whom the virus had been taken had been inoculated whilst being tattooed on the arms, and at the time the material was taken had swelling of the glands and an amphora. The inoculation was done on October 22nd, and on several places in the skin. No local reaction took place. After a fortnight, however, infiltrations appeared over both eyebrows; these speedily broke down, and the part took on the appearance of a chancre. These sores showed scarcely any tendency to heal, and were even now almost unchanged. A little higher on the head, about the middle of the forehead, appeared what must be called a papula. Other phenomena appeared at a distance from the inoculation spots. Roundish patches, raised at the edge and depressed in the centre, appeared on the palms of the hands and soles of the feet and around the anus. At the same time the hair got light in patches as in the human subject.

The symptoms were beginning to appear less marked than at first. As such animals did not breed in captivity, the carrying out of such experiments was rendered more difficult. A second ape was inoculated from the first on December 1st, but the animal was already suffering from tubercle of the intestines. At the site of the inoculation a weakened form of infection could at most be determined.

At the Society of Charité Physicians Hr. Kraus, in showing a case of

CARCINOMA OF THE ŒSOPHAGUS,

described the recent methods of diagnosis in disease of the œsophagus and diverticula, and explained the various methods of Röntgen illumination, both in the direct and oblique directions, illumination by means of sounds and the bolus process, and showed illustrative plates. One photograph was of special interest, that of a case of diaphragmatic hernia where the shadow of a sound filled with mercury was seen curving below the diaphragm, and was observed to twist round several times in the stomach.

Hr. Rectezeh showed a case of

GLANDULAR TUBERCULOSIS

with an interesting history. The tumours, which were the size of the adult head and lay over the ribs, were of diagnostic interest. Pseudo-leukæmia, Kundrat's malignant lymphoma, and the tumour-like form of lymph gland tuberculosis were to be considered. The first-named disease could be excluded by the rapid course (development of the tumours in a few months), the condition of the blood (absence of relative lymphocytosis, presence of polynuclear leucocytosis at the time of relapsing feverish attacks), the lymphoma malignum of Kundrat, by the absence of excessive malignancy and of the characteristic histological form. Thus there remained only lymph gland tuberculosis, and in favour of this were hereditary taint, tuberculin reaction (very uncertain, however), the whole "habitus" of the patient, the richness of the pleural exudation in lymphocytes, and the histological characteristics. The prognosis as regarded life was unfavourable, as the great loss of fluid was of importance, quite independent of the pressure, which would lead to permanent injury to the heart and lungs. Treatment had to be limited to good nursing and timely removal of the fluid.

Hr. STEYRER related a case of

UNILATERAL POLYHYDRURIA.

The case, which was carefully observed, was that of a woman with bilateral pyelitis, in which catheterisation of the ureters was employed. At the moment of the introduction of the catheter into the left side there was an increase in the urine issuing from the right side up to double in the unit of time, which was the opposite of what occurred when the catheter was introduced on the right side and the urine from the left kidney measured.

The molecular concentration of the urine reckoned from the freezing depression was lowered by more than half, as compared with earlier samples. In a short time the original condition, both as to flow and degree of concentration, was restored. The interest of the case lay in this—that when one kidney was irritated (catheter) the other kidney responded with polyhydruria, something which had not yet been explained.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, January 2nd, 1904.

EXPERIMENTS WITH NEW DRUGS.

ARISTOCHIN.

STRASS has published the results of the experiments conducted with new drugs at the Wieden Hospital. According to his report aristochin has been used in 15 cases where quinine was indicated with excellent results. Aristochin is a neutral carbonic ester salt of quinine, almost tasteless, and easily borne by the stomach, which agrees with the manufacturers' description.

The first case is an insurance agent, æt. 28, suffering from neuralgia nervi superorbitalis trigemini, as severe matutinal paroxysms. The dose ranges from 0·25 to 0·5 gramme, or 5·1 to 7·7 grs. In this case one gramme doses were given with speedy relief; no recurrence after five days' treatment.

It was used with excellent effect in dyspeptic phthisical cases where quinine could not be borne. It was equally serviceable in gastric disturbance, when chlorosis, anæmia, and cephalalgia were present. It is free from that annoying symptom, quinine deafness; neither has vertigo been observed, which is not uncommon to quinine.

Strass thinks, however, that aristochin has no special advantage over the sulphate of quinine beyond the taste and ringing in the ears. He quite believes Swoboda may have obtained excellent results with its use in children for whooping-cough, &c., &c.

ASPIRIN.

Aspirin was used in 40 cases. This is a salicylic salt with hydrogen atoms from the acetal group. It was used in articular rheumatism as well as muscular in the acute forms with beneficial results. Ischia and lumbago rheumatica were equally relieved, while pleuritis and pericarditis with a similar origin were greatly benefited. The dose ranges from 0·5 gramme to 1·0 gramme five or six times a day. He can discover no special advantage that aspirin has over the salicylate of soda, except the absence of the uncomfortable physiological effect, although this must be affirmed with caution, as he met with œdema of the face in a

female, æt. 19, who had been treated with 5 grammes of aspirin for acute articular rheumatism. A similar sequela is reported by Hirschberg. Others recognise red patches on the head, face, &c., but not on the trunk. The drug is contra-indicated in phthisical fever, as it favours hæmoptysis. On the other hand aspirin has been successfully used in gastro-enteritis and icterus catarrhalis of doubtful etiology.

HEDONAL.

Hedonal was used on 40 patients as an hypnotic which belongs to the series of urethane. The greatest number of cases were pulmonary and cardiac, and a few suffered from neuritis and neurasthenia. The dose is 1 gramme to 1½ gramme. The best effects are obtained in cases of agrypnia or pervigillium. The action of hedonal in cardiac diseases is intensified by the combination of strophanthus, codeia in phthisical, and bromideo in the neurasthenic cases. When given in chronic alcoholism or multiple neuritis with anæmia, it produced excitation and determined the blood to the head, which soon caused the patient to refuse the drug.

MESOTAN.

Mesotan is a clear, yellow, oily fluid, soluble in alcohol and ether, and readily absorbed by the skin. It can be detected in the urine a few hours after administration by the presence of salicylic acid and chloride of iron reaction. It is applied externally mixed with an equal quantity of olive oil with a brush twice or three times a day. It is indicated in all cases demanding salicylate treatment. It is efficacious in rheumatic pleuritis, &c., as well as acute articular disease. Ischias, lumbago, &c., &c., are equally relieved by producing an artificial hyperæmia on the surface, as fomentations, thermophores, or cupping glasses. Mesotan can be well recommended for this action, requiring no drug internally, unless a tonic such as the compound tincture of quinine. He has not found any injury to the kidneys, although it operates very favourably on the heart. Mesotan is useless in cases of arthritica urica and deiormans, as well as gonorrhea and neuritis. He had two cases followed by erythema and other purple rashes. Its use is principally confined to the rheumatic, and may be successful where aspirin fails. A few drops rubbed on to the chest of a phthisical patient at night will produce a flood of perspiration in a very short time—hence the injury. The drug should not be used constantly beyond eight or ten days.

THEOZIN.

Theozin, from theophylin, is a synthetic body of the xanthin series, and has been recommended as a diuretic. This was administered to 35 patients in dropsical conditions. Every practitioner knows how difficult it is to obtain the desired effect when a diuretic is wanted. As a rule every drug is tried in succession with the hope that the next will meet with more success than the preceding one; but, alas! with no better result. This was the disappointment that befel theozin in the first experiments. Further examination and selection of cases proved that it was efficacious as a diuretic and antihydropic, when no disturbance of the cardiac organ was present, or when the blood pressure was not abnormally low. When the cardiac apparatus was deficient or the arterial pressure low no advantage can be obtained with the drug. If the circulation be improved and the tension increased the diuresis will rapidly rise from 500 cubic centimetres of urine to an elimination of 1,500 or 3,000 cubic centimetres. Hence a short course of digitalis or strophanthus before commencing theozin will accomplish the desired effect. Again, the abstraction of the digitalis during the administration of theozin caused the quantity of urine to fall from 2,000 or 3,000 cubic centimetres to 1,000 cubic centimetres in one day; hence it is concluded that in all cases of compensatio cordis the blood pressure must also be considered before the drug is successful. In vitium cordis, theozin is equally useless. Gärtner's tonometer was used in every experiment, by which it was found that when it measured 70 or 80 millimetres of mercury theozin had no effect on the renal secretion. If four or five times this pressure could be maintained, the quantity of urine was correspondingly increased. With this object in view, Schliesinger has combined the dose of theozin (0·2 to 1·0 gramme) with an infusum herbæ adonis vernalis (5 in 150 strength), and obtained the exciting effect of the drug. Minkowski, labouring under the same difficulty, combined theozin with hedonal and obtained the exciting effect also. Of the two the infusum herbæ adonidis is the better. Schliesinger supports his application by quoting Bechterew's experiments with adonis vernalis, that it is an anticonvulsive. There are many cases where azurin or the acetate of potash will be equally beneficial in practice.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

APPENDICITIS.—Mr. MAYO COLLIER operated on a case of appendicitis with features of some interest. The patient was a young man, æt. 19, who during the last eighteen months had had five attacks of pain in the lower abdomen, accompanied by sickness, indigestion and fever. These attacks were diagnosed by Dr. Richardson, of Gosport, as appendicular; he requested Mr. Collier to admit the case into the North-West London Hospital and operate. On admission to hospital the condition of the patient was quite satisfactory, some two months having elapsed since the last attack. On examination of the abdomen, in the right iliac region, Mr. Collier said he could make out a distinct thickening of the appendix, which apparently was movable, and its surroundings were free from trouble. He decided to operate. He made an incision along the outer border of the rectus in the usual position. On opening the abdomen the appendix was easily found, freely movable, without adhesions, and with apparently a perfectly healthy peritoneal covering. There were several distinctly enlarged glands in the mesentery of the appendix, but these were freely movable, and of normal colour. The appendix itself was extremely interesting, in so far as it was absolutely stiff and rigid, resembling almost, as Mr. Collier pointed out, a miniature penis. It was thickened and hard close to the attachment of the caput cæcum coli. After dividing the mesentery of the appendix and removing the affected glands Mr. Collier made a transverse incision through the peritoneum covering the appendix about half an inch from the caput cæcum coli; having divided the peritoneum and muscular coat, he ligatured the appendix and removed it. After disinfecting the lumen of the stump with pure carbolic acid, he replaced the cuff of peritoneum, and sewed it with continuous sutures over the stump. The mesentery of the appendix was next brought together with a fine continuous suture of silk, and the abdomen closed. Mr. Collier said he preferred to close the abdomen by first uniting the peritoneum by interrupted sutures. The sheath of the rectus and sheath of the abdominal muscles were next united, and lastly silkworm-gut sutures were passed through, including skin, fibrous, and muscular tissue. Mr. Collier said the line of

incision adopted was more satisfacory than one more external, because it allowed free exploration and manipulation of the appendix and its surroundings, and was less liable to be followed by ventral hernia.

This case made an uninterrupted recovery without a single bad symptom.

WIRING FRACTURED PATELLA.—Mr. COLLIER operated immediately after on a case of fractured patella of four days' standing. He said that lately he had operated on quite a number of these cases with most satisfactory results, and he looked upon the operation as one of perfect safety, unless under most exceptional circumstances. The present patient, a young man, æt. 24, had tripped up in the street on a piece of orange peel, and on admission to hospital separation of the fragments was so slight that at first the fact of the fracture could not easily be ascertained. The joint was considerably distended, probably with blood. Mr. Collier made a longitudinal incision over the patella down to the tubercle of the tibia, and having drilled the broken fragments, brought them into position with a stout silver wire. The joint was opened by a longitudinal incision external to the patella, the blood evacuated, and the joint carefully cleaned with hot saline solution. Every possible precaution was taken before, during and after the operation to avoid sepsis. The parts were adjusted, and the patient removed to bed, after a splint had been applied.

The subsequent history of this case was unfortunately most disastrous. Forty-eight hours after the operation the edges of the wound and the stitches were swollen, red, and angry; the temperature rose to 102°, and the patient was evidently suffering. The stitches were removed and bloody pus issued from the wound. The joint was apparently free from infection. Twenty-four hours later, however, it was evident that the joint was affected, necessitating free opening up and drainage Things mended for a short time, but it was plain that fresh trouble was in store. The whole thigh became swollen and painful, as the planes of fascia between the muscles had become infected, necessitating a further extensive operation. Mr. Collier said that the only possible source of infection was the previous operation he had done for removal of the appendix, yet at this operation the peritoneum was apparently perfectly healthy, and no pus by any possibility could have gained admission to the instruments or hands of the operator, as none was present. The pathological condition of the appendix was a small healing ulcer with much thickening and engorgement of the lymphoid tissue of the process. He had been careful to avoid handling the removed appendix or stump. His assistant at the operation for appendicitis was not the same as the one for the next operation, yet by some means infection was conveyed from the apparently innocent peritoneal cavity to the cut surface of the knee-joint. He thought that everyone must regret the unfortunate result of this seemingly simple operation, and he considered that it would be as well for surgeons to be warned by the result of this case not to operate on a second patient immediately after operating for appendicitis.

PRINCESS HENRY OF BATTENBERG has headed a subscription list which has been started with the object of raising the £18,000 necessary for extensive reconstruction works and additions to the Royal Isle of Wight Infirmary and the County Hospital.

THE North-Eastern Hospital for Children, Hackney Road, has received a donation of £100 from Lord Amherst of Hackney in reduction of the deficit of £1,100 carried forward from 1903.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX"

WEDNESDAY, JANUARY 6, 1904.

THE THEATRE FIRE AT CHICAGO.

ON December 30th, a tragedy of appalling character was enacted at the Iroquois Theatre in Chicago. During a performance of "Bluebeard," when the audience was composed mainly of women and children, a fire broke out on the stage, and the asbestos curtain could not be lowered. The house was in darkness and a blind panic ensued, in the course of which many hundreds of persons met with their deaths. The exact number is even yet not definitely known, but there is reason to believe that the death roll will reach a total of six or seven hundred. By an irony of fate the building is of the most modern fireproof construction, and we are forced to the conclusion that the terrible fatality was due not to the fire itself, but to its secondary effects of panic and suffocation. At present the cause of the catastrophe is undergoing rigorous investigation. The city coroner is holding an inquiry. A clear indication of the nature of some of the issues that will be raised may be gathered from the published list of points to which the attention of the jury will be specially directed. They are briefly: (1) Were the steel doors locked when the outbreak occurred? (2) Were those doors opened promptly by the attendants? (3) Why was it impossible to lower the asbestos curtain? (4) Why was no provision made to prevent the lights in the flies from igniting the curtains? (5) Why were the doors shut and the people urged to remain seated? There appear to have been ample exit doors which were not available to the panic-stricken audience, for what reason remains to be disclosed. It is clearly of no use to insist upon safeguards against fire if they are not systematically supervised and tested. An asbestos curtain that cannot be lowered is worse than no fireproof curtain at all, since it furnishes a feeling of false security. It has been stated that the obstacle to the descent of the curtain was the wire on which the "Queen of the Aerial Ballet" flew out over the heads of the

audience. From various statements it appears that fire escapes were defective, control of extra fire exits non-existent owing to the absence or confusion of a special attendant, and other avoidable sources of danger present. The lesson to the American people is indeed a terrible one, and it is to be hoped, as it is to be believed, that this fearful holocaust will bring increased safety to future generations of American sightseers. The calamity, moreover, conveys its lessons to the whole civilised world. Among great disasters of the kind may be mentioned one at St. Petersburg in 1836, with a loss of 800 lives; in 1845 at Canton, China, 1670 lives; in 1846, Quebec, 200 lives; in 1872, Tientsin, 800 lives; 1876, Brooklyn, 400 lives; in 1883, Moscow, 300 lives; in 1883, Bervitzchew, 325 lives; in 1897, Quanton, 230 lives, with many smaller losses. The United Kingdom has hitherto escaped without any greater disaster than that of Exeter in 1887, when 127 lives were lost; others are Covent Garden in 1808, 23 lives; the Cobourg in 1858, 16 lives; the Hebrew Club in 1887, 17 lives; and Gateshead in 1881, 24 lives. For all this comparative immunity we should hesitate to endorse the complacent attitude of the Press in various parts of the country. We have little hesitation in stating our opinion that many of the theatres in the United Kingdom would, in the event of fire, become veritable death-traps. Even in the Metropolis, where the fire supervision of the London County Council of theatres and music-halls has been vigorous, much remains to be done. There are theatres in London at the present moment that are so structurally defective as to constitute a standing menace to the safety of the public. Only recently has the whole burden of responsibility in this matter been shifted on to the shoulders of the County Council. The result of that change was the closing of several well-known theatres, because they were unable to face the outlay deemed necessary by the County Council to render them reasonably safe. The inevitable conclusion is that until within a year or two these theatres were a danger to the public. There can be no doubt that the terrible catastrophe at Chicago will greatly strengthen the hands of the County Council and of kindred licensing bodies all over the United Kingdom in their structural control of places of public amusement. It would be interesting to learn in how many of our own theatres and music-halls at the present moment fireproof curtains are prevented from descending by the fixing of wires for the flight of "aerial queens." Nothing can be done by official by-laws to regulate panic, but at the same time the way of escape must be kept clear of obstacles and every means of prevention provided that can be devised by the art of man.

SANITARY REFORMS.

The decision of the Court of Appeal, delivered on the 21st ult., in the case of the King (Rural District Council of Ballycastle) against the Irish Local Government Board, is, we fear, calculated seriously to interfere with sanitary reforms throughout the country. The importance of the issue at stake brought the case into the Court of Appeal, and now, after eighteen months' litigation, the principle for which the Irish Local Government Board fought has been condemned unanimously by judges whose names command respect, so that the decision may be accepted as the correct interpretation, on the question before them, of the Public Health Act. Our readers are familiar with the fact that there are many districts throughout the country in which sanitary reforms are required, and that one of the first steps in that direction is an abundant supply of good water. In many, if not the majority, of such districts the valuation of the property is so small that a tax sufficient to bear the expense of the introduction of a water supply cannot be imposed which the inhabitants could pay without undue hardship. Under such circumstances the Local Government Board have been in the habit of extending the area of taxation until a valuation was reached that could be taxed without levying a too heavy rate on the people! The Board claimed that they had the right to put the charge anywhere they liked, short of the entire district, and that they alone had the right to determine that question. It was considered necessary by the sanitary authorities and the Local Government Board inspectors that the village of Cashendall, of some 400 inhabitants, should be provided with waterworks, but the Ballycastle Rural Council refused to take the necessary steps to carry out the work. As a result the Board, considering the work necessary, issued a sealed order in September, 1902, to the effect that the entire rural district, with the exception of Rathlin Island and the town of Ballycastle, be taxed as a contributing area. The council contended that the Board had no power under the Local Government Act to put a rate to cover special sanitary expenses on a larger district than would be included in the contributory area under the Public Health Act, namely, the place in which and for whose benefit the scheme was adopted. They supported this contention by proving that when on a previous occasion the Board had made similar expenses Union-at-large charges, they subsequently got an Act of Parliament validating the orders, and that this showed that the Board were themselves conscious that they had, in making general orders of the nature now complained of, exceeded their jurisdiction. The Lord Chancellor gave it as his opinion that "He could not see that Section 2 of the Public Health Act of 1900, which enacted that the Local Government Board might, with the consent of the Rural District Council, determine that the whole district should be the area of charge, had much bearing on the question there, but it indicated that in the opinion of the Legislature the Board had not power under the Act of 1878 to make the whole area of charge." Lord Justice Fitzgibbon, in concurring, said it was "perfectly clear that the Local Government Board order was one of excessive jurisdiction." Thus rural sanitary progress in Ireland is practically arrested until fresh legislative powers are conferred on the Local Government Board, for it is hopeless to appeal to rural authorities to enforce

sanitary measures the value of which they have never realised.

THE DRAFT BILL FOR THE REGISTRATION OF NURSES.

THERE is only one way out of the confusion that prevails in the nursing profession, where good and bad, desirable and undesirable, trained and untrained persons are inextricably mixed up. That way is by State registration. The nurses, actuated by pressure from within and from without their ranks, have gradually established a definite system of qualification, namely, a three years' course of training at a recognised general hospital, and it is essential that women who have obtained a certificate of efficiency after this period of probation should be readily distinguished from those who have not. It is due to them in virtue of their attainments, it is due to medical men who employ them, and it is due still more to the public whom they seek to serve. It is beyond dispute that many incompetent persons, some attached to institutions and some acting on their own account, found their principal claim to the title of "nurse" on the possession of a cap and apron, and though there is doubtless a sphere of usefulness for such persons in attendance on old people and some chronic cases, it is most important that in acute cases, where delicate manipulations and skilled observations have to be made, the medical practitioner should be able to rely on obtaining a competent assistant. For these reasons the State registration of nurses commands our ready sympathy. Now, in order to attain this object the Society for the State Registration of Nurses have drafted a Bill which they have put forward for discussion, and we think we shall be rendering them service by offering some criticisms on points that strike us. The first of these is that the Bill has not been drawn up, as it should have been, by an expert Parliamentary draughtsman. Men who devote their time to work of this kind know all the tricks of the trade, and they know how to guard against loopholes being left by which the provisions of an Act may be rendered nugatory. Now, had this been done, we feel sure that some attempt would have been made to define the word "nurse." We have all of us had to accept the word as we found it, and to the medical and nursing world the name conveys a specific meaning. To the public, however, this is not so. A nurse is a person who lives in the nursery and looks after the children; the person who looks after them when they are ill is a "hospital-nurse." We do not propose that this term should be adopted, but we suggest that either the word "nurse" should be defined and its scope limited, or that the words "of the sick" should be added in brackets. Another difficulty arises from the Midwives Act creating a sub-order of sick-attendants, and it is necessary that nothing in the Act should give a nurse a colourable commission to act as a midwife. We notice that an attempt is made to introduce the term "registered nurse" later in the Act, and that it is proposed (by implication) that the initials R.N. should be used after the name. Can it have struck the framers of the Act that these initials are already sacred to the Senior Service? We think not, or they would have known that every Service member in the House would oppose it. We think that there is much to be said for two distinctive initials being used to designate the nurses on the Register, but R.N. will not do. The next point that we would deal with is the constitution of the Council. Let them take warning from the condition of the General Medical Council and be chary as to how far they secure representation for privileged bodies. Why should not the seats be filled by representatives of the people who pay for its support—the nurses themselves? We see no earthly reason for securing seats to three past or present hospital matrons appointed by the Matrons' Council of Great Britain and Ireland. This Matrons' Council is a new body, and in ten years' time may not exist, or may be merged into some other society. Let the right to seats be as free as possible to those whom the nurses think will best voice their own views. There are several verbal alterations that it would take too long to deal with, but we must draw attention to the power that it is proposed to give the Council to strike a nurse's name off the Register (why "Roll" in one place and "Register" in another?) for disobeying the regulations of the Council *or other misconduct*. The italics are our own. This power is far too wide, and as it is possible that it may be exercised by a Committee of three persons it would open the door to much that might be most undesirable in the way of personal bias. The misconduct should be specified. We wish the Bill well in its aims and general scope, but there must be considerable pruning and trimming before it would be safe or wise to allow it to appear on the Statute Book.

Notes on Current Topics.

Patent Medicine.

A LECTURE of considerable interest and importance to the medical profession was recently delivered by Dr. Robert Hutchison, at the London Hospital, on the prevalence of, and the abuses arising from, the use of so-called patent medicines by the public. This is a subject to which THE MEDICAL PRESS AND CIRCULAR has frequently directed attention. It is, to say the least of it, a scandal that the patent laws should be so twisted away from their original purpose that any fraudulent-minded individual is enabled to pose before the public as an inventor and to raise some combination of drugs—perhaps harmless, or perhaps the reverse—to a level with the invention of practical and of scientific minds in the eyes of the general public. The essential of a patent of any kind—we use the word in its correct sense—are, first, that it shall be original, and secondly, that such a description of it shall be placed on record that a person of sufficient intelligence can, as soon as the law permits him to do so, reconstruct from the description filed the particular article patented. For some extraordinary

reason, it is quite apparent that neither of these conditions need be fulfilled by the patentee of a so-called patent medicine. There is nothing to oblige him to show that his nostrum is original, and, far worse, there are no attempts made to compel him to file a full specification of its contents. That these obligations might at times be allowed to go by default in the interests of humanity is possibly very proper—if a case of such a kind could arise—but that such exemptions should be permitted in order to facilitate imposture, when they are denied to the *bonâ fide* inventor, does not seem to be either good or fair policy Its results are obvious to every practising physician and to every pharmaceutical chemist. A shoal of harpies pick out each one his particular nostrum, give it its fascinating title, pay the necessary fees, and launch it on the sea of commerce with the possession of a Government stamp, and the implied recommendation to many simple folk that it is thereby vouched for and guaranteed by Government. As Dr. Hutchison says, persistent and audacious advertising precedes and follows the advent of the compound with the object of creating in the minds of the public an exaggerated dread of disease and an illogical idea of the value of the vaunted remedy. Every right-minded man condemns journals and newspapers who publish, for the sake of gain, immoral and filthy advertisements; when will they also see that for Government to directly aid the sale of "patent medicines" for revenue purposes—as is at present done—is a very similar procedure?

Action for Malpraxis.

It is not generally known that the right of a patient or his representatives to an action for malpraxis against an unskilful physician has been recognised as far back as the days of Ancient Greece and Rome. Yet we find one of the first recorded cases occurring at Ephesus, when a certain physician named Glaucus was condemned to death by the cross because, having left a patient in order to go to the theatre, the patient imprudently partook of food during his absence, and died. In Rome there were stringent laws punishing carelessness or ignorance on the part of the physician, but they seem not to have been rigorously enforced, for we find Pliny complaining that to a doctor alone is it permitted to slay with impunity. According to ancient Germanic law, a physician before attending a patient had to guarantee an indemnity in case he was not successful. If he wounded a free man to his hurt while bleeding him he had to pay the sum of one hundred and fifty golden ducats, while, if the patient should die, the physician became the property of the family, who could deal with him as they thought fit. In French law from the Middle Ages down one finds various references to the liability of medical men, and there are many records of suits for malpraxis which show that in the main the doctrines held were the same as those now in force. In England under the Stuarts severe measures were often used against quacks and nostrum-dealers, and in the reign of James I. the magistrates of the City of London were ordered to hale all empirics before the Censors of the Royal College of Physicians for examination. A little earlier than this we find a certain Arthur Dee punished for advertising medicines to cure all diseases, and one Foster for selling a powder to cure chlorosis, while a person named Hunt was put in the pillory for putting bills in the streets for the cure of diseases. The proprietors of various "pink pills" and "safe cures" have reason to congratulate themselves that they did not live two or three hundred years ago, though the public of to-day have not the same reason to be grateful.

Bacteria and Cold.

It has long been held that exposure to prolonged cold is fatal to most pathogenic bacteria, and in particular to the typhoid bacillus. While it was known that a short exposure even to intense cold, such as that of liquid air, was insufficient to do more than inhibit their growth, yet many observations had gone to show that when bacteria were exposed for days or weeks to a temperature below freezing point, they died. In an exhaustive examination of the ice supply of Boston made some years ago by Drs. Sedgwick and Winslow this view was borne out, and these investigators came to the conclusion that ice more than three weeks old was sanitarily as safe as well filtered water. Some recent epidemics have, however, shown facts startlingly at variance with the accepted views, and of great importance to public health, particularly in America, where the consumption of ice is much greater than here. In the case of the St. Lawrence epidemic which occurred twelve months ago, the outbreak started with the consumption of ice from a certain ice-house where it had been stored for eight months. The water supply and food were above suspicion, and the ice was made the chief object of investigation. Very simple culture experiments were sufficient to establish the presence of both typhoid and colon bacilli, showing unquestionably the presence of sewage contamination. Further inquiry elicited the fact that at the time the ice was forming the previous winter there had been a few cases of typhoid in its vicinity. There seems no reason to doubt, then, that whether it be unsuual or not typhoid bacillus has the power of resisting low temperature for many months.

The Religion of Poor-law Nurses.

Poverty knows no religion, as it spares no rank. Among the host of human wreckage to be found within the shelter of the Poor-law of the United Kingdom are representatives of every kind of religious belief and unbelief. This diversity of forms of worship is so characteristic of the national character that it has become recognised on the Continent in the proverb that "The British are a nation of many religions and one sauce." The inevitabie in this respect has been hitherto wisely accepted by the Local Government Board in their Poor-law administration. Officials have been selected regardless of their religious beliefs, and opportunities provided for bringing services of various kinds as far as possible within the reach of the Poor-law population, whether administrative

or pauper. In the course of time, however, boards of guardians are apt to forget the traditions and principles that have guided their predecessors. That appears to have been the case at Eccleshall, where the question of religious tests has been raised in an acute form as regards the Poor-law nurses. It appears that the superintendent of nurses declined to obey the order of the guardians to attend divine service on Sunday morning. Her refusal was simply a matter of conscience, as she had on several occasions attended the service voluntarily. The guardians after some heated discussion referred the matter to the Local Government Board. It would be inconceivable that any answer could be returned from the central authority other than that any Poor-law official is entitled to decline attendance at a religious service not in accordance with his own views.

Poisoning by Methyl Alcohol.

WE have noticed in many medical journals recently, particularly in our American exchanges, a number of cases of poisoning reported as due to Jamaica ginger. In fact, this apparently harmless article of diet has come to be regarded with so much suspicion that we understand there are at present several law-suits pending in which damages are claimed against ginger manufacturers for alleged poisoning. In every case reported the symptoms followed on the drinking of a spirituous essence of the ginger, but were of varying severity. In mild cases there were no further symptoms than a certain amount of gastro-enteritis, while in more severe cases there was partial loss of sight and even complete and permanent blindness, and in very severe cases blindness was soon followed by coma and death. About the same time, however, as these cases of alleged ginger-poisoning were occurring, there were a number of other cases of poisoning reported with exactly similar symptoms. For them different substances were blamed, lemon extract, essence of peppermint, columbian spirits, bay rum, and finally methyl alcohol. Dr. R. H. Main, of Berry, Illinois, who reports a case of his own and collates the references, (*a*) has not much trouble in showing that in all probability the common feature in all the cases was the presence of methyl alcohol, which is often substituted for methyl alcohol in the preparation of culinary and medicinal essences. The only reason that it has not long ago been tabooed is apparently the fact that its effects are very varying in different individuals. "Suppose," quotes Dr. Main from Dr. Casey Wood, "six men consume equal quantities of any liquor containing, say, eight ounces of methyl alcohol, one of them will probably die within forty-eight hours of marked intestinal and cerebral symptoms; one other will be very ill, but recovering, will become totally blind in a few weeks, while the other four will suffer as from a drunken orgie with ordinary alcohol." Taken in the small quantities used in cooking, methyl alcohol is probably innocuous, but taken as it frequently is in the so-called "dry towns"—*i.e.*, in Prohibition districts, in quantities from a drachm to an ounce or more, its toxicity is, as the above description shows, very considerable and dangerous.

(*a*) *American Medicine*, September 5th, 1903.

The Dangers of Coke Fires.

IN these days of progress it is, indeed, quite the exception to find a main road within the Metropolitan area which is not in the hands of some contractor or other. Here it is the electrification of a tram route, and there it is the repair or adjustment of one of the many systems of pipes with which the great city is literally honeycombed only a few feet below the surface. The lot of the many workers engaged upon these tasks varies, of necessity, with the exigencies of the weather. Cold and other hardships are comparatively easy to endure as long as the body is engaged in active work. It is otherwise, however, with those whose duties are to guard the works at night. They cannot perambulate the field of labour the whole night long, and, therefore, some provision must be made for their shelter and warmth. At best, this usually consists of a three-sided wooden erection in which, sentinel-fashion, the lonely night-watchman sits before a coke fire, and, as long as the fumes are not blown into his box, he is fairly comfortable; but the wind does not always blow from the same quarter all through the night, and then the whole concern has to be moved with much labour. At other times the shelter is made up of a wall of bricks covered by a tarpaulin, which is often devoid of any means of ventilation, so that the interior quickly becomes fouled by fire- or tobacco-smoke and the emanations from sundry oil-lamps. The recent death of one of these men shows that a distinct danger exists in the present means of accommodation. The medical evidence at the inquest was that the deceased was overcome by the fumes from the stove, and falling forwards in an unconscious state, had been burned. It should not be impossible to provide movable "sentinel-boxes" so that they could be turned in accordance with the direction of the wind, for, not unfrequently, they are so placed as to render any change in position a physical impossibility.

The Function of Maternal Milk.

To the student of comparative anatomy few things are more interesting than the manner in which the needs of the young growing organism are provided for. We are so accustomed to regard milk as the natural food for the young of the higher animals, including man, that its true function and properties in this respect are apt to be forgotten. A valuable paper upon the subject has recently been read by Dr. H. Dwight Chapin at the Pediatric Section of the New York Academy of Medicine, in which the idea is expressed that maternal milk, in addition to nourishing the offspring, actually assists in the development of the infantile stomach. In reviewing the various forms of the alimentary canal from the standpoint of comparative anatomy, Dr. Chapin finds that in the kangaroo a considerable change takes place in the digestive tract during the period of suckling. The distinctive

composition of colostrum, as compared with the milk which is later secreted, is well known, and this fluid has been credited with possessing certain properties by which the immature gastric mucous membrane is prepared for the stronger material to follow. It is suggested that maternal milk contains proteids, the function of which is to provide nutriment capable of easy absorption at a time when the stomach is not in a condition to undertake proper digestion. As the infant's digestive organs become further developed, longer intervals between the feedings are rendered necessary. The mutual adaptation of the mother's milk and the secretions of the child's gastro-intestinal tract is also striking. From these observations, Dr. Chapin concludes that a rigid adherence to any particular rule for infant feeding will only be fraught with disaster. The whole state of the infant's digestive powers must be taken carefully into consideration, and something more than a haphazard mixing of milk with some diluent is required.

Diphtheria Antitoxin in Private Practice.

THE use of antitoxin in the treatment of diphtheria is at the present day so well established that there is no longer any need to adduce statistical evidence in its favour. Nevertheless, the mortality rate is still so high, if judged from official figures, that one must question whether mere statistics give at all a favourable enough opinion of its merits. The average practitioner, indeed, is rarely convinced of the utility of a certain method of treatment by a mathematical comparison of mortality rates, for he is a practical man, and he judges from his own experience, and from what his neighbours tell him of theirs. It is fortunate that this was his method of forming an opinion in the case of diptheria antitoxin, for if he had proceeded otherwise, he would not have been so likely to come to a correct decision. Judging from official figures supplied by various health authorities, the mortality rate in diphtheria is still somewhat over ten per cent. In America, different States and cities give returns varying from seven to fourteen per cent. In Germany the figure stands still higher, between sixteen and seventeen. In England a fair average would be about fifteen per cent. With a view of comparing these official rates with the results in private practice, Dr. Zahorsky, of St. Louis, has just made inquiries (*a*) from twelve of the leading physicians in that city, whose practice lies chiefly among children. Among 1,610 cases of diphtheria attended by these gentlemen during the past five years, there have only been 24 deaths, giving a mortality percentage of 1·5. This contrasts so markedly with the total returns we have quoted that one cannot help questioning whether the antitoxin treatment is as widely adopted as we are wont to believe, and as it unquestionably deserves. Granting that the St. Louis physicians have an advantage over the average practitioner in that their practice lies probably among the better classes, and that therefore they see patients earlier in the disease, nevertheless the difference of results is still too large to be easily explained. The success of these twelve gentlemen, however, is very encouraging, and it should be the aim of every practitioner to assimilate his figures to theirs.

(*a*) *Medical News*, December 5th, 1903.

An Epidemic of Pseudo-Rabies.

WHAT at first sight appears to be a terrible outbreak of rabies has taken place at Madrid, there being no less than twenty persons reported to be suffering from hydrophobia. Among the number is a man who was bitten by his son, who had himself contracted the disease from the bite of a schoolfellow. No mention is made of one or several mad dogs, and on investigation of the circumstances it becomes evident that although the alleged outbreak owed its origin to one or two possibly genuine cases of hydrophobia, the other cases are in all probability of the nature of imitative hysteria or "hydrophobia by suggestion," especially in view of the benignity of the affection. It used to be believed—indeed, the belief is still very generally entertained by the non-medical—that fear may *per se* engender hydrophobia, and instances have been placed on record in which this pseudo-hydrophobia actually proved fatal. It is obvious that the supervention of grave symptoms in such cases must be due to complications, as, for instance, to meningitis or other acute cerebral disease. Morbid scare is very epidemic in its incidence, and in presence of a hydrophobic scare many persons of unstable nervous equilibrium forthwith develop symptoms which pass muster for hydrophobia just as every rise of temperature and every malaise is ascribed to influenza when that disease happens to occupy the minds of men. Now hydrophobia is usually considered to be so inevitably fatal a disease, once it admits of diagnosis, that the fact of recovery belies the diagnosis. The mental excitement and physical depression which, in certain subjects, follow the bite of a dog are eminently calculated to fan into activity any latent meningeal or cerebral weakness. At the same time, an error of diagnosis ought not to be possible in regard to the merely hysterical phenomena.

More Light.

TENNYSON'S infant crying for the light would have had his appetite surfeited had he lived in these days, for rays and radiating substances succeed one another with bewildering rapidity. The people who have so pertinaciously clung to belief in thought-transference must be greatly comforted when they read every six months of some new and unsuspected emanations from things organic and inorganic. The day of their justification seems to be at hand. The latest thing in rays again comes from France, M. Blondlot, of the University of Nancy, having discovered them proceeding from the human muscles and nerves. In compliment to the town that provides him with his chair he has called them the N-rays, and he finds that they can pass through black-paper, aluminium, and several other substances. If this discovery is confirmed by other

physicists and physiologists, a very extensive field will be opened up for further research, for an entirely new method of studying the action of the nervous system in health and disease will be available. "Functional" nervous diseases have been equally the puzzle and bane of physicians almost since medicine recognised a nervous system as existing, and one can have little doubt but that these are due to minute molecular changes in the neuron. If the N-rays given off by the nerves are found to throw any light on these conditions, one can only hope that M. Blondlot will receive the Nobel Prize next year, as Finsen and the Curies have this, for he will have helped to remove one of the greatest disabilities under which the science of medicine at present works.

A Pioneer Association.

THE twelfth annual meeting of the Liverpool Ladies' Sanitary Association reminds one that the excellent example set in the Northern city has not yet been followed by ladies elsewhere as it might have been. The objects of the association are to encourage and develop sanitary work, to rouse public interest in the necessity for preventing disease, and to raise the moral tone of the population by improving their surroundings. For these purposes the services of the ladies of the town are enlisted and organised, and the value of the unofficial aid thus rendered to the cause of public health cannot well be over-estimated. Apathy among the people themselves is almost a greater drag on sanitary progress than misdirected zeal, and an association of this kind combats both these social difficulties. The association trains health-lecturers and children's nurses, and itself delivers a number of free lectures on questions of health. The Chairman of the association is a clergyman and thus the co-operation of religion with sanitary reform is secured, to the great advantage of both. It is to organisations of this character that one must look, far more than to Acts of Parliament and by-laws of local authorities, to diffuse knowledge among, and gain the adherence of, the people themselves, who, after all, are the ones to be reached. Combinations of the ladies of all towns and large districts modelled on the lines of the Liverpool Ladies' Sanitary Association could work wonders in the slums and alleys, for does not the hand that rocks the cradle rule the world? The only objection to the association is its name. "Sanitary" always suggests "drains," and drains are objects of popular contempt and derision. Could not some more sympathetic title be devised?

The Plumbers' Company and Registration.

THE question of the registration of plumbers is fast assuming a position of importance in practical politics. It is one that concerns the public health in no small degree, inasmuch as a great deal of the sanitary comfort and safety of the citizen lies in the hands of the plumber who controls his water supply, his drains, and many details of his internal domestic architecture. The influential Plumbers' Company—an ancient London body—have for many years past worked steadily with a view of obtaining from Government compulsory powers of registration of all plumbers. During the past year they have presented a petition to Parliament in favour of the proposed registration signed by 3,500 master and operative plumbers. The wish to obtain good work from known and responsible workmen is laudable enough, but there are other things to be considered in the interests of the public. There is the question, for instance, whether the establishment of a combined monopoly controlled by the Plumbers' Company would not raise prices of plumbing work unduly. Then the reflection arises: why should not carpenters and cabinet-makers and a number of other skilled workmen be controlled in a similar manner? In short, the registration proposals of the Plumbers' Company involve issues of such general and special importance that we propose at an early date to discuss them somewhat fully.

Cures—Ancient and Modern.

THAT the appetite of the public for marvellous "cures" grows with feeding may be assumed from the unceasing supply of novelties of the kind that are "boomed" in the daily newspapers. One day we are assured tht a maniac suffering from violent dementia was "cured" after an hour's isolation in a blue room, and another grew peaceful after a day in a violet room. To restore reason to the degenerate brain of a "dement" is a task left to the omnipotent journalist, for it has long ago been abandoned as hopeless by the medical profession. An amusing instance of re-discovery of an old form of treatment has recently gone the rounds of the Press in the shape of the "hot water cure" for typhoid fever. A leading journal gravely writes that it is one of the latest "cures," and that it has recently been tried at the London Hospital. The reduction of febrile temperatures by the continuous bath has been before the profession for the last half-century or more. At one time the method was extensively used in the treatment of typhoid and scarlet fevers, and of hyperpyrexia generally. To the modern journalist nothing is sacred. He seems, however, to be deriving a good deal more "copy" from the hospitals than he is entitled to in the ordinary course of his occupation. The hospital authorities would do well to keep a tighter hand on the information conveyed to journalists.

A Case of Hellebore Poisoning.

A GOOD deal of scientific interest is attached to the case of an old army pensioner named Davis at Sackville College, East Grinstead. An inquest was held on December 22nd last by Mr. G. V. Benson, the East Sussex coroner, and resulted in a verdict of accidental death through poisoning by hellebore. Deceased was suffering from pains in the stomach and went to his room with the intention of taking some liquorice powder. Half an hour later—at seven in the evening—he returned saying he had taken hellebore in mistake for liquorice powder. He then went to a chemist, whose shop he reached about 7.30. He was advised

to go to a doctor, and walked away looking " as if nothing were the matter with him." Shortly afterwards he was found in a helpless condition in the road and taken home, where, after violent pain and convulsion, he died at a quarter past eight. Unfortunately medical aid was not available. In October last deceased bought the hellebore at a local chemist's for the purpose of making an ointment to allay an irritation of the skin. The hellebore, liquorice powder, and some Epsom salts were kept together in a tin. Black hellebore or Christmas rose is used by horticulturists as a vermifuge and insect killer. Although so deadly a poison it is not on the schedule, and the chemist who sold the drug acted in a praiseworthy manner in entering the sale in his poison book. His wisdom in selling the hellebore, however, may be called in question, as well as the casual way in which the old man was referred to a doctor on stating his mistake. Poisoning by hellebore is extremely rare, so that the data of the above case will be of value to toxicologists.

The Contagiousness of Alopecia Areata.

MANY disputes have arisen concerning the origin of that form of baldness known as alopecia areata, or the area Celsi. Though no actual specific micro-organism has been discovered in connection with the disease, yet there are many who firmly believe that it is a bacterial affection, and, now and then, cases are brought forward which seem to uphold the theory. Others, on the contrary, maintain that the cause lies in the nervous system, and that the fall of hair is due to trophic influences acting through the peripheral nerves. It is well known that a sudden and severe mental emotion may produce this form of alopecia with great rapidity, such as could not very well be supposed to result from the action of a germ. M. L. Jacquet, one of the champions of the trophic theory, not so very long ago traced the development of the disease to carious teeth, believing that the irritation thus set up produced a sort of reflex alopecia. The same observer has recently recorded (*a*) the results of one hundred separate attempts to inoculate the disease upon healthy scalps. The subjects experimented upon included five of his pupils at the Hôpital Saint-Antoine and himself, upon whom M. Sabouraud personally conducted the inoculation. The material derived from scraping the margins of the bald patches was inserted by means of a hollow needle directly into the hair-follicles of the normal scalps. In the case of M. Jacquet, he purposely abstained from all toilet of the scalp for forty-eight hours, in order to give the supposed parasite full chance of finding a suitable nidus for its growth. All the experiments were entirely negative. Though not, of course, absolutely conclusive evidence against the theory of contagion, these facts cannot be said to support it very strongly.

THE strong human note struck by Mr. Luke Fildes in his well-known painting of " The Doctor " renders that work of especial interest to the medical profession. The sale of engravings of the picture has been enormous, with the inevitable result that the English market has been swamped by a flood of copies " made in Germany." We have been asked to warn our readers against this unfair substitution. The effectual safeguard against any such fraudulent practice is to bear in mind that the genuine copyright engraving of Mr. Fildes' picture is published by Messrs. Thos. Agnew and Sons, of 39B, Old Bond Street, London, W.

(*a*) *La Presse Medicale*, December 12th, 1903.

PERSONAL.

MR. JOSEPH T. FRY has made a Christmas gift of £1,000 to the Bristol General Hospital.

EARL HOWE, as Chairman of the Birmingham Triennial Musical Festival, was able to hand over nearly £1,000 to the General Hospital of the town mentioned as the profits of the recent festival.

DR. CHANTEMESSE has been appointed Inspector-General of Sanitation in Paris, in succession to the late Professor Proust. Dr. Chantemesse, it need hardly be added, is a bacteriologist of note, who has made a special study of cholera and typhoid fever.

A SERIES of handsome presentations were made recently at the Velingwm County School to Dr. Glanville Morris, Medical Officer of the Maerdy Collieries District, by admiring friends and patients.

AT the next meeting of the Incorporated Society of Medical Officers of Health, to be held in London on Friday, January 8th, Dr. J. Spottiswoode Cameron will open a discussion on Sophistication of Foods.

HIS MAJESTY THE KING has graciously appointed to the Fourth Class of the Royal Victorian Order Mr. Harold Boulton, honorary treasurer of the Queen Victoria's Jubilee Institute for Nurses.

Special Correspondence.

[FROM OUR OWN CORRESPONDENT.]

BELFAST.

EQUIPMENT OF QUEEN'S COLLEGE.—A strongly-worded memorial has been sent to the Chief Secretary for Ireland by the Council of the Belfast Natural History and Philosophical Society, calling the attention of the Government to the urgent need of increasing the provision for scientific teaching and research in Queen's College, Belfast. They state their belief that the need of Belfast is greater than ever, and may be dealt with quite apart from the long-delayed settling of the general university question.

THE CONSUMPTION QUESTION.—At the monthly meeting of the Belfast Corporation on the 1st inst., a report was presented by the Medical Superintendent Officer of Health on the prevalence and proper treatment of consumption in the city. From 1893 to 1902 the deaths from consumption varied from 977 to 1,132 in the year, on the whole showing a tendency to decrease in proportion to the population, and being about one-seventh of the total number of deaths each year. The estimates of the total number of consumptives in the city at any one time vary from 2,000 to 4,000. The report goes on to recommend the provision of open-air shelters in the neighbourhood of the city for mild cases, and a sanatorium for more advanced cases. This latter, if built of brick, to accommodate 100 patients, would cost £25,000 to £30,000 to erect, and to maintain would cost £50 to £60 per bed per annum. Wooden buildings, however, could be erected in blocks,

each capable of holding twenty patients, at a cost of £1,000 each block, and the cost of such a sanatorium for 100 patients, with administrative block complete, would be about £8,000. The necessity for great care in the choice of a site is dwelt upon. Compulsory notification of cases is advocated. Since last May the Belfast Dispensary officers have voluntarily and gratuitously notified cases, 143 in all, and in every instance the house where the patient lived was visited by one of the female sanitary inspectors and advice and instruction given. The report will be considered in detail at a future meeting of the Corporation in committee.

HEALTH OF BELFAST.—The health of the city seems to have been remarkably good during the past year, the death-rate for 1903 being only 19·8 per 1,000, the lowest on record. From typhoid the death-rate was 3·8 per 1,000, the lowest since 1888, when it was 3·3. In 1898 it rose to 18·8. From zymotic diseases the death-rate was 2·2 per 1,000, the lowest for sixteen years, with the exception of 1900, when it was 2·1. Typhoid shows a marked decrease last month, but whooping-cough and scarlatina are both very prevalent. In the last four weeks there were notified 75 cases of scarlatina, 48 typhoid, 48 erysipelas, 23 diphtheria, 20 simple continued fever, 9 small-pox, 5 membranous croup, 4 puerperal fever, and 3 typhus.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

VIVISECTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—When I wrote to you the letter you were good enough to publish December 9th on Vivisection, the question of interest seemed to me to be to ascertain what evidence could be given by any of your readers of their own personal experience in vivisection as a source of useful practical knowledge. Most of us who take any interest in medical education, and in the value of vivisection, know pretty well what the great men of the past learnt from it. We do not want any references to this kind of evidence, one way or the other. We want an answer to the simple question, "What have you learnt from vivisection, you yourself, from your own experiments first, and from what you have seen others do next?"

We know too well how sentiment is often an antagonist to research and progress, whether it be religious sentiment or dread of pain, or any other of those peculiarities in the nature of human beings which we cannot dislike or despise, and which we must often admire and respect. Cruelty is a low, mean, despicable trait in a man's or woman's character, and we are justified in observing how we give it liberty to do harm.

I see no such trait in the character of the great physiologists and anatomists of the past; such men as William Harvey, the Hunters, and later Pasteur, Charcot, and some who have done much in the study of disease. Personally, I dislike and distrust vivisection as a method of research. The dissecting room and the post-mortem room have always appeared to me to be the most certain and satisfactory fields for laying the best foundation for good practical knowledge. To watch the capillaries of a frog's foot or a fish's tail is not cruel, or need not be, and it is certainly interesting, and if the anti-vivisectionists only ask for care that there is no pain or cruelty inflicted, we cannot think them wrong. But to go back to the question of interest, I have not found vivisection reliable, and I will give an instance of this. Many years ago when I had the direction of the post-mortem room and the teaching of pathology in one of our hospitals, my friend, the lecturer on physiology, brought into my room a rabbit that he had been lecturing on, to show how the division of the sympathetic on the left side affected the temperature of the ear, the condition of the left iris, and other peculiarities related in works on physiology. I thought the kindest thing to do was to have the poor creature killed, and I put it aside after proper cleaning in pure alcohol to dissect it. I was rather amused to find that so far as the sympathetic ganglion, which lies deep in the neck close to the pneumogastric and phrenic, was concerned, it had not been reached by the section made by my friend, and not even approached, and consequently I was rather led to think that there was not much reliance to be placed upon that kind of physiology, or upon those who believed in it.

It seems to me that if we disturb in the slightest degree the natural, harmonious, and most complicated relations of the parts of a living creature by even the slightest injury or influence, we cannot be certain of what we observe, particularly when the work we are doing is outside the simplest physical science. It was with interest that I tried to find out what Charcot learnt from vivisection compared with pathology. Disease has always seemed to me to be of infinitely greater value to physiology than any but pathologists can realise. When the lecturer on physiology at any of our schools is not a good pathologist and good anatomist, in my opinion he cannot be a good teacher of physiology.

Let us not misdirect the studies of our students, considering how short a time they have to learn what they ought during student life, from the practical, useful, and absolutely necessary knowledge they should acquire to fit them for the work they are preparing for.

I am, Sir, yours truly,
ROBERT LEE.

[The fallacy of non-division of the sympathetic ganglion in the experiment, assuming division to have been the intention of the experimenter, and further, that the objective signs mentioned were present, surely furnished data for revising former recorded experiments—and in that way justified the experiment, provided always that the fallacy came to the experimenter's knowledge.—ED.]

"CURES" FOR CONSUMPTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The editorial paragraph on the above-named subject in your issue of to-day, December 30th, serves to remind us that we have never had any final report from Colonel le Poer Trench, with regard to the investigation into the nature of the "Lacnanthes Cure," of which two or three years ago he made himself champion. In the interest of science, of the public, and perhaps as a contribution to the history of popular medical errors and delusions, it is important the story of this "cure" should be fully told; whilst in justice to the medical profession, against whom, as a body, wild charges of persecution for selfish ends were made by advocates of the "cure," it is desirable these charges should be substantiated or withdrawn.

I am, Sir, yours truly,
H. S.

December 30th, 1903.

[Our correspondent has drawn attention to a point of importance. The subject should not be permitted to lapse into the No-man's Land of the unknown and the uninvestigated, which already forms the abiding place of too many "curers" of grave and incurable disease.—ED.]

"A NEW TREATMENT FOR BOILS."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The idea of injecting one or more litres of oxygen gas subcutaneously for the cure of boils and carbuncles related by your French correspondent in THE MEDICAL PRESS AND CIRCULAR for December 16th is only an extension of the "oxygen treatment," and open to the same general objections of inconvenience and expense.

I have had considerable experience of the treatment of boils, in myself and others, and I can certify that if the boil be treated at the onset by removing the

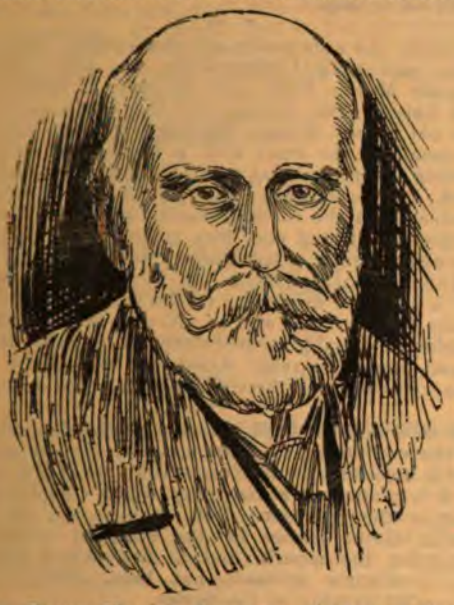
apex with the point of a scalpel, squeezing out the minute quantity of pus therein contained, and then cauterising the interior of the small cavity with pure carbolic acid, that boil will never go any further. I have never seen this treatment fail, and I have applied it in many dozens of instances.

I have remarked, however, that if the application of the acid be delayed until the boil has attained the dimensions, say, of a cherry, its success is less certain. Some practitioners evince a dislike to opening these troublesome formations, but from personal experience—acquired prior to my adopting the abortive method—I can testify to the comfort which free incisions, followed by free curetting of the sloughing tissues and the free application of the pure acid, affords. I convinced myself, moreover, that by such means the duration of the boil, whatever its dimensions, is materially curtailed. The method is so simple and so certain that I am surprised it is not more generally adopted.

I am, Sir, yours truly,

Mustapha-Supérieur, Algiers. ALFRED S. GUBB, M.D.

PRESENTATION TO A PERTHSHIRE SURGEON.



DR. DAVID HALKET STIRLING, of Perth, who has recently celebrated his jubilee as a member of the medical profession, was entertained by the Perthshire Branch of the British Medical Association and presented with his portrait, a striking likeness, painted by Mr. C. Sellar, R.S.W. A photograph of the picture has been prepared by Mr. Mercer—of the Raeburn Studio, Princes Street—for the subscribers, and will be acceptable to Dr. Stirling's many friends. The movement has been confined entirely to the medical profession. By the courtesy of the *Dundee Advertiser* we are enabled to produce the sketch of the presentation picture. Dr. Stirling graduated as M.D. of the University of Edinburgh. During a long and distinguished career he has filled numerous honourable positions both in a professional and in a civil capacity. The honour and affection testified to so cordially by his medical brethren are faithfully reflected by an unusually wide circle of friends and acquaintances in the world that is outside his purely professional life.

Obituary.

DR. CHARLES F. MOORE.

WE deeply regret to announce the death of one of the oldest, if not the oldest, practising member of the medical profession in Ireland. Charles F. Moore entered the medical profession in Dublin through the medium of the Apothecaries' Hall, in 1843. In 1844 he became a Licentiate of the Royal College of Surgeons and an M.D. of Glasgow University, and in 1865 he passed the necessary examinations for the Fellowship of the Royal College of Surgeons in Ireland. Dr. Moore has thus been a member of the medical profession for some sixty and odd years, and in spite of his age a fortnight ago was still discharging his duties as certifying factory surgeon for the Dublin district. The late Dr. Moore's life was a busy one. Early in his career he served as ship's surgeon, and for several years was a senior surgeon in the Peninsular and Oriental Steam Packet Compay's service. After he had given up a sea life, he settled in Dublin, where for many years he held the post of medical officer of health to the No. 3 South City Dispensary. In addition, he was a visiting physician to Cork Street Fever Hospital, medical inspector of seamen for the Port of Dublin, and certifying factory surgeon for the Irish Metropolitan District. Dr. Moore devoted much attention from the outstart of his career to sanitary science, and contributed several articles to the medical journals on subjects relating to the public health. During his time at sea he acquired much information regarding tropical epidemic diseases, and this knowledge materially assisted him in discharging his duties in Dublin in connection with the inspection of seamen, and widened his opinions on the importance of preventive medicines. Dr. Moore always took a keen interest in the work of the Public Health Section of the Royal Academy of Medicine in Ireland, of which section he was at one time President, and in the work of the Sanitary Association and the Society for the Prevention of Tuberculosis. In his private life Dr. Moore won the regard and affection of all with whom he came in contact, and many will learn with sorrow that he has passed away to join the numerous colleagues and friends whom he had seen precede him.

LIEUT.-COLONEL EDWARD RUSSELL CREE, R.A.M.C.

WITH regret we announce the death of Lieut.-Colonel Edward Russell Cree, R.A.M.C., on December 29th, of heart failure, at Wokingham. The son of the late Edward Hodges Cree, Inspector-General of Hospitals and Fleets, R.N., he joined the Army as a surgeon in 1880, becoming surgeon-major twelve years later, and lieutenant-colonel in 1900. Lieut.-Colonel Cree served in the Soudan campaign in 1885, and was present in the engagements at Hasheen and the Tofrek Zariba, and at the destruction of Temai, receiving the medal with two clasps and the Khedive's Star. In the South African War he again saw service in 1899 and 1900, and took part in the relief of Ladysmith, being mentioned in despatches. Lieut.-Colonel Cree was 45 years of age.

DR. ROBERT JAMES BLAIR-CUNYNGHAME.

By the death of Dr. Robert James Blair-Cunynghame, of Crouan, Perthshire, who died last week at Rothesay Place, Edinburgh, a prominent Scotchman has been lost to the profession. He was born in 1841, and was educated at the University of Edinburgh, and in London, Berlin, Prague, and Vienna. He took the M.D. degree at Edinburgh in 1862, when he was Gold Medallist in Forensic Medicine; was admitted a Fellow of the Royal College of Surgeons, Edinburgh, in 1866, and a member of the Royal College of Physicians, Edinburgh, in 1877. He was President of the Royal College of Surgeons, Edinburgh, in 1892, while he had also been President of the Royal Medical Society of Edinburgh, of which he was a member. Dr. Blair-Cunynghame was also a Fellow of the Royal Society of Edinburgh, and a member of several learned Societies in the Scottish capital.

Mount Vernon Hospital for Consumption.

DR. ARTHUR NEWSHOLME will deliver the Inaugural Address in connection with the Post-Graduate Lectures and Demonstrations at the Mount Vernon Hospital for Consumption and Diseases of the Chest, 7 Fitzroy Square, W., to-morrow (Thursday), at 5 p.m. The subject will be "Public Preventive Measures against Tuberculosis in Relation to the Medical Practitioner."

Literary Notes and Gossip.

THE *Sketch* in its current number has an illustrated article on New York's floating hospital for "slum" children, "Number One."

* * *

THE *Builder* for December has an interesting leader on "The Sanatorium Question," in which our point is emphasised that "as sanatoria are being built all over England, it is essential that the greatest care should be exercised in planning them on the most economical and effective lines."

* * *

WE are informed that both his Majesty the King and his Royal Highness the Duke of Connaught have been graciously pleased to accept copies of Captain St. Leger's "War Sketches in Colour," just published by Messrs. Adam and Charles Black.

* * *

THE list of medical men who have tried their hands at novel-writing is now of considerable length. The latest recruit is Major Greenwood, M.D., LL.B., who is announced as having a novel in hand. His book "The Law Relating to the Poor-law Medical Service" is now being advertised in the medical press. Messrs. Bailliere, Tindall and Cox are the publishers of it.

* * *

A VERY interesting historical MS. catalogue has been presented to the Library of Owens College by Mr. J. Joseph Jordan. It is the catalogue of the anatomical preparations in the museum of the Mount Street School of Medicine belonging to Joseph Jordan. Many of the specimens were mounted by his nephew, James Stephens. The number of specimens carefully described and catalogued is over 1,000. It is evident that even in the early days of medical studies in Manchester the Mount Street School was exceptionally well provided with museum specimens. Many of these are now in the Anatomical Museum of Owens College.

* * *

DR. ERNEST GRAHAM LITTLE'S article on "Health Resorts of South Africa" and Mr. Creswicke's "South Africa and its Future" are both peculiarly opportune at the present moment, and may be consulted by medical men with advantage.

* * *

THE forthcoming number of the *British Journal of Inebriety*, edited by Dr. T. N. Kelynack, the hon. secretary of the Society for the Study of Inebriety, will contain *in extenso* Professor G. Sims Woodhead's Lees and Raper Memorial Lecture on "Recent Researches on the Action of Alcohol in Health and Sickness."

* * *

THE *Ophthalmoscope* is one of the new special medical journals, of which this country now possesses a fair number, although by no means so well provided as Germany, the United States, and other foreign countries. Under the able editorship of Mr. Sydney Stephenson, the well known ophthalmic surgeon, the newcomer promises to become a veteran, at any rate, if careful editing can ensure success. A special feature of the *Ophthalmoscope* is the "Notes and Echoes," which give a delightful summary of current events of interest in the ophthalmic world. They are evidently written *currente calamo* by a pen of literary merit, although here and there we note a sign of haste. That drawback, however, seems inseparable from almost all forms of journalism nowadays.

* * *

THE two following paragraphs are culled from the *Ophthalmoscope*:—The limitations of modern surgery are well illustrated by the position of affairs with regard to so common and so disastrous a malady as trachoma. In spite of the enormous amount of painstaking research that has been bestowed upon that disease of recent years, it can hardly be said that we are any nearer the ultimate pathology of that particular morbid process than we were a generation ago. The main advances have been in prevention, and perhaps the greatest stride ahead is the striking and interesting fact that "granular lids" can be cured by exposure to focus-tubes—*alias* X-ray treatment—and to a "high frequency" brush discharge.

* * *

HERE in the United Kingdom the virtue of the scientific investigator is for the most part his sole reward. They manage that sort of thing better abroad—at least, so we gather from a recent official announcement by the Hungarian Minister of the Interior, of a prize of 100,000 marks for the best essay upon the pathology and treatment of trachoma. To be successful essays must show a tangible advance along one of the two indicated lines. The prize may be divided. Essays, which may be in any language, must be sent in by the end of 1904. A step of this kind might well be imitated by His Majesty's Government. Let us say, under the patronage of King Edward VII., half a dozen prizes of £2,000 each were offered for the best essays on scarlatina, comparative tuberculosis, trachoma, malignant tumour, rheumatism, and measles, would there not be a field of possibilities opened up of untold value to our fellow-countrymen of the present and of future generations, not to mention mankind at large?

* * *

AMONG the note-books and diaries that come round each year with Christmastide we may especially mention Messrs. Scott and Bowne's as being a neat and handy little volume for the waistcoat pocket. Our old friends, Messrs. Burroughs and Wellcome, are as usual to the front with a thoroughly up-to-date visiting list for general practice, and an appointment book for consultants. The amount of information condensed in the literary matter of these volumes is simply astonishing and does credit to the compilers. *Knowledge* sends a handsome crown octavo "Diary and Scientific Handbook for 1904." It contains a blank sheet for every day in the year, with the usual tables for accounts, and so on, and is prefaced by a number of valuable scientific articles. It is handsomely bound, and admirably fitted for the library table. It is well worth the three shillings at which it is sold.

* * *

A NEW and seemingly valuable prophylactic addition to the equipment of a fireman has been introduced and is illustrated in the current number of *The Tatler*. It is a protective water spray which completely envelopes the operator. With nippers on his nose, special smoke glasses for the eyes, an oxygen bag supplying the mouth, and a surrounding spray of water effective advance has been made towards successful fighting of the flames.

* * *

THE *Illustrated London News* in its last issue furnishes amusing illustrations of Dr. Lauterwasser's method of dealing with consumption by burying patients in shallow "graves," and sleeping out of doors on the grass. Even the "hut system" is to be superseded. The craze for novelty in the treatment of tuberculosis seems to justify any extravagance.

* * *

"PROPOSED Sterilisation of Certain Mental and Physical Degenerates" is the title of a work by Dr. R. R. Rentoul, which is being published by the Walter Scott Publishing Co., Newcastle and London.

* * *

A VALUABLE study of the so-called "plague" which devastated the metropolis in the seventeenth century appears in Sir Walter Besant's posthumous work, "London in the Time of the Stuarts," which Messrs. Adam and Charles Black have just issued.

The New Course of Post-Graduate Lectures.

THE new course of Post-Graduate lectures of the Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W., will be opened by an address by Dr. Arthur Newsholme, on "Public Preventive Measures against Tuberculosis in Relation to the Medical Practitioner." The meeting is open to all interested in the subject, and the lecture and demonstrations are free to all medical practitioners and students of medicine.

Laboratory Notes.

"TABLOID" HYDRARGYRI PERCHLORIDI GR. 1-32, ET POTASSII IODIDI, GR. 2½.

MESSRS. BURROUGHS AND WELLCOME have added to their list of "tabloids" one that will be found especially convenient. As everyone knows, in cases requiring treatment by mercury perchloride and potassium iodide, it is usually necessary to continue the administration of the combination with regularity for some time. "Tabloid" Hydrarg. Perchlor. gr. 1-32 et Potassii Iodidi, gr. 2½ has therefore been introduced to provide a trustworthy means of carrying out the treatment when small doses are required. When larger doses are necessary, "Tabloid" Hydrarg. Perchlor. gr. 1-16 et Potassii Iodidi, gr. 5, which has been issued for some time past, may be prescribed.

FRY'S COCOA AND MILK.

THIS preparation by J. S. Fry and Sons, Bristol, is a highly nutritious compound of cocoa and sweetened milk, and forms a very convenient and concentrated food. It is free from the least trace of rancidity and after it had been kept open for a considerable time in the laboratory, we found that it had not undergone any decomposition whatever.

On analysis we have obtained the following results:

Moisture, 22.0;
Mineral matter, 2.0;
Albuminoids, 10.0;
Fat, 12.0;
Sugar, by difference, 54.0.

A careful search for poisonous metals proved their entire absence.

From these results it is plain that this preparation is a highly concentrated food of great value, which keeps well even when the tin has been open for a considerable length of time.

Medical News.

The New Appointments at Dr. Steevens' Hospital.

THE Board of Dr. Steevens' Hospital met on December 22nd, to fill the posts of visiting physician, gynæcologist, and house surgeon. The physiciancy was vacant owing to the regretted resignation of Dr. Henry C. Tweedy, due to ill-health. Dr. Tweedy had been connected with the hospital for many years, and his resignation was deeply regretted. The gynæcologistship was vacant by the election of Dr. Hastings Tweedy to the Mastership of the Rotunda Hospital, an appointment to which we have already referred in these columns. The election resulted in the appointment of Dr. T. P. C. Kirkpatrick, Assistant Physician to the post of physician; and of Dr. Henry Jellett, a former assistant master of the Rotunda Hospital, to the post of gynæcologist; and of Dr. Blackley to the post of house surgeon. At the same meeting Mr. R. L. Swan, F.R.C.S. was co-opted a Governor of the Hospital.

Epileptic Colony.

THE Asylums Committee of the London County Council recently reported that the epileptic colony on the Horton Estate, Epsom, provided accommodation for 266 male and 58 female patients. They had transferred from the other asylums all the male epileptics who were suitable cases for the colony and had a few vacancies remaining. These they proposed to use for the reception of private male patients, their experience in regard to the private accommodation elsewhere having convinced them that a moderate charge was much appreciated by a class of people who were unable to pay the high charges of private institutions. The rates to be charged would be 18s. 1d. and 21s. a week.

Death under Ether.

A MANCHESTER soldier, Francis Taylor, of Pollard Street, Ancoats, has died while under the influence of an anæsthetic, administered for the purpose of an operation. When he arrived home on furlough recently he was suffering from a swelling in the neck, apparently caused by a bad tooth. On the 17th inst. a doctor was called in, who found Taylor in a serious condition. It was necessary to do something at once, and ether was administered. At first the deceased man took the ether badly, but soon afterwards he quietened down. It was then thought advisable to draw a tooth, but before the instrument could be got into his mouth his breathing suddenly stopped. The Coroner's jury agreed that death was due to misadventure.

Memorial to the late Dr. John Manley.

ON December 18th a marble bust of the late Dr. John Manley, formerly medical officer for the borough of West Bromwich, and chairman of the Free Library Committee, which has been placed in the central reading room, High Street, as a permanent memorial of the services rendered to the town by him, was unveiled in the presence of a numerous company by Alderman H. Hartland, who, on behalf of the subscribers, handed it over to Councillor A. G. Furley (Mayor). Underneath the bust is the following inscription: "John Manley, Esq., J.P., member of the Free Library Committee from 1875 to 1902, and chairman of the above 1891 to 1902; 17 years medical officer of health for West Bromwich. A tribute of admiration and respect from a number of his personal friends. Born 1827, died January, 1902." The cost of the bust, which is the work of Mr. Hopkins, of West Bromwich School of Art, has been defrayed by subscriptions.

London School of Tropical Medicine.

OF the students of the above school who presented themselves for the examination at the end of the October-December, 1903, Session, the following have passed:—Dr. A. E. Horn (Colonial Service), Dr. A. H. Barclay (Foreign Office), Major Wilson, (R.A.M.C.), M.B., &c., Dr. W. J. Radford (Foreign Office), passed with distinction; Dr. D. Cowin (Colonial Service), Dr. J. E. Mitchell, Dr. S. G. Ranaday, Dr. C. H. Allan (Colonial Service), Dr. J. T. Cartaya, Dr. F. A. Baldwin (Colonial Service), Dr. T. F. G. Mayer (Colonial Service), Dr. F. C. Sutherland, and Dr. Guy Ruata.

More Small-pox in London.

IT was reported to the Public Health Committee of the Stepney Borough Council last Friday, that three cases of small-pox had broken out in Mile End since Christmas Day. Every precaution was being taken to prevent the spread of the disease. Mile End being so notoriously anti-vaccinationist a district, the occurrence there of small-pox is of more than ordinary significance.

Medical Sickness and Accident Society.

THE usual monthly meeting of the Medical Sickness, Annuity and Life Assurance Society was held at 429, Strand, W.C., on December 18th. There were present Dr. de Havilland Hall (in the chair), Dr. St. Clair B. Shadwell, Mr. J. Brindley James, Dr. Fredk. S. Palmer, Dr. M. Greenwood, Dr. J. W. Hunt, Mr. H. P. Symonds, Mr. F. S. Edwards, Dr. F. J. Allan, Dr. W. Knowsley Sibley, and Dr. J. B. Ball. The accounts for the eleven months, ending in November last, show tnat the Society had in that period secured more new members than in the previous twelve months, and it seems clear from the steady increase in the number of applicants for membership that the advantages which the Society offers to members of the profession are becoming more widely known. The amount paid away in Sickness claims is less than in the corresponding period of last year, and there is every reason to hope that the result of the quinquennial valuation of the Society's business, now in progress, will show that an ample margin exists after providing for all liabilities. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial* and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

APPRECIATION.

A Subscriber at Sheffield in remitting his annual subscription this week writes:—"I always enjoy reading your journal in my brougham; it is not too big nor overloaded with a lot of theoretical rubbish. I greatly appreciate its crisp style."

A Glasgow correspondent writes by same post:—"I like your journal so much that I introduced it to my friend Dr.——, who said he would like to become a subscriber."

Such messages of appreciation are greatly esteemed and help to lubricate the wheels of medical journalism, preventing them from clogging.

N. T. B, Y.—Our correspondent is thanked for his suggestion, which shall be acted upon.

EXCELSIOR.—From inquiries which we have made into the matter, our answer must be in the negative.

WESTERN.—Yes.

SANATORIUMS OR SANATORIA.

MUCH difference of opinion exists as to the proper plural of the word sanatorium, some preferring a frankly English plural—sanatoriums—others voting for sanatoria. Since the word is of Latin extraction it may not be without interest to know that the secretary of the French Academy, the great authority in the matter of orthography, has decided in favour of the former, he having discovered a number of French words terminating in 'um' which form their plural by the addition of an 's.' Possibly this decision may assist us in deciding which form to adopt.

F.R.C.S.EDIN., writes:—"Can any one of your readers give me some information as to the prospects of starting general practice in Western Australia? Where could I find a description of the climate, and other details of the Colony?"

EMOLUMENT.

A Board-School girl, asked to define the term emolument, described it as "A soothing medicine"—nor, *pace*, the professor of materia medica, was she very wide of the mark.

W. B. R.—The so-called "acrodynic erythema," a term applied to the patchy red spots you describe on your patient's palms and soles is now usually ascribed to a toxic action on the ocrd. It is difficult to name any satisfactory therapeutic plan of treatment, but there are two modern methods, namely, hot-air baths and "high frequency" electrical currents, which certainly would be worthy of trial. Drugs have little influence upon the condition.

Dr. WALLWOOD.—No "characteristic organism of cancer" has yet been isolated. The bacteriology of cancer, so far, has proved negative

DR. AMRIK SINGH (Lafurwal) is thanked for his communication, which is reserved for future reference.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JANUARY 6TH

OBSTETRICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. R. H. Bell and Mr. J. D. Malcolm. Short Communications—Dr. V. Bonney—Pyometra in One Half of a Septate Uterus.—Dr. A. W. W. Lea—Abscess of the Uterus. Paper—Dr. H. R. Spencer—Fibro-myoma of the Intra-abdominal Portion of the Round Ligament of the Uterus.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. P. J. Freyer—Clinique. (Surgical.)

THURSDAY, JANUARY 7TH.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson. Clinique. (Surgical.)

FRIDAY, JANUARY 8TH.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9 Adelphi Terrace, Strand, W.C.).—7.30 p.m. Council Meeting. Paper—Dr. J. Spottiswoode-Cameron—The Sophistication of Foods.

CLINICAL SOCIETY OF LONDON (20 Hanover Square, W.). -8.30 p.m Papers—Sir Dyce Duckworth and Prof. H. Marsh—A Case of Pneumococcal Peritonitis—Dr. F. Taylor—A Case of Pneumococcal Peritonitis.—Dr. S. Phillips—A Case of Fibroid Disease of the Pancreas with Calculi, accompanied by Jaundice and subsequently by Diabetes, Laparotomy, Relief of Symptoms, Death.

ROYAL ACADEMY OF MEDICINE IN IRELAND. Section of Obstetrics. Papers—Dr. Purefoy—Report of the Rotunda Hospital for the year 1902-03. Drs. Jellett and Earl—Sarcoma of the Vagina with notes on a case. Exhibits by card.—Dr. W. J. Smyly—Papillomatous ovaries.—The President 1. Pyo-salpinx (four specimens). 2. Large Intra-ligamentous Fibro-myoma. 3. Interesting Ovarian Cysts.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. A. Lawson—Clinique. (Eye.)

THURSDAY, JANUARY 14th.

At 20]Hanover Square, W., at 8 p.m. A paper will be read by Dr. Mendes de Leon, on "A hitherto not sufficiently recognised source of infection during operations." The President will deliver his Valedictory Address.

Appointments.

BUSH, JAMES PAUL, M.R.C.S., L.S.A., C.M.Glasg., Medical Officer to the Bristol Post-Office.

CORFIELD, CHARLES, L.R.C.P.Lond., M.R.C.S., Medical Officer to the Bristol Dispensary.

FOLKER, H. H., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Hanley District of the county of Stafford.

GILFORD, SIDNEY, M.B., Ch.B.Edin., House Surgeon to the Paddington Green Children's Hospital.

HOLLAND, EARDLEY, M.R.C.S., L.R.C.P.Lond., House Physician to the Paddington Green Children's Hospital.

HOUSEMAN, EDWARD A., B.A., M.B., B.C.Cantab., Medical Officer to the East Indian Railway.

ISHERWOOD, F., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Certifying Surgeon under the Factory Act for the Cockermouth District of the county of Cumberland.

LAMPORT, ETHEL FRANCES, M.D.Brux., L.S.A., Public Vaccinator for the Isle of Dogs district of Poplar.

MCNABB, H. HORSMAN, M.D.Vict., Assistant Honorary Surgeon to the Manchester Royal Eye Hospital.

MOORE, LEONARD A., L.R.C.P.Lond., M.R.C.S., Medical Officer to the Bristol Dispensary.

STANLEY, JOHN DOUGLAS, M.D.Edin., M.R.C.P.Lond., Honorary Physician to the Birmingham Children's Hospital.

THOMPSON, WILLIAM FOOKES M.D., C.M.Edin., Medical Officer for the Northpetherwin District by the Launceston (Cornwall) Board of Guardians.

TURNER, H. N., M.B., B.S.Glasg., Certifying Surgeon under the Factory Act for the Castle Bytham District of the county of Lincoln.

WADE, HENRY, M.B., F.R.C.S.Edin., Conservator of the Museum of the Royal College of Surgeons, Edinburgh.

WALKER, J. D., M.B., M.S.Aberd., Certifying Surgeon under the Factory Act for the Shaftesbury District of the county of Dorset.

WILLIAMS, S. R., M.R.C.S., L.R.C.P., Clinical Assistant at the Chelsea Hospital for Women.

Vacancies.

Ancoats Hospital, Manchester.—Resident House Surgeon. Salary £100 per annum, with board, residence, &c. Applications to Saml. Baron, Secretary.

City of London Lying-in Hospital, City Road, E.C.—Surgeon-Accoucheur. Salary £100 per annum. Applications to R. A. Owthwaite, Secretary.

Department of Medicine, Yorkshire College, Leeds.—Junior Demonstrator of Pathology. Salary £120 per annum. Applications to the Registrar.

Metropolitan Asylums Board.—Male Assistant Medical Officer. Salary £150 per annum, with rations, lodgings, attendance, and washing. Applications to the office of the Board, Embankment, E.C.

Royal Victoria Hospital, Bournemouth.—House Surgeon. Salary £110 per annum, with board and lodging. Applications to the Chairman of Committee.

St. Mary's Hospital Medical School, Paddington, W.—Demonstrator of Physiology. Salary £150 per annum. Applications to H. A. Caley, M.D., F.R.C.P., Dean.

Staffordshire General Infirmary, Stafford.—Assistant House Surgeon. Salary £50 per annum, with board, lodging, and washing. Applications to the House Surgeon.

Tiverton, Devonshire, Infirmary and Dispensary.—House Surgeon and Dispenser. Salary £80 per annum, and all found. Applications to Arthur Fisher, Hon. Secretary.

Wolverhampton Eye Infirmary.—House Surgeon. Salary £70 per annum, with rooms, board, and washing. Applications to the Secretary.

Births.

EDMONDS.—On Dec. 28th, at Manor House, Inverleith Avenue, Streatham, S.W., the wife of C. J. Ernest Edmonds, L.R.C.P.Lond., M.R.C.S.Eng., of a daughter.

HARNEIS.—On Dec. 31st, at 186 Amhurst Road, the wife of T. W. Morcom Harneis, M.R.C.S., L.R.C.P., of a son.

JELLETT.—On Jan. 3rd, at 61 Lower Mount Street, Dublin, the wife of Henry Jellett, M.D., of a daughter.

Deaths.

BARTELS.—On Dec. 21st, at West Kensington, of acute bronchitis, Dr. Bartels, formerly of Cambridge and Clapham, aged 83.

ELLIOTT.—On Dec. 23rd, at 115 Ladbroke Grove, W., Mary Christian Elliott, widow of the late Captain John Bardoe Bowes Elliott, J.P., and daughter of the late Dr. James Corbet, J.P., aged 69.

HUNTER.—On Dec. 28th, at 146 Lavender Hill, Frederick Hunter, M.R.C.S., L.R.C.P., &c., the loving and beloved husband of Caroline Ida Hunter.

SUGDEN.—On Dec. 30th, at Buckfastleigh S. Devon, D'Arcy Sugden, M.R.C.S Eng., L.R.C.P.Lond., third son of the late William Sugden, of Bath.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, JANUARY 13, 1904. No. 2.

Original Communications.

THE HYGIENIC TREATMENT OF CONSUMPTION. (a)

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A RATIONAL conduct of the hygienic treatment of consumption must be based on a sound knowledge of the pathology of the affection and wide experience of its most varied symptomatology.

There seems a danger, at least in some quarters, of assuming that in the so-called "open-air" method we have discovered a "specific" treatment of consumption which, irrespective of accurate information regarding its pathology or satisfactory interpretation of clinical manifestations, may nevertheless secure arrest of the disease and perfect restoration to health.

It is most necessary that every effort should be made to prevent discredit being brought upon a system which offers the best-known means of satisfactorily coping with pulmonary tuberculosis.

The two chief principles underlying the hygienic management of consumptives are :—

1. The removal of the patient from the sphere of action of the causal influences of the disease.

2. The establishment of such conditions as will allow of the development of reparative processes and the evolution of the highest powers of resistance.

And to this end experience and experiment have abundantly testified that the following factors are of great importance :—1. A continuous open-air life under natural conditions. 2. Free exposure to sunlight. 3. Carefully regulated rest. 4. Graduated exercise. 5. Abundant dietary. 6. Strict compliance with all hygienic requirements. 7. Constant medical supervision.

THE EVOLUTION OF TUBERCULOSIS.

Before passing to consider the various ways in which the hygienic treatment of consumption is being carried on, particularly in this country at the present time, it may be desirable to consider for a moment the conditions which have led to the invasion of the human by the tubercle bacillus.

It would be as useless to romance as to the manner in which the first primitive man fell a victim to the attacking microbe as to attempt an explanation of the origin of this human parasite, but from a study of such glimpses of the life of prehistoric man as have been revealed by much patient and painstaking research we may at all events gain some idea of the slow development of environmental influences and the evolution of actual tissue conditions which have rendered man peculiarly prone to tuberculous invasion. It seems very probable that among civilised people under conditions such, for instance, as exist in this country and America that half the community have or have had some form of tuberculosis. (a)

Post-mortem investigations certainly clearly show that something like 30 per cent. of individuals present evidences of having been the subjects of a tuberculous infection. (b)

Primitive people, as far as can be ascertained, when living a free and nomadic life show but little susceptibility to tuberculosis. Wild animals rarely suffer. And even certain animals which are experimentally susceptible to tuberculosis only exceptionally contract it spontaneously.

On the other hand, natives subjected to so-called influences of civilisation are peculiarly prone to develop phthisis, and oftentimes show but feeble powers of resistance to a tuberculous invasion.

Domesticated animals, as is well known, manifest marked susceptibility. Captive monkeys are frequently affected, and the disease is widespread among cattle and fowl, and is met with also in pigs, dogs, cats, horses and sometimes sheep.

Primitive man, as far as we can ascertain, enjoyed with the free living animals a high degree of resistance to tuberculosis.

There is reason to believe that at least in most European countries the progress of Western civilisation has been accompanied until recent times by an increase in consumption. It is well to remember that the Greeks and Romans and Arabs practised the hygienic life to a greater extent than is possible for most of us at the present time, for they both by day and night were probably exposed to a more abundant supply of fresh air than is now possible in our country with its crowded cities and densely populated districts.

It is neither possible nor desirable to return to the habits and customs of primitive man, but it is at least reasonable to inquire if in the process of civilisation we have not departed from desirable, natural, and health-maintaining procedures.

Primitive man was no doubt much of a vagabond, but he was at all events mainly engaged in pursuits necessitating an open-air existence. He was freely exposed to the beneficial influences of sunlight and other natural forces. His exercise and rest were directed and governed chiefly by the exigencies of creative needs. He had to work for his food. It is certain he did not allow his sanitary requirements to be arranged by an unknown medical officer of health, neither did he consult his physician on the desirability of fashioning his life in accordance with hygienic principles.

I do not wish to be misunderstood. I do not advocate a return to barbarism, but we must all recognise, I think, in studying such a disease as consumption, the necessity of availing ourselves of the light which the teaching of evolution is capable of affording.

To sum up, therefore, we may say—Most healthy individuals possess vigorous powers of resistance to tuberculosis. The maintenance of a high standard of personal hygiene affords the best security

(a) Portion of a Lecture delivered in connection with the Post-Graduate Lectures in the Central Out-Patient Department of Mount Vernon Hospital, Fitzroy Square, London.

(a) Consult "Tuberculosis." By Norman Bridge, A.M., M.D. London, &c., 1903.

(b) Ransome, A., "Bodily Conditions Resisting Phthisis." *Medical Chronicle*, April, 1903.

against infection. The protective agencies of the body are manifold, but their efficiency can only be secured by systematic compliance with natural law. We do not, of course, deny the immense importance of an inherited or acquired susceptibility, but probably we are not going too far in suggesting that the perfectly healthy individual enjoys an almost absolute immunity to tuberculosis.

DETAILS OF SANATORIUM TREATMENT.

It is now generally admitted that the hygienic treatment of pulmonary tuberculosis can be most effectively carried out in a specially designed and definitely conducted institution. Hence the term "hygienic treatment" may well be replaced by the title of "sanatorium management," but unfortunately it is necessary to say the latter does not always altogether include the former.

I have recently visited a number of excellent sanatoria, and have been much struck by the wide differences in methods and procedures. Considerable divergence in practice exists, and great variation in the conduct of all important details is everywhere conspicuous. No doubt at a time when much in regard to so-called sanatorium treatment is in an experimental stage, a certain variety in practice is not only permissible, but even desirable, but it is of the greatest importance that in this very special line of medical work an open mind should be maintained, and a strict scientific spirit upheld, and all faddist and quackish narrowing of outlook avoided.

Almost of necessity most physicians engaged in sanatorium practice are more or less isolated, and to a great extent deprived of contact with medical centres. It seems to be most desirable that public sanatoria, at least, should not be left to the sole care and discretion of resident officers, but should always be furnished with a visiting staff. At the present time, when sanatoria are springing up all over the country, it would be well if some means could be found whereby greater co-operation and combination in scientific work, and comparison of clinical procedures and results, could be secured. A study of the reports of the various British sanatoria will furnish abundant evidence of the need for some such combine. (*a*)

In the carrying out of an effectual hygienic treatment of consumption among the poor, I believe some such comprehensive scheme as we are endeavouring to provide in the case of Mount Vernon Hospital is absolutely necessary.

1. A central out-patient department for the selection of suitable cases for admission to the hospital and sanatorium, the treatment of patients who cannot obtain admission to any suitable institution, and the periodical inspection of those who, having undergone sanatorium treatment, have returned home or recommenced work.

2. A hospital maintained on sanatorium lines, near the city, where acute cases may be readily admitted, and doubtful ones watched and thoroughly investigated.

3. A country sanatorium, where carefully selected cases may, under strict medical control, careful nursing, and perfect hygienic conditions, be directed to a practical recovery.

It is also very necessary that a suitable home for incurable cases should be included in such a scheme. For children, a special institution, preferably by the sea-side, is desirable. And for many consumptives it must be remembered that return to town life means almost inevitably reinfection or recrudescence of the slumbering disease. For such, a hygienically conducted colony seems the only solution.

In some cities it is possible to render real benefit by providing a home officer who visits bedridden cases and patients who, because of weakness or other disability, are unable to attend the out-patient department. By such service much suffering is relieved and friends can be educated regarding the best means of preventing the propagation of the disease. It is much to be desired that a larger number of nurses, especially those whose duty brings them into contact with the poor, should be trained in the details of the hygienic treatment of consumption.

It is not my purpose to dwell on the most important matter of the selection of cases for hygienic treatment, although the utter insufficiency of sanatorium accommodation for the poor in this country at the present time makes this subject one of pressing importance. I have discussed it elsewhere. (*a*)

Time will not allow me to dwell at length on the various factors in the hygienic treatment as now conducted in the best sanatoria. I can only touch on some of the more conspicuous features.

THE OPEN-AIR LIFE.

Free access to fresh air and sunlight forms the most essential factor. Such can be best attained by securing an out-of-door life. Generally speaking, climate is mainly of importance in so far as it allows of an unrestrained life in the open. Dr. R. W. Philip, as far back as 1898, (*b*) contended that phthisis may be treated with approximately equal success, or want of success, in all climates, according as the larger indications for treatment are fulfilled or overlooked.

Experience has fully justified his statement that, "It is a comforting doctrine, and economically reassuring, that the tuberculous patient of whatever country or race can be suitably treated not far from his own home."

The various reputed climatic factors have been much discussed. (*c*) Doubtless several are of considerable moment, but concisely summarised they are all mainly of importance in so far as they encourage the patient to live the open-air life.

REST AND EXERCISE.

The consideration of arrangements for rest and exercise must not be separated, as is so often the case. The right apportioning forms one of the most difficult and responsible of the duties of a medical man directing the hygienic treatment of a consumptive.

We are all acquainted with Hilton's wonderful classic on "The Therapeutic Influence of Rest, and the Diagnostic Value of Pain," and although much of its application is directed to surgical work, the principles there laid down are almost equally serviceable in the practice of medicine, and have particular bearing on the management of consumptives. Almost every case of pulmonary tuberculosis, at least until carefully studied in all its bearings, should be submitted to rest. It is a general rule, and I think a very good one in most institutions, to keep the patient altogether in bed for the first few days. Rest is not only valuable as a means of conserving energy, but also because it is capable of exercising a beneficial psychological action. Absolute rest in the recumbent position is of the utmost importance for all acute cases, for it gives the greatest possible measure of immobility to the thoracic wall over the affected portions of the lungs. Abundant sleep, it must be remembered, is one of the most natural means of securing perfect rest to mind and body.

But while local and general rest play an important part in securing the establishment of reparative processes, and when wisely directed go far to restore mental force and bodily vigour, I am convinced that judiciously selected and wisely applied exercise stands in the very forefront of natural agencies which may assist greatly in conducting many consumptives back to healthy life.

All exercise should only be undertaken under strict medical direction. Much harm is undoubtedly done by the unregulated wandering of patients in an early stage of the disease. The uncontrolled exercise indulged in by many incipient cases sent to convalescent homes not infrequently seriously aggravates the condition. The temperature is a valuable guide in con-

(*a*) See Series of Special Articles on "British Sanatoria for Consumption," THE MEDICAL PRESS AND CIRCULAR, July 8th 1903, *et. seq.*

(*a*) Kelynack, T. N., "Open-Air Treatment in Great Britain: a Survey and a Criticism."—*Hospital*, April 25th, 1903.

(*b*) Philip, R. W., "On the Universal Applicability of the Open-Air Treatment of Pulmonary Tuberculosis."—*Brit. Med. Journ.*, July 23rd, 1898.

(*c*) Among recent works consult "Handbook of Climatology," by Dr. Julius Hann. English translation by Robert De Courcy Ward. New York: 1903; and "The Geography of Disease," by Frank G. Clemow. Cambridge: 1903.

sidering the qualitative and quantitative features of exercise.

Probably the safest, surest, and most scientific form of exercise for the convalescing consumptive is regulated walking.

The length, speed, and character of the walk must be carefully graduated by the physician, who must make a thorough individual study of each case. By carefully graduated walks much may be accomplished in the way of thoracic expansion.

Various forms of respiratory exercises have been advocated, but much judgment is necessary to avoid undesirable or actually prejudicial results unless the exercises be always conducted under medical supervision.

HYDROTHERAPEUTIC MEASURES.

Most jaded and weary workers have experienced the bracing and revivifying effects of a cold dip or tepid bath.

I need not stay to remind you of the physiological action of hydrotherapeutic measures on the cardio-vascular apparatus and cutaneous functions.

But what is undoubtedly one of the most useful hygienic measures in health should not be discarded in such a pathological state as pulmonary tuberculosis. Of course, the form of bathing must be made to fit the case.

In some of the newer sanatoria elaborate arrangements have been made for various forms of spray and douche baths.

I believe a judicious application of hydrotherapeutic measures is likely to prove of much benefit in the management of phthisical cases.

Electric baths are useful mainly for their general tonic action.

DIETARY.

Wide differences of opinion still exist in regard to the number of the meals, character of the food, and manner of its preparation and presentation, best suited to the needs of the consumptive.

In this country forced feeding is fortunately not carried out in such drastic fashion as has been tolerated abroad. It is, however, necessary that the diet should be abundant and highly nutritious.

In some sanatoria in this country the medical officer personally superintends the distribution of all food. The food given is in some institutions carefully weighed and all partaken of charted.

It must be remembered that mere increase in weight alone is not necessarily a favourable indication.

In not a few instances where rapid addition to the bodily weight is made, it is speedily lost on the patient leaving the sanatorium.

Much of the difficulty of adequately dealing with many of the cases which attend as out-patients arises from the fact that they are insufficiently or improperly fed.

In some towns and cities the plan followed by the Edinburgh Victoria Hospital might well be adopted. "Visitant" patients are admitted as "day boarders," and enjoy the *régime*, dietary, and other benefits of the institution throughout the day, returning home to sleep. Some such arrangement might go far to minimise the suffering now resulting from the enormous pressure on some sanatoria, where cases have frequently to wait for five or six months before admission is possible.

THE INSUFFICIENCY OF SANATORIA FOR THE CONSUMPTIVE.

Much difficulty is now being experienced in providing means for the application of efficient hygienic measures in the treatment of the consumptive poor. It has been recently estimated by Dr. Shirley Murphy that in the administrative County of London over 7,500 persons die from phthisis annually; and Dr. Alfred Hillier has calculated that the hospital and infirmary expenditure for consumptive patients in London alone probably exceeds £100,000 a year.

The common but pernicious system which prevails of requiring an introduction by a subscriber's letter is little short of inhuman and altogether unscientific.

The insufficiency of sanatoria makes it necessary to keep patients seeking aid and yet requiring immediate attention waiting for five months or more, which means that valuable time and strength are lost just at that period when the greatest assistance might be rendered.

The case of the indigent consumptive was probably never more pitiable. High hopes for relief are being raised only too frequently to be quenched by the unfortunate condition of circumstances which might and should be altered.

It is not for me to enter now into a discussion on this very wide and difficult question of ways and means for the adequate provision of hygienic necessities for the treatment of the consumptive poor. It is, however, becoming abundantly clear that collective public action must be taken, for only by securing efficient treatment of the indigent consumptive can we hope to secure means for protecting all sorts and conditions of men and women from joining the ranks of the tuberculous sufferers.

The revelation of the gospel of hygiene has pointed out a way whereby many of the ills to which it was supposed flesh was heir may be escaped; and medical science has now conclusively shown that such hygienic measures may also furnish means for the arrest of disease, and, at least for the consumptive, a means of relief has been secured in what we are now accustomed to term sanatorium treatment. It only remains for us to apply our knowledge in accordance with the principles of scientific medicine and the dictates of a sound common sense.

NOTES ON A CASE OF PERFORATION IN TYPHOID FEVER.

By HENRY C. DRURY, M.D., F.R.C.P.I.,

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AND

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Surgeon to the Meath Hospital and Co. Dublin Infirmary; Surgeon to Cork Street Fever Hospital, &c.

J. H., æt. 21, was admitted to Cork Street Fever Hospital on August 4th, 1903. He was an ambulatory case of typhoid fever, and, in consequence, we were unable to find out how long he had been ill, but from his own account we considered it was about his twelfth day of fever. In reality he had probably been ill three weeks or more.

He appeared to be quite a mild case, and when seen the morning after admission presented absolutely no bad symptom. Though a thin, spare subject his aspect was good. The abdomen was flat, the tongue moist and not very dirty. There were a few rhonchi in the lungs, the heart was sound, the bowels moving moderately, and the appearance of the motions satisfactory. His temperature was moderate, varying between 101·2° and 101·8° morning to evening; the pulse quiet, between 84 and 96. There was, therefore, no cause for alarm in his condition. However, the next morning—the second after admission—at 7.45 a.m., he complained of a severe pain in the abdomen. Dr. Sandes, one of the assistant resident medical officers of the hospital, saw him; the pulse was then quiet. I must acknowledge the splendid way in which Dr. Sandes looked after and managed the case throughout, for as the resident medical officer was away for his holidays, Dr. Sandes had the entire responsibility. At 9 o'clock, pain continuing and increasing, he was given ¼ gr. morphia hypodermically; the pulse was still quiet—under 100. At about 12 o'clock, when I saw him, it had risen to 120; he had a drawn, anxious look, the abdomen was full and slightly distended; it was very tender on pressure, tympanitic, but liver dulness present. It was apparent that perforation had taken place, and Mr. Wm. Taylor, the surgeon to the hospital, was asked to

intervene. By the time Mr. Taylor could be got, and was able to be at the hospital, it was 3.30 o'clock. Everything being in readiness, the operation was commenced, seven and a half hours after the occurrence of perforation, but by this time the patient's condition had greatly changed for the worse, and the pulse-rate had risen to 150 or over.

MR. TAYLOR'S ACCOUNT OF THE OPERATION.

When seen by me at 3.30 p.m. the condition was most unpromising. The pulse was 150 to the minute; small, thready and irregular. The facies was typical of a peritoneal catastrophe. The respirations were over fifty a minute. The abdomen was distended, motionless, rigid and tender all over. Though his condition was most unfavourable for operation, I considered myself morally bound to give him whatever chance surgery offered. The skin of the abdomen was quickly cleansed and the abdomen freely opened, under light ether anæsthesia, through the right rectus muscle. The intestines were allowed to prolapse into warm towels. The perforation, which was a small one, was easily found about fifteen to twenty inches from the ilio-cæcal junction. The opening was closed by enfolding it with a purse-string suture, over which a continuous Lembert suture of fine silk was placed. A second ulcer which seemed just about to perforate, some twelve or fourteen inches higher up, was also enfolded with a purse-string suture. While I was dealing with the intestine, my assistant, Dr. Sandes, was washing out the abdominal cavity with warm saline solution. Having then got the intestines free of the septic fibrin with which they were covered, and the general peritoneal cavity as thoroughly cleaned as the condition of the patient permitted, the intestines were returned, and the edges of the wound approximated by through-and-through sutures of silkworm-gut. Several pints of warm saline solution were left in the abdominal cavity. The operation from start to finish occupied about twenty-one minutes, and the patient was returned to bed with a pulse of much the same rate as before we started.

DR. DRURY'S ACCOUNT CONTINUED.

Subsequently, great interest attaches to the struggle to keep the patient alive, and the very highest credit is due to Dr Sandes and the nurses, by whose unremitting attention, day and night, success in this endeavour was attained. The measures used were nutrient enemata, saline enemata, hypodermic injections of morphia, strychnine and digitalin. The heart, which was flickering at the rate of 150, was thus kept going, and by the fourth day after the operation it had gradually strengthened in force and diminished in frequency to 100.

Owing to his enfeebled and febrile condition, together with the effect of the ether administered for anæsthesia, the lungs became greatly filled up with bronchitic fluid, and there were moist *râles* all over the chest. It was therefore necessary, in spite of the operation, to keep him constantly moved from one side to the other. His fever still continued at high range, but his general condition steadily though gradually improved. The lungs slowly cleared, the heart became stronger and less frequent in action, and at the end of a week after the operation the temperature reached and remained at normal—*i.e.*, nine days after admission, or seven days after operation.

On the removal of the stitches from the abdominal wound, which had apparently closed all right, it was found there was an abscess in the deeper parts of the incision, due, no doubt, to its infection by the fæcal material which had escaped from the perforated bowel. The whole wound then suppurated and sloughed. By Dr. Sandes' constant attention this was got into a healthy condition and brought together without having infected the general peritoneal cavity. This suppuration was accompanied by a mild fever of hectic type, which came on about a week after the enteric fever had ended, and which lasted for another week. In spite of this, he convalesced steadily, but lest this fever should have any connection with his enteric, we were careful not to take any liberties with his diet, so it was not till this fever had ended—and fifteen days after what we considered as the enteric fever was over—that he was given some solid food in the shape of bread crumb. This agreed well, and very cautiously other additions were made, but nothing stronger than a lightly boiled egg had been given up to the beginning of September. It will be remembered he was admitted on August 4th.

On the evening of September 2nd, twenty-eight days after operation, he complained of pain in the abdomen. Nothing abnormal could be found except some tenderness all over the retracted abdomen. The pulse and temperature remained unchanged, and the bowels had moved twice naturally; there was slight emesis with retching, and the breathing was costal.

The next day pain was still complained of, but nothing fresh was made out, except that the abdomen was slightly fuller, and the bowels had not moved.

On the third day the abdomen was decidedly fuller, there was still dull continuous pain. One drachm of castor oil produced a very small motion, but there was no other relief.

On the fourth day there was still pain, the patient again looked wretchedly ill; the abdomen was manifestly distended. Up to this the pulse and temperature had remained normal, but now, though the temperature still remained normal, the pulse had risen to 116. The bowels had not moved. Mr. Taylor was again asked to see him, and while present an enema was given which was returned unchanged. He at once resolved to open the abdomen again, and endeavour to undo the cause of obstruction.

FURTHER NOTES BY MR. TAYLOR.

Second operation, 4½ weeks after suturing perforations.—When seen by me he presented all the appearance of acute intestinal obstruction. He was then vomiting, and complained of severe spasms of pain; the expression was anxious, the abdomen generally distended, and constipation was then absolute. An enema produced no effect. The abdomen was again opened, when the intestines were found extensively matted to each other and to the abdominal wall. With considerable difficulty, on account of the density of the adhesions, a separation was effected. The obstruction was evidently due to sharp angulation, the result of adhesions, as no distinct band was found producing constriction at any point. Two very distended coils were evacuated of their contents, and the abdominal wound again closed. The time occupied was about forty minutes. Unfortunately the poor fellow never rallied, and sank about ten or twelve hours later.

This most unfortunate result is much to be deplored, for the operation Mr. Taylor performed during the course of the fever was really successful; it prolonged the patient's life for four and a half weeks, and having been undertaken during the course of the fever, such a result is rare.

The post-mortem showed that the obstruction was in no sense due to the sutures in the gut. These completely closed the perforation, and there was no leakage. In fact, the only evidence we could get of the site of perforation was the presence of the silk sutures. Healing over the two sutured areas was perfect. Where precisely the obstruction occurred could not be seen, as the adhesions had been broken down at the second operation. But inside the bowel a most instructive and one of the most important observations from a physician's point of view was made, namely, that there were numerous large ulcers still present—in the processs of healing, it is true, but not by any means healed. They were variable in size, some large and surrounded by a raised margin. A very few appeared to have healed, but the majority were still open. That is, we found open, healing ulcers, more than three weeks after the enteric temperature had reached the normal level; and the appearance of these ulcers was such as to lead us to conclude that it would have required at least another week or fortnight to complete their repair. In other words, the ulcers would not have healed till four or five weeks had elapsed from the termination of the fever.

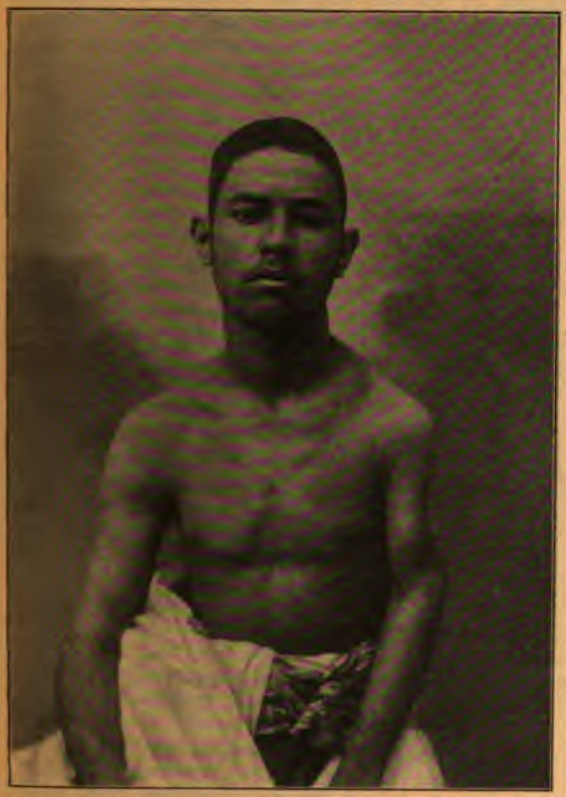
AN UNUSUAL CASE OF
PSEUDARTHROSIS

Under the care of PROFESSOR RAY, M.D.,
Surgeon to the Civil Hospital, Algiers; Professor of Medicine in the University of Algiers.

[SPECIALLY REPORTED FOR THE "MEDICAL PRESS AND CIRCULAR" BY MR. A. CABANES, HOUSE SURGEON.]

THIS case is of some interest in view of the history and the fact of its being a case of infantile pseudarthrosis, this lesion being comparatively rare in childhood, especially in respect of the upper limb.

The patient is an Arab, æt. 18, who was admitted on October 18th, 1903, with the following history:—When two years of age he met with an accident which left him with a fracture of the left humerus. As he was far removed from civilisation the injury was attended to by the tribal bone-setter who fixed



the limb by means of a plate of leather, softened by soaking in oil. This was moulded to the upper arm and reinforced by four wooden splints, which were maintained in position by four bands, twisted tourniquet-fashion. The bone-setter visited the patient twice a week and, as union was delayed, he twisted the apparatus on each occasion, more and more tightly. At the expiration of about two months of this rigorous treatment the skin over the fractured bone became gangrenous. On the outer side of the arm the tissues broke down, creating a solution of continuity through which three fragments of bone were eliminated. The first measured about three inches in length and the two others, one two, and the other one and a half inches, in length.

At this stage the "medicine man" thought it advisable to remove the apparatus, and the wound, which discharged pus freely, ultimately healed in some forty days.

Last October he was admitted to the hospital with a fractured clavicle. This injury presented no particular interest, but the condition of the arm on the injured side attracted attention. The photograph shows the condition of the limb when he contracted the muscles, causing displacement of the unconsolidated fragments. The upper arm hung flail-like, it was markedly atrophied, the muscles were much thinner, and it was somewhat shorter than the right arm. The bone was plainly broken right across, and underneath the skin could be felt (the muscles being in a state of contraction) a marked projection formed by the pulling forwards and slightly inwards of the two broken ends of the humerus. The site of the fracture was exactly at the junction of the lower fourth with the upper three-fourths of the bone.

The skiagram shows that the thickness of the upper fragment has undergone considerable diminu-

tion for a distance of some four inches above the fracture. The lower fragment appears to be of normal size. The loss of substance on the part of the upper portion of the bone is no doubt due to the elimination of the three sequestra mentioned above, rather than to any actual atrophy.

On examination, one could feel very distinctly a strong fibrous band connecting the two ends, very resistent in spite of its suppleness. The triceps is well formed but the biceps is under-developed. Contraction of these muscles tends to bring the elbow nearer to the shoulder, and at the same time there is a slight curving of the arm, with the concavity forwards. As far as one could make out there were no adhesions between the periosteum and the neighbouring muscles, and the atrophied condition of the tissues rendered it possible to delineate the parts very easily. There was no

reason to suspect any interposition of muscle between the fragments.

The patient absolutely refused to allow anything to be done with the view of restoring the continuity of the bone, and, having regard to the tenuity of the upper fragment of bone, it is doubtful whether surgical intervention would have given a satisfactory result. He stated, moreover, that he was able to carry about his basket of trinkets (he is a pedlar) on this arm without pain or difficulty, and could, when necessary, lift comparatively heavy weights with that arm.

The case appears to me to be of interest, seeing that it is one of pseudarthrosis happening in infancy, a rare occurrence, since the statistics compiled by D'Arcy Power, an English surgeon, only comprise nine cases in which the lesion involved the humerus.

With respect to the causation of the lesion it is clear enough—*viz.*, undue pressure applied directly over the seat of the fracture, the presence of detached fragments of bone, which, by their displacement, probably in a transverse direction, tended to prevent proper coaptation and exerted dangerous pressure from within outwards on the neighbouring tissues, ultimately causing a limited area of necrosis through which they escaped.

The production of the pseudarthrosis necessarily interferes very considerably with the functional utility of the elbow. When the triceps and biceps are contracted to their maximum extent the angle formed by the two fragments of the humerus is approximately equal to the articular flexion, and when thus contracted the elbow-joint, which is brought much nearer the shoulder, merely serves to maintain the forearm in a direction parallel to that of the upper arm, and it is in this position that the patient is enabled to make use of his maximum muscular power.

The case is almost on all fours with that mentioned by Schwertzel, it being possible to bend the elbow to a right angle without causing the patient any pain; it would have been an interesting experience to endeavour to bring the fragments into close apposition, but the success of our intervention would depend in great measure upon whether the diminution in size of the upper fragment was due to the loss of bone tissue in the shape of the eliminated sequestra or whether, on the other hand, it was due to an atrophic process consequent upon interference with the vascular supply. Had the patient allowed us to operate I should have thought it desirable to effect grafts of bone in order to compensate, as far as might be, the actual loss of a tissue.

THE TREATMENT OF VARIOUS FORMS OF CUTANEOUS DISEASE BY THE X-RAYS AND LIGHT. (*a*)

By ALLAN JAMIESON, M.D., F.R.C.P.Ed.,
Physician for Diseases of the Skin, the Royal Infirmary, Edinburgh.

THE author first drew attention to the fact that when structurally intact the epidermis was highly impermeable, while if diseased and therefore porous, it might absorb unduly remedies applied to it. Hitherto our means of acting on the deeper parts of the skin had either been caustics or agents which occasioned irritation in the first instance. Some of the latter, according to Unna, might act by influencing metosis. Of recent years science had placed at our disposal various agencies, such as the X-rays, Finsen light, radium, and high frequency currents, which act on the tissue elements in and beneath the epidermis; the present paper deals with the first two only. His earlier work with the X-rays had been greatly hampered by the spring interrupter used, and it was only on the introduction of the mercurial interrupter that he had had favourable results. In using X-rays the treatment required to be carefully supervised, and the exposures suspended on the slightest sign of reaction showing itself. It was of great importance to screen healthy parts from the effects of the rays, as they caused baldness, the hair, however, growing again after the treatment was stopped. The best distance at which to place the tube was from four to six inches; he usually gave six exposures of five minutes on four days of the week. A moderate degree of reaction was not harmful, as it showed that the rays were taking effect, but it was generally, on the whole, wiser to interrupt the treatment as soon as any reaction manifested itself. He had seen burns occur in lupus, rodent ulcer, and favus, but not in mycosis fungoides.

Lupus.—It was sometimes advisable to supplement the X-ray treatment of lupus by painting with pure carbolic, especially when progress seemed rather slow. In some cases reaction occurred almost at once; in others it might be delayed for weeks. Hard tubes were generally less active; soft tubes, with a three-inch spark, were more effective, and not more likely to cause burns. He had noticed that the weather had considerable influence on the occurrence of reaction, which was most likely to take place, and to to be of severe type, on cold, raw days. Possibly other meteorological conditions might affect it also, just as one sometimes saw simultaneous rises of a number of temperatures in a hospital ward under certain climatic conditions; but apart from cold, he could not say what these were. In eighteen months he had treated 133 cases of lupus, 30 of favus, 21 of rodent ulcer, 12 of sycosis, and 2 of mycosis fungoides. Some of the lupus cases were partially, and other exclusively, healed by light, the rest by X-rays alone. He could not give statistics of cure, as nearly all were out-patients, and many discontinued attendance, but he could certainly say that all who persevered received material benefit. In lupus all the methods of treatment hitherto in vogue had had the disadvantage that while the centre of the patch healed, the disease spread at the periphery. Under X-rays this was not the case; where nodules reappeared they often did so in the centre of the patch. In lupus the soil had to be reckoned with, and cases in which the skin was soft, pale and tender, in persons of strumous constitution, were likely to react early, and did not offer so good a chance of cure. But even in these the treatment at least reduced the size of the lupus patch, and allowed of other means being more effectually employed. Dr. Jamieson then raised the question whether the treatment could induce tubercle to break out in other organs, instancing the case of a patient who, after having undergone a course of X-rays for lupus, developed tuberculous peritonitis, and

(*a*) Abstract of Paper read before the Edinburgh Medico-Chirurgical Society, on January 8th, 1904. For discussion see page 36.

after a second series of exposures, an abscess near the hip. He concluded that there seemed no reason to suppose that the sequence was other than accidental. The Finsen light acted best in small patches or nodules situated over bony eminences, which permitted of the part being blanched. The process was slower, less effective, and caused no burns. The lamp he used worked at ten amperes, but by increasing to eighteen amperes he had got better results. He had tried applying adrenalin previous to using the Finsen light, but did not think the results justified the extra expense.

Rodent ulcers were uniformly benefited, the hard margins receding and healthy epithelium advancing over the ulcer. The less the bones and periosteum were exposed the better were the results. In other forms of cancer the effects were not so good, and he had seen epitheliomata progressing while the rays were being used. Bad cases of rodent ulcer were the better for a preliminary scraping and treatment with chromic acid before being subjected to X-rays. The permanency of cure in any given case was doubtful, and relapse often took place after apparent healing.

Sycosis.—Only intractable cases had been treated, and in all the hair fell out, and the pustules disappeared. Unless all the disease was got rid of relapse was very likely to take place.

In *favus* the result of the rays was to remove all the hair and leave a smooth polished surface, on which healthy hair again grew. An aggregate exposure of an hour or more was required for this. There was no great tendency to reaction in this disease.

In *mycosis fungoides* the X-rays constituted the sole means of arrest known. The case which he had published some eighteen months ago still continued well, but some nodules had recently developed on parts of the skin which had never been subjected to X-rays. As to the mode of action of the rays in cutaneous diseases, it was not due to any bactericidal effect. Though sycosis could be cured, it was only by removing the hair and destroying the nidus on which the staphylococci grew, the vitality of the organisms themselves being scarcely diminished. In favus, too, the rays were merely an effective epilating agent. Possibly they promoted metosis, and in malignant cases it seemed that they recalled aberrant cells to the normal; how so, was quite unknown.

THE PATHOLOGY OF CHRONIC ALCOHOLISM. (a)

By WILLIAM FORD ROBERTSON, M.D.,
Pathologist to the Scottish Asylums Board.

THE author said he proposed to consider the inimical action of alcohol, firstly, upon the individual, and secondly, upon the race. The essential idea involved in a scientific conception of the nature of disease was that of a vital process occurring in response to a harmful stimulus. Disease might be defined as a chemico-vital reaction to an inimical force which had broken through the first line of defence of the organism. Alcohol, when brought in contact with the living body, readily passed the first line of defence and was capable of acting as an inimical force. After having briefly recalled the main facts regarding the general or physiological action of alcohol, he referred to the experimental and other observations, which showed that alcohol could have an extremely injurious effect upon the early stages of development. The experimental investigations of various workers had also clearly demonstrated that chronic alcohol poisoning had a very harmful action upon the defensive mechanism of the body, or upon immunity. This was a fact of great importance, and it served to strengthen the conviction that many had long had that the lesions which occurred in cases of chronic alcoholism in the human subject owed their severity and multiplicity to various forms of bacterial toxæmia. He believed that those secondary toxæmias were really the chief cause of the pathological changes in these cases. In addition to the weakening of the general immunity, there was an impairment of the local defences, especially in the upper portion of the alimentary tract, by the direct action of the alcohol. The chronic catarrhal changes, at first due to the action of the alcohol, became intensified by bacterial action, and a condition of chronic toxic infection from the alimentary tract was gradually established. Consequently the individual gradually developed various other disorders, located in accordance with his powers of resistance and various accidental circumstances. After referring to the special forms of chronic alcoholism, he briefly enumerated some of the more important morbid changes that occurred, and showed a number of illustrative lantern slides. He especially directed attention to the severe chronic catarrhal changes that could always be shown to be present in the alimentary tract.

Coming next to the inimical action of alcohol upon the race, he asserted the right of pathology to deal with the question. Pathology dealt with abnormal phenomena of cell-life. Mainly through the magnificent embryological work of Dr. J. Beard, the processes concerned with phylogenetic evolution had recently been brought into harmony with the cellular doctrine. Abnormal phenomena of phylogenetic evolution, as well as those of ontogenetic evolution, therefore, now fell within the province of pathology. He thought that the truth regarding the effect of widespread alcohol poisoning upon the race had not yet been grasped. The subject was really a part of the general question of the biological significance of disease, and as such he wished to consider it. In the results of Dr. Beard's work they had the foundations for a purely biological pathology which had hitherto been only a desideratum. He shortly stated the main facts that Dr. Beard had elucidated regarding the continuity of the germ-cells and the place and time of origin of the embryo. Dr. Beard had also shown that the mode of metazoan development was really that of an antithetic alternation of generations, and that there was thus one primitive mode of reproduction for the whole of organic nature. He pointed out some of the important corollaries of this new doctrine of development, and showed that it did not confirm Weismann's hypothesis, as some seemed to imagine, but rendered it superfluous and proved it to be in many respects at variance with the facts. They were now enabled to separate entirely the line of phylogenetic evolution from ontogenetic evolution. Offspring

(a) Abstract of Paper read before the Society for the Study of Inebriety, January 12th, 1904.

inherited nothing from their parents. The distinction between inborn and acquired character was really an artificial and useless one, and existing definitions could be shown to be erroneous. He next discussed the causes of genetic variation in the light of the facts of modern embryology and of evidence drawn from other sources. He contended that the generally accepted view that conjugation of germ-cells is a cause of genetic variation was entirely unproven, and probably erroneous; and that the real cause of such variation was the action of a changed, and especially an inimical, environment upon the germ-cells. He referred to the remarkable observations of De Vries upon the mutations of *Œnothera Lamarckiana*, and contended that these mutations were typical of what occurred in animals under the influence of new or inimical environmental conditions. Some of the mutations of this plant were adapted to their new environment, others were not. If organisms were perfectly adapted to their environment there would be no disease. This state was approximated to by many of the lower animal forms and plants living in natural conditions; when brought into a new environment they quickly manifested lack of adaptation to it. Their effort was towards adaptation to the new conditions, and this they attempted to achieve, firstly, by somatic variation, and secondly, by genetic variation. Some of the descendants were better adapted to the new conditions, but this advance was only achieved at the cost of the production of other individuals who were less adapted. These were more liable to succumb under the action of the inimical forces in their environment. This principle was exemplified in the fate of some of the mutations of *Œnothera Lamarckiana*. Imperfect adaptation to environment entailed somatic and genetic variation, and an increased incidence of disease in a certain proportion of the descendants. He maintained that in this country alcohol was at the present moment one of the most potent causes of genetic variation, as it was unquestionably of somatic variation, and that the incidence of diseases dependent upon defective resisting power on the part of the individual was thereby enormously increased. If these views were in accord with the facts, it was plainly the duty of a nation to do everything in its power to remove from its environment every inimical condition to which there was imperfect adaptation. He entirely dissented from the doctrines of the Read school in regard to the importance of "alcohol and disease" as causes of human evolution.

Clinical Notes.

POISONING BY BLACK HELLEBORE.

By JOHN C. THOROWGOOD, M.D., F.R.C.P.

INTEREST attaches to the black hellebore as being the first recorded purgative. Melampus, 1400 years B.C., is said by its use to have cured the daughters of Prætus of madness.

As an emmenagogue and purgative the tincture of hellebore has often been used in past years, and this tincture found a place in the last issue of the London "Pharmacopœia," the dose being 30 to 60 minims.

Morgagni has recorded a case where half a drachm of the extract was taken, causing death in sixteen hours. The patient, a man, æt. 50, had been under treatment for melancholia, and on departure from the hospital he took half a drachm of extract of hellebore. Active purgation with vomiting and abdominal pain came on somewhat later; he then laid down for a few hours and died quietly.

The post-mortem showed some amount of inflammation of stomach and intestine, the spleen was large and very soft, and the gall-bladder full of green bile.

The fatal result was attributed to the patient not having drunk freely of whey, a precaution it was customary to advise for all who took the hellebore. There is also a record of two persons who took hellebore root in cyder by the advice of a quack. Three-quarters of an hour after taking this dose violent symptoms came on without exciting suspicion as to the cause, so that one man took a second dose of the cyder; vomiting, delirium, convulsions and death soon followed. The post-mortem, sixteen hours after death, showed the lungs engorged with blood and the mucous membrane of the stomach and intestines blackish and almost in a state of gangrene.

These cases were communicated many years ago by M. Ferary to the Société Médicale d'Emulation at Paris.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXVIII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

MUNDESLEY SANATORIUM, NORFOLK.

THE Mundesley district of Norfolk, as many a visitor knows, is peculiarly attractive in summer time. The climate is then well suited to the needs of many a tuberculous invalid. There is much sunshine, but little rainfall, a clear and dry atmosphere, and air that is well characterised as bracing. In the winter and spring it must be admitted there are drawbacks, but experience seems to show that at all times of the year a wisely directed medical supervision may secure beneficial results.

The Mundesley Sanatorium was specially designed for the treatment of consumptive cases, and opened at the end of 1899 under the care of Dr. Burton-Fanning and his cousin, Mr. W. J. Fanning, the former as visiting physician, the latter being resident medical officer. Recently the institution has passed into the hands of Dr. Noel D. Bardswell, who acts as resident physician, while Mr. J. E. Champman assists as clinical pathologist.

The sanatorium is situated about a mile from the sea and a similar distance from the railway station, in a somewhat isolated position. It is built on the southern slope of a sparsely fir-clad ridge which runs east and west, and is protected to some extent from the prevailing winds on the north, north-east, and north-west.

On the south the outlook is over rather uninteresting and slightly undulating agricultural country. On the east side lie the Mundesley golf links.

The soil is of sand, which extends to a depth of 180 ft., when chalk is reached.

The building is of wood, but is attractive and comfortable. The patients are accommodated on the south side of the ground and first floors. Some of the servants' quarters are in attics. The dining and drawing-rooms are on the ground-floor. The corridors, 8 ft. wide, are covered with linoleum, and run the whole length of the building. The chief entrance is at the east end. The patients' rooms are well appointed. Heating is effected by radiators, which, however, do not seem very satisfactory. Some of the rooms have open fireplaces. Lighting is by electricity. A verandah extends along the whole of the front of the building.

The grounds are thirty acres in extent and contain various conveniently placed and well-designed shelters.

As far as we could gather, the general management and daily routine were in accordance with modern requirements. Considerable attention is paid to dietetics.

A bungalow near the main building accommodates several patients.

At the time of our visit a very simple form of shelter accommodated two cases of working-class patients, who, in return for free treatment, were submitting to

careful investigations respecting dietetic procedures. Some interesting experiments were proceeding on the influence of a vegetarian diet in the maintenance of nutrition in the phthisical.

Very careful clinical records are kept of every case, and much valuable scientific data is being collected.

The patients are allowed opportunities for carefully regulated exercise, but we were surprised to find that golf was not interdicted.

An attempt was recently made to deal with cases belonging to the working-class in a separate building at Mundesley at the remarkably low rate of 17s. a week; but we were informed that the experiment did not prove a success and has been abandoned.

The terms at the Mundesley Sanatorium are five guineas a week, inclusive of everything except personal laundry, stimulants, extra nursing, and special invalid diets. Mundesley is a terminus of the Great Eastern and Midland and Great Northern Joint Railways. Carriages by arrangement will meet patients on their arrival.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The question raised by Dr. Eyre Harris in your last issue, as to the possibility of modifying the old-fashioned hospitals for chest diseases and ancient institutions for the treatment of pulmonary tuberculosis to meet the strict requirements of sanatorium life as now understood, is one of great importance and should be faced in all its bearings by those responsible for the conduct of these establishments. It has been my duty to point out in the articles on the various British sanatoria for consumption which I have contributed to your pages that these are of "all sorts and conditions," some suffering from structural deficiencies, while others lack in efficient management. It is very doubtful if it is not false economy to attempt extensive alteration of the ancient to fit the fashion of the modern. Certainly in the case of many of our hospitals no amount of alteration will enable these institutions to supply what are now considered as hygienic necessities. I am still of opinion that the Committee of Management of the National Sanatorium at Bournemouth should consider whether, instead of providing such further additions as are contemplated on the present very limited site, it would not be wisest to recognise that no amount of alteration can modernise an establishment founded as far back as 1855; steps should be taken to provide an establishment where the "open-air" method can be applied in their entirety in accordance with the best knowledge of the day.

As I was careful to point out, many valuable improvements have been carried out at the National Sanatorium at Bournemouth, and splendid attempts are now being made to secure a high standard of efficiency, but I must continue to hold to my former opinion as expressed by Dr. Harris himself, that "one cannot expect to alter an existing building so that it will have quite the same appearance as one of the modern sanatoria."

I am, Sir, yours truly,
SPECIAL MEDICAL COMMISSIONER.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, JANUARY 8TH, 1904.

DR. FREDERICK TAYLOR, President, in the Chair.

SIR DYCE DUCKWORTH and Professor HOWARD MARSH read notes of a case of

PNEUMOCOCCAL PERITONITIS.

The patient, a woman, æt. 27, was seized with headache, generalised pains and a rigor on February 26th, 1903. The temperature was found to be 104·2 on the following day, and symptoms of general peritonitis followed. Widal's reaction was negative, and a large, polynuclear leucocytosis was present. On March 2nd, Mr. Marsh and Mr. Bowlby saw the case, and a diagnosis of typhlitis with some general peritonitis was made. Mr. Marsh operated, and signs of inflammation were seen in the peritoneum and large intestine. The appendix was found to be constricted at the base, dilated, and full of mucus above; it was ligatured and removed. There was some thin, turbid, and dark-coloured fluid in the peritoneal cavity, but no adhesions were found, nor was there any evidence of the perforation of a viscus. A culture of the fluid showed pure specimens of the pneumococcus, the presence of which was confirmed by an inoculation test. Three days later hiccough and abdominal pain supervened, and 10 c.c. of No. 1 antipneumococcic serum were injected. On March 6th, the injection was repeated. Signs of fluid at the left base appeared, and on March 20th pus was found on exploration, resection of part of the ninth rib being performed the next day, when twelve ounces of sour-smelling pus were evacuated. The further progress of the case, though slow, was uneventful. The sudden onset and rapid and grave development of the peritonitis closely corresponded with what is observed in pneumoccoccic inflammations elsewhere.

The PRESIDENT also communicated a case of

PNEUMOCOCCAL PERITONITIS

in a girl, æt. 8, who was admitted under his care into Guy's Hospital on November 19th, 1903. On the 10th, abdominal pain set in, followed by a rigor, and two days later signs of pneumonia developed. On admission, the abdomen was distended and tender, moving very little on respiration, while physical signs of consolidation at both bases behind were present. Some herpetic vesicles were seen at the base of the nose. Mr. Lucas performed laparotomy, and a quantity of odourless pus together with masses of lymph was removed. The cavity was irrigated with hot saline solution and drained. The pneumonia on the right side cleared up, but on the left side physical signs of empyema manifested themselves, and on the 27th six ounces of pus were withdrawn, resection of a portion of rib being performed four days later, when more pus was evacuated. Cultivations taken by Dr. Eyre from the peritoneal pus gave a pure growth of the pneumococcus; those taken from a second collection in the left iliac fossa, which was incised on December 11th, a growth of pneumococcus associated with the staphylococcus aureus. Cultivations from the pus aspirated from the chest were sterile, but under the microscope showed badly staining diplococci, and empty capsules, characteristic of a pneumococcic empyema. The child was making good progress. Dr. Taylor discussed the question of the seat of primary infection which, he thought, was shown by the sequence of events to be the lung, and the peritonitis and empyema he considered were secondary.

Mr. STANLEY BOYD referred to the case of a woman, æt. 26, whom he had operated upon for symptoms of peritonitis, three pints of odourless pus being evacuated from which pure cultures of the pneumococcus were obtained. The abdomen was distended in a peculiar fashion and moved with surprising ease. No information was forthcoming at the time of operation as to the primary origin of the disease.

Dr. J. H. BRYANT alluded to three cases of pneumococcic peritonitis which he had published in 1901, in which the primary point of infection was the peritoneum. He considered that an alimentary origin was not at all improbable, especially as the pneumococcus might be found in the throats of healthy individuals. He called attention to the fact that abdominal pain was frequently complained of in pneumococcal pneumonia, and he thought that the adhesions sometimes found post-mortem between the lung and the diaphragm might account for this.

Dr. J. FAWCETT stated that in 182 fatal cases of lobar pneumonia occurring in Guy's Hospital during the last five years, in which autopsies had been made, five only showed any evidence of infection of the peritoneum, and this was very slight. The conclusion to be derived was that in pneumococcal peritonitis the infection was generally primary in the peritoneum.

Dr. W. LANGDON-BROWN referred to a case of pneumococcal empyema in a girl, æt. 10, in whom signs of fluid appeared in the abdomen and right knee-joint. The abdomen was not opened, as the condition cleared up. He considered that this was probably a case of

pneumococcal peritonitis which got well without surgical interference.

Mr. C. H. GOLDING-BIRD said that although a tuberculous appendicitis was known, yet pneumococcal appendicitis was not, as yet, recognised. He thought that there were many points in Mr. Marsh's case which might justify the latter description.

Dr. J. EYRE felt sure that if bacteriological examinations were made more frequently than they were the pneumococcus would be more often found. He called attention to one curious property possessed by the pus from these cases, namely, its tendency to auto-sedimentation, the upper layers soon becoming clear. He thought that such a simple test might be found of assistance at the time of operation. He also pleaded for the importance of performing animal inoculation experiments as a confirmatory test for the presence of the organism.

Dr. HERBERT FRENCH read notes of a case under the care of Mr. Newton Pitt, in which he had performed the autopsy. Acute peritonitis with consolidation of one base were found. He thought that the cases might be divided into two groups, one where the infection is directly into the peritoneum, and another in which the organisms get into the blood and so disseminate themselves.

Sir DYCE DUCKWORTH, in replying, said that he thought that pneumococcal peritonitis might exist in varying degrees of virulence. The improvement in his case after the use of the serum was certainly *post*, if not *propter, hoc*.

Professor MARSH replied that he was unable to state whether the case was one of primary appendicitis. He thought that to the list of conditions which may imitate appendicitis pneumococcic peritonitis must be added.

The PRESIDENT, in replying, said that the presence of an extra-peritoneal abscess containing pneumococci in association with another organism was an interesting feature in his case.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD JANUARY 8TH, 1904.

MR. JOHN CHIENE, President, in the Chair.

DR. WM. ALLAN JAMIESON read a paper on—

THE TREATMENT OF SKIN DISEASES BY X-RAYS, &C.,

an abstract of which will be found on page 32.

Dr. NORMAN WALKER, in the discussion that followed, said it was very important to consider each case on its own merits, especially as to the duration of the sittings. For example, in a working-man it was better to give a long exposure in one or two sittings; a burn resulted, but the cure was not interfered with, and the patient could go on with his work while the burn was healing. In this method telangiectases were often produced in the scar, but this was of minor importance, as they could be easily treated by electrolysis later if desired. Again, in patients who could not attend daily over long periods, and who at the same time did not wish to have burns, ten-minute exposures at intervals of ten or twelve days might be tried, and a cure could ultimately be attained in this way. In rodent ulcer, if the case were seen early, it was always a question whether excision should not be preferred to X-rays; he thought it should. It was always difficult to say when treatment should be stopped, as after apparent cure relapse was often seen. When once a rodent ulcer had attacked the cartilages the outlook was not nearly so good. As to other skin diseases on which the X-rays had been tried, they might be divided into those in which there was reason for supposing that the treatment would succeed, and those in which its use had been found accidentally. In hypertrichosis he considered that the margin between permanent destruction of the hair follicles and sloughing of the skin was too small for safety, and that therefore the treatment was not to be recommended. In favus, which he looked upon as practically incurable by other means, the method was the best at our disposal. In ringworm he did not advise it, unless there was some especial reason for hurrying on a cure. In these diseases and in sycosis it acted solely because of its efficient epilatory action. He had used X-rays in the treatment of an extensive case of warts of the scalp with great benefit; the growths, which numbered about 200, disappeared after seven or eight sittings. In psoriasis, though the lesion was improved, the results on the whole were not so good. He had not tried it in eczema, nor did he propose doing so. A word of caution as to tubes bursting was needful; they should be wrapped in gauze to minimise the risk of glass splinters flying about. There was no evidence that X-ray treatment caused dissemination of tuberculosis; in Wilde's series of eighty cases of lupus two died of phthisis, probably quite an accidental proportion. His experience rather was that the general health of the patients improved under treatment. Dr. Wilde, of Manchester, was able to compare all methods of treatment, and found that with X-rays he had 75 per cent. of cures, with Finsen light 74 per cent., and with the London Hospital lamp 24 per cent. Dr. Walker did not therefore think it was justifiable to replace their small lamp by the expensive Finsen one, seeing that the results were not better than with the X-rays. He strongly urged that to save all methods of electrical treatment from falling into disrepute they should be kept in the hands of scientific physicians and not exploited by quacks, companies and electrical institutes. Not less strongly did he assert that despite the brilliant results got in malignant disease, all such cases should be treated surgically if they were got early, and X-rays looked upon as a secondary resource only.

Dr. DAWSON TURNER gave statistics of the cases he had treated during the past six months. Of twenty-three of rodent ulcer, seven were cured, twelve improved, and four died. Of forty-two of lupus, eighteen were cured and twenty-four improved; of three of cancer of the cervix, two were improved and one died; of thirty-five of tuberculous glands, twenty were cured, twelve improved, and three not improved; of six of tuberculous joints, one was cured, three improved, and two not improved; of twelve of epithelioma of mouth, four were improved, eight not improved; three cases of sarcoma were improved; of nineteen of scirrhus of the breast eight were improved, eleven not improved. Sarcoma yielded much more readily than carcinoma; an extensive fibro-sarcoma of the frontal bone, which had mechanically caused complete blindness for four years, had diminished so greatly as no longer to interfere with vision in eleven sittings. An ulcerated scirrhus had healed, and remained so for a year. As to voltage, it must be high enough to carry the current through the tube; the more amperes got through the better. The length of exposure varied inversely as the square of the distance of the tube. For superficial lesions a soft tube should be used, for deeper ones a hard tube. He thought that there was some reason to fear metastasis in malignant disease, as he had seen a scirrhus develop in a healthy mamma after a scirrhus in the other breast had been healed by X-rays.

Dr. FRASER (Dundee) thought that the more aberrant the tissue cells were the greater was the effect of the rays. Their bactericidal action was less important; they altered the nutrition of the cells in some way and laid them more open to other treatment. Soft tubes caused more irritation than hard ones, their effects being redness, swelling, loosening of hairs, pigmentation, blistering, and sloughing. The factors influencing the results were the strength of the current, the hardness of the tube, the distance, the duration of exposure, the state of the skin, and the individual reaction; he had not noticed that weather had any effect. In lupus and rodent ulcer the abnormal cells were destroyed, the growth of healthy fibrous tissue stimulated, and the natural epithelium favourably influenced. In favus his results had been good. In scirrhus, large rodent ulcers, and sarcoma he had noted a marked analgesic action even where no healing

took place. In lupus erythematosus his results were very good, the scars being soft and not contracting. Telangiectases were common.

Dr. GREIG (Dundee) alluded to the success he had attained in treating mycosis fungoides by X-rays, and Dr. F. GARDINER to their applicability to hypertrichosis, in which, he thought, the margin of safety was larger than Dr. Norman Walker had represented it to be.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

MEETING HELD FRIDAY, NOVEMBER 27TH, 1903.

The President, DR. A. SMITH, in the Chair.

DR. SMYLY showed an interesting fibro-cyst of the uterus and a sarcomatous tumour which occurred at the seat of operation six years after an ovariotomy.

The PRESIDENT showed a specimen of tubal pregnancy strangulated by torsion of the pedicle.

Dr. GLENN proposed, and Dr. KIDD seconded, that the best thanks of the Section be accorded to the outgoing President (Dr. Smyly).

The PRESIDENT then read his address on

THE EFFECT OF THE MIDWIVES' ACT OF 1902 ON IRISH TRAINING INSTITUTIONS AND NURSES,

a full report of which appeared in our issue for December 9th. In the discussion of the address which followed, Dr. TWEEDY proposed a vote of thanks to the President for his able address. "I wish also to convey my congratulations to him," he said, "for the high position in which he has been placed as head of the Obstetrical Section of the Royal Academy of Ireland by a unanimous vote. In reference to the Midwives' Registration Act, I fear that our profession cannot be held blameless for the present condition of affairs. When it became apparent to everyone that rightly or wrongly the English public intended to have the Bill as it at present stands, there was no unanimity of opinion among our professional brethren here. Dr. Smyly alone, so far as I know, held consistent views, and urged the importance of having Ireland included in the benefit of the Act. It was not until the Bill had almost become a law that those in authority in the Rotunda aroused themselves to obtain certain privileges for the chartered hospitals of Dublin. These privileges, I understand, only extend to the year 1905, and, such as they are, we share them in common with every 'handy woman' in England. After 1905, women who wish to practise midwifery in England will have to pass a State examination; before presenting themselves for this certain conditions will have to be fulfilled, which render it impossible for Irish nurses to enter for it. The Rotunda is the largest hospital of its kind in the three Kingdoms; 170 women have crossed the water to enter it as nurses within the past five years; that in itself is sufficient proof of the value attached to our certificates. Yet this miserable rule of having to attend a woman for ten days after confinement absolutely makes it impossible for our nurses to qualify. It is a fact of common knowledge that the lying-in women in the Rotunda only spend eight days in the institution; and, consequently, the 'handy woman,' in the English villages, who has muddled through her twenty conductions, and has tended for ten days in each case, will be adjudged more worthy to present herself for examination than our nurses. If we agree on some common course of action we shall surely succeed in getting the Privy Council to alter the rules that at present exist; and I hope that before we leave this evening some resolution will be adopted that will be the means of removing the injustice that so nearly threatens us."

Dr. KIDD, in proposing "That in the opinion of the Obstetric Section of the Royal Academy of Medicine in Ireland, any woman holding the nursing certificate of the Irish Chartered maternity hospitals shall be deemed to have complied with the rules of the Central Midwives' Board regulating the course of training of 'pupil midwives,' and shall be eligible to present herself for the examination of the Central Midwives Board," said: "After the very able address we have heard from our President my task is an extremely easy and pleasant one. In this resolution which you have just heard, I think there is nothing contentious to a member of the Obstetric Section of the Royal Academy of Medicine. Professor Smith pointed out very clearly the difference which exists between the training of midwives here in Ireland and that which, under the terms of the Act, would entitle the ordinary midwife in England to present herself for examination by the Central Midwives' Board. Dr. Tweedy mentioned that eight days was the recognised number of days spent by a patient in the maternity of the Rotunda Hospital; I believe that nine days is the number at the Coombe; but any person who has had experience knows the extreme difficulty there is in keeping that class of patient in hospital, even for so short a time. With regard to the allocating of twenty conductions to each nurse, I think that instead of doubling the size of our hospitals we would have to double the number of births. Dr. Tweedy has pointed out that no less than 170 midwives who were trained in the Rotunda hospital during the last five years went over to practise in England. I think that if this point were brought prominently forward it is the one and sole proof needed to show the estimation in which the diploma of the Rotunda Hospital is held in England. With regard to the clause which gives us two or three years' grace, it really reduces the nurses who have received the certificate of the Rotunda or the Coombe to the level of the 'handy women' in England. I think that if this resolution be adopted, and if pressure be brought to bear on the Privy Council to alter the rules so as to allow the admission of our trained nurses to the examinations of the Central Midwives' Board, we should succeed in getting justice done to the chartered hospitals of Dublin."

Dr. JELLETT, in seconding Dr. Kidd's resolution, said "that he would like to point out that the present difficulty of the Dublin hospitals was brought about not by the provisions of the Midwives' Act, but by the regulations of the Central Midwives' Board sanctioned by the Privy Council; and that it was, therefore, possible to overcome it, as these regulations could be changed. There was not the least occasion for the Dublin hospitals to lose heart. If the proper stand were made, the changes were sure to be effected. The present regulations practically prohibit the training of nurses in Ireland for English districts. Now there are two ways out of the present difficulty open to the Irish hospitals. They can claim either that their examinations are recognised as equivalent to the examination of the Central Midwives' Board, or that, in the terms of the resolution, the certificates of the Irish hospitals shall be taken by the Central Midwives' Board as evidence of sufficient training, though this would seem to be self-evident to anyone. It was interesting to note the attitude of the promoters of the different Bills towards the Irish hospitals in the past and at present. (The speaker then read some correspondence which passed between the College of Physicians and the promoters of the Midwives' Bills of 1900 and 1902.) When the Bill of 1900 was before Parliament, Mr. Heywood Johnston expressed a willingness to accept an amendment recognising the examinations of the Irish hospitals as equivalent to the examination of the Central Midwives' Board. When the Bill of 1902 came forward, he refused to accept such an amendment, but at the same time disclaimed any hostility to the Irish hospitals, and stated that in his opinion the Bill would not injure them. Now that the Bill is law, the first act of a Board largely controlled by the promoters of the Bill is to draw up rules which effectually exclude Irish nurses. He had written to Dr. Sinclair, a member of the Board, and asked him what would be the position of an Irish nurse who applied to be admitted to the examination of the Board, and said:—"I have been a pupil midwife for

six months at one of the Dublin Incorporated hospitals. During that time I have attended a regular course of instruction; I have watched some 300 to 400 deliveries; I have personally assisted at some 20 to 30; I have personally conducted some three or four; I have watched some 600 to 800 women during their puerperium; and I have personally nursed some 20 to 30. I have passed the examination of the hospital.' Dr. Sinclair, in reply, had stated that the Board had said that it was bound by the Privy Council rules, but that he considered that the Irish hospitals had a substantial grievance which called for removal. What were they going to do? The resolution of the Academy must be backed unanimously by the hospitals, by the Royal Colleges, and by extraneous opinion, and then it could not fail. The Central Midwives' Board was undoubtedly a powerful body, but when it went too far it could be pulled up by the Privy Council as had been done before. Of the present regulations some were good and some were bad; and it was a curious fact that, as was commonly hinted, almost all the good regulations were recommended by a minority of the Board, were refused by the majority, and were finally forced on the majority by the Privy Council. In other words the majority report was, to a very large extent, rejected by the Privy Council, and if the Privy Council had compelled the Central Board to change their regulations once, it could make them do so again. But to succeed there must be absolute unanimity between the Dublin hospitals. The worst enemies of these hospitals could not accuse them of over zeal in their own behalf in the past."

Dr. SMYLY: "The resolution I have to propose is one of great importance to our country and profession, and, therefore, should arouse the most intense feelings of patriotism and professional *esprit de corps*. It is that this Midwives' Act should be extended to Ireland. For many years I have felt it to be a very desirable Act both for England and Ireland, and at first I worked with some energy for its passing; but when I found that Ireland was excluded from the Act, and that we were excluded from all the benefits of it, it seemed to me that we should suffer a double wrong—we not only get nothing ourselves, but we are deprived of our present privileges. I think this Act would be of benefit to us in three ways. First, to poor lying-in women in Ireland. It has been said to me often that we did not want the Midwives' Act over here when we have a Poor-law that provides midwifery for necessitous women. I give my opinion—it has been formed from some experience among the poor of Dublin and elsewhere, and not founded on statistics, so it may clash with and be different from the opinion of other people. But it is my opinion that in the poorer parts the lying-in women are not attended by trained nurses, but by ignorant women who have no training whatever, and are popularly known as 'handy women.' I am sure we can all remember instances in which injuries have been done by these women. No women will be allowed to practise midwifery again without certificate—that is, in England. If the Bill extended to Ireland the effect would be that these poor women would be attended by trained nurses. However superficial such training might be, she would at least have learnt the use of antiseptics, the methods of cleanliness, the prevention of puerperal fever, &c., and she would know when to send for a doctor. If under the Midwives' Act a nurse meet with a case of malpresentation, hæmorrhage, and so on, and she does not send for a doctor, she is liable to have her name erased from the midwives' roll. If guilty of drunkenness, or immorality, she would be liable to punishment. How does this Bill affect the medical profession? The midwives have to send for a doctor if anything is going wrong, and this entails a lot of work for doctors which they might otherwise not have got. And as midwives are compelled by Act under the County Councils to send for the doctor, I believe the people who compel the sending for the doctor will have to pay him; but this is not quite clear. The third reason why the extension would be beneficial to us is that of the great training schools here. If we fail in our appeal to the Central Board and to the Privy Council, we shall be in an unfortunate condition, and the Rotunda will receive a very great blow. If we had united to get the Act extended to this country, we should have had our representatives on the Central Board, and their rules would not have passed in their present form. As this resolution appeals generally to the profession in Ireland, I propose that a copy of it, if passed, be sent to the authorities of the Irish Medical Association."

Dr. HORNE said "we had to go back some twelve or fourteen years since this Bill was proposed, and ask who were its promoters. Not the medical profession, but a lay society and Mr. Heywood Johnston. The Obstetric Section of the Royal Academy of Medicine had the Bill under discussion. When it came before us it was said it did not affect us at all; it was a Bill for England and Wales. We thought our poor people in this country well nursed indeed, for we had the Coombe and the Rotunda Hospitals, which were sending out nurses all over the country. A second attempt was made to carry the Bill, but it was still resisted by the profession, as against their rights. A third time, it becomes law. It is because it is law that I feel justified in saying that it should be extended to Ireland. However, there may be some difficulties about its extension to Ireland. Dr. Smyly has mentioned one very important point. How will the medical men receive it? How will the County Councils, if they find they have to pay the costs? I do not think that a trained nurse will go, say, to the Arran Isles for a salary of £15 a year. However, the meeting very properly decided that the resolution ought to go before the Irish Medical Association in order that the profession may give their opinion on it. I wrote the other day to the secretary of the Midwives' Board, asking for explanations, first as to the nurses' certificates in training, and those to come afterwards. I got a reply stating that my letter would be laid before the Board in due course. There is no necessity for action until they say they cannot receive our certificates. If they do not, I think this Bill ought to be extended to Ireland, but with very decided amendments. I think that in centres like Dublin and Belfast the right should be reserved for nurses to train just as at the present time, for it is only in big clinical centres that attendance should be recognised, and certificates given."

The resolution was put to the meeting and unanimously adopted.

Dr. STEPHENS proposed that the resolution of Dr. Kidd, which was seconded by Dr. Jellett, *re* the chartered hospitals, should be sent to the Central Midwives' Board, and to the Privy Council. On account of some remarks of Drs. Tweedy and Jellett, he would like to state that his Board had been willing to co-operate with Rotunda Hospital, and had sent a communication to the Board of that hospital which had not received any reply. He added that his Board would be only too happy to act with the other hospitals, for it was only by united action they could hope to prosecute their claim successfully. He was there on behalf of his Board to join in any resolution they might adopt, and he was heartily in agreement with the opinions of the meeting.

Dr. BARRY seconded the resolution, and thought it was one that should be accepted without hesitation, for it was no more than justice that they should have good nurses not only here but across the water. The united action of the hospitals would be bound to get them what they wanted, not as a favour but as a right.

The resolution was adopted and the Section adjourned.

SOCIETY FOR THE STUDY OF INEBRIETY.

MEETING HELD IN THE ROOMS OF THE MEDICAL SOCIETY OF LONDON. Tuesday, January 12th, 1904.

H. CAMPBELL, M.D., F.R.C.P., President, in the Chair.

W. FORD ROBERTSON, M.D., Pathologist to the Scottish Asylums, opened a discussion on "The Pathology of Chronic Alcoholism," and illustrated his paper (an abstract of which will be found on page 33) by lantern slides.

NORTH-EAST LONDON CLINICAL SOCIETY.

A MEETING of this Society was held at the Tottenham Hospital on January 7th, at 4 p.m., the President, Dr. J. Hunt, being in the Chair. Dr. A. J. Whiting showed (1) a case of angio-neurotic œdema in a female patient, æt. 19. Areas of spastic œdema had developed themselves over different parts of the body, including the pharnyx. The affection was in no way dependent upon any error in diet. The treatment of the case evoked considerable discussion, many members expressing the view that some derangement of the gastro-intestinal canal would, in all probability, play an important part in the production of the disease, while others maintained that the disorder had its origin in a vasomotor neurosis. (2) A case of lymphadenoma in a boy, æt. 14. The bilateral glandular swellings in the neck at one time obstructed the respiration. He had materially improved under the administration of arsenic and cod-liver oil. Dr. R. Murray Leslie, under whose care the boy was at one time as an in-patient, considered that the condition was both clinically and pathologically distinct from tuberculosis, with which it was often confounded, and that its mode of spread more resembled that of the sarcomata. Dr. Norman Meachen showed a case of lichen planus in a married woman, æt. 31, illustrating the lichenoid transformation of scratch-marks. Her condition was improving rapidly under the administration of arsenic internally and the local application of a creolin lotion.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 10th, 1904.

OPOTHERAPY IN RENAL DISEASE.

As mentioned last week, M. Renaut, of Lyons, made a communication at the Académie de Médicine on the application of the treatment of renal opotherapy to albuminuria, and on account of its importance we give a more detailed *résumé*.

This treatment, he said, applied to patients suffering from renal insufficiency, constitutes the most active and the most efficacious of all proposed up to the present moment. Better than any other known means, it opens the kidney, practically annulled by uræmic œdema; it acts rapidly and surely, exercising intense diuretic effects; when sufficiently prolonged, it brings the urinary secretion to its normal quantity and maintains it there. The method has the advantage over most others in the fact that it surely reduces the albumin emitted by an insufficient kidney and restores to the latter its full activity.

It can even cause the albumin to disappear for long periods, giving a chance, by the prolonged functional rest, to favour the restoring of the renal epithelium. It is also a first class antitoxic method, and one which is in no way destroyed by its passage through the digestive tract, a very important point.

As to its mode of administration Professor Renaut minces every day, one, two, or three pork kidneys. Pounded in a mortar, a pint of salt water is added. After four hours the water is decanted and drunk by the patient in three or four doses in twenty-four hours. The treatment is followed for ten days and a rest of four or five days is ordered, after which the treatment is recommenced.

We have here, concluded M. Renaut, a therapeutic method which should be currently employed at the beginning of all cases of nephritis, without, however, renouncing the other means known and put into practice.

M. Dieulafoy confirmed the report of his colleague by saying that he had warded off more than once acute uræmic attacks by the ingestion of raw kidneys, while Professor Cassaet, of Bordeaux, employed with complete success the same treatment (daily ingestion of raw kidneys) in a case of suppuration of the kidney from renal calculus.

ANTITHERMICS IN TYPHOID FEVER.

As everyone knows, the treatment of typhoid fever has varied according to the experience of the practitioner. While some give every confidence to quinine, others prefer antipyrine, and still others pyramidon, which they say possesses none of the inconveniences of the two former. Naturally those antithermics receive only their full application where cold baths are not or cannot be accepted by the patient. To the above list a new agent has just been added which, if reports are true, would seem to give particular satisfaction. Cryogenine, according to M. Hortoles, of the Montpellier Academie de Médicine, possesses real advantages, especially in the treatment of typhoid fever in children.

In spite of baths and quinine associated with antipyrine, the temperature in a case which he was attending rose persistently for ten days. Given in the dose of ten grains every four hours the temperature fell each time one and a half degrees, and during the whole period of the malady cryogenine was constant in its effects. A short time after its administration the patient perspired freely, but no intolerance of the drug was noticed.

SYPHILIS IN THE INFANT.

According to M. Schwab, injections of biniodide of mercury in a watery solution are superior to all the other classical methods, and the hypodermic treatment should take the place in the treatment of infantile syphilis. Without danger it seems particularly efficacious, rapid, and certain. The average dose should be from one to two milligrammes given each day for ten or fifteen days, and then suspended for a similar number of days when a new series of ten injections should be made.

His formula is as follows:—

Biniodide of mercury, 0·05
Iodide of sodium, 0·05
Distilled water, 10 gr. (cubic centimetre).

This solution contains 5 millig. of mercury per cubic centimetre (Pravaz syringe); 4 divisions of the syringe representing 1 millig. should be injected into the lumbar region. It is generally recommended to make the injection into the muscles, but the subcutaneous cellular tissue presents no inconvenience.

The same aqueous solution of biniodide of mercury is very efficacious in syphilis of the adult, but, of course, in much larger doses, 6 to 8 centigrammes every five days.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, January 9th, 1904.

AT the Society für innere Medizin Hr. A. Loewy gave an address on

THE ACTIONS OF HIGH AND SEA CLIMATES ON THE ORGANISM.

Although the action of the former had frequently been the subject of investigation during recent years, that of sea climates had never been properly estimated. The speaker, along with Dr. Franz Müller, had carried out investigations on the climates of Westerland and Sylt as to the effect on tissue change in three individuals, and the report embraced the results then obtained, and also the results of his earlier investigations on high climates.

A high climate acted stimulatingly, it increased the

activity of the heart, the respiration, and tissue change. Even when the body was at rest the pulse-rate was higher than at the sea level, as also the frequency of respiration and the volume of inspired air. With muscular exertion, also, all these processes were at higher values than on lower levels. These increases were higher according to the height and especially in proportion to the excitability of the individual, but they were also of a transient nature: they fell after some days or weeks —they did not depend on the rarity of the higher air. Other factors must also be taken into consideration—intense isolation, rapid movements of air and temperature. In contrast to this, however, was the action of a high climate on blood formation, which was permanent, that is, acting as long as residence in the high climate lasted, and dependent directly on the rarefaction of the air. An actual stimulation of blood formation must be conceded, for the increase in the total hæmoglobin constituents could be confirmed by the speaker, and it could be determined that the medulla of bones of animals of high altitudes was richer in blood cells than the marrow of similar animals on the lower planes, and represented red marrow as compared with the fatty marrow of the latter animals.

As regarded two of the individuals experimented on, it was shown that the sea climate also stimulated tissue changes, one much more than the other, but for a shorter time, the other less but more lastingly. The third person showed no increase. The increase began even on the second day of residence, and before there could be any direct effect.

It was worthy of note that in the case of the speaker, both high and sea climates increased tissue changes, but with Müller the high climates had no distinct effect. There were therefore individual differences in regard to such action.

The stimulating effects of sea and high climates must be looked upon as specific actions, as the individual factors, the total of which caused them, but which could not be caused by any of them individually.

In any case sea and high climates were by no means indifferent curative agents; they stimulated and should be employed with caution when conditions of excitement were already present. Individualisation was to be desired, as they did not act on all individuals alike, rather one would be more active in one case and another in another. For any regular rules to be laid down in this respect, however, further investigations were necessary.

At the Medical Society Hr. Holländer spoke on the

TREATMENT OF PRIMARY SORES,

the communication being a preliminary one. He spoke on the endeavours that had been made to prevent the outbreak of syphilis by cutting out or destruction of the primary sore. Only rarely had any result been seen from it. Moreover, one could not always say from the character of the sore that it was not a simple ulcer. For this reason statistics were comparatively worthless, and only such were of value as were based on a large series of cases.

In the belief that contactless hot air cauterisation effected a decidedly deeper action than Paquelin or the hot iron, he had employed hot air cauterisation in 59 cases of primary sore. Of the number 15 became syphilitic, 44 were spared, 22 of these had remained well over a year, 12 more than 6 months, 3 acquired a re-infection.

If one had cauterised a sore with hot air and tried to scrape off some of the slough with the sharp spoon, nothing came away. If the sore were a soft ulcer, however, a bleeding wound would be left from the curetting. This differential sign the speaker looked upon as positively typical, and he included only those cases that had the characteristic hard surface. He believed that by this method a larger number of cases could be saved from general infection than in any other way.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, January 9th, 1904.

SENSATIONAL PARALYSIS.

URBANTSCHITSCH read an exhaustive paper to the Gesellschaft der Aerzte on the subject of perverted sensation and its remote effects through the reflex system on the motor nerves. To illustrate his subject he quoted cases of catarrh, polypi, and simple thickening of the middle ear producing paresis and even paralysis of an entire motor region. The sensation of calculating weight is not an uncommon occurrence in aural disease. A finer disturbance is frequently observed in the arm while writing, and the tongue in speech. He gave fifty examples of the former from tamponing; in eleven cases the paralyses were greatly aggravated by laying the middle ear space quite open, and then applying the tampon. Writing and speaking were the tests regularly applied in carrying out these observations. In one of these cases the patient became utterly unable to write at all, although a good penman when in health. As soon as the tampon was withdrawn, speech and power of writing would return. Out of the fifty cases experimented on with the tampon pressure, thirteen were affected in speech as the earliest manifestation, and particularly in attempting to pronounce the letter "s," and in this respect the condition very much resembles aphasia.

The motor reflex may also be associated in the most deceptive manner as apoplectic attacks, which will certainly increase the attendant's alarm. Proper attention to the ear will immediately relieve the excitement, which, he considers, fully testifies to the reflex functional character of the disorder.

From these facts he reasoned that the same results were obtained from similar influences on the mucous membrane of the nose, mouth, &c., which need not be confined to the motor sphere, but may be passed on to the damage of other sensations, such as taste, smell, temperature, &c. He found that cocainising the mucous membrane before applying the tampon abolished the consequent disturbance, another fact which proved to his mind that the morbid changes were of a reflex nature.

ETIOLOGY OF EMPHYSEMA.

Golubow, of Moscow, in describing the history of a case of emphysema arising from an aneurysm of the aorta said that in this case chronic tracheitis followed, with a consequent emphysema of the lung. The true etiology, however, of this disease was due to a congenital anomaly in the cartilages of the ribs. If the number attached to the sternum were reduced to three or four, leaving seven or six of the ribs attached by cartilaginous union at the lower part of the chest, the lung thus protected would in all probability be emphysematous.

PROSTATE GLAND.

Englisch again presented an exhaustive monograph on urologic pathology, in which his results differ somewhat from other authors, in acting upon the supposed valves at the neck of the bladder, or rather the folds in the bladder itself, which, according to Fritsch, was caused by an atrophy in the muscular wall of this viscus. Englisch divides these so-called valves into two classes: First, a small prostate

being deeply embedded and dwarfed in its growth; and second, a prostate which has degenerated organically while its position is normal. He gives a history of 1,747 cases which he has examined, and among them found 190 dwarfed glands. In his tabular arrangement, the pathological anatomy is divided into two groups: first, where the valve does not involve any portion of the tissue of the prostate itself, but is simply taken up by a fold of mucous membrane, which he designates "valvula mucosa," or where the mucous membrane and a ring of fibrous tissue is taken up to form what he calls "valvula muscularis." The second group comprises a valvular arrangement formed out of the substance of the prostate itself, which he names "valvula musculo-glandularis." The symptomatology of the small prostate resembles in every detail that of the enlarged prostate, particularly in adults after puberty, where enuresis is the most troublesome symptom we have to deal with. For this morbid condition he recommends the "injections epidurales" of Kathelin, which he has found act in a speedy and effectual manner. He has not met with that success that many other authors record of relieving enuresis by removing the patient to hospital. He has found in several cases, however, that many of them have been relieved by the sectio alta operation and destroying the pseudo-valve. Others have succeeded in the same manner by the sectio perinealis. In cases of atrophy of the prostate arising from senile cachexia or inflammation, he gives very little to encourage the hope of any successful treatment. The cause of the atrophy should be relieved as much as possible by removing all foreign matter, and frequently catheterising to prevent complications arising in the bladder and kidneys.

The Operating Theatres.

GUY'S HOSPITAL.

OPERATION FOR HOUR-GLASS CONSTRICTION OF THE STOMACH.—Mr. ARBUTHNOT LANE operated on a case of constriction of the stomach at some distance from the pyloric orifice, so that the stomach was divided into two parts of unequal size, that forming the cardiac being much larger than that forming the pyloric portion. The patient, a woman, æt. 50, had suffered from symptoms of gastric discomfort for many years, and within the last few years she had been troubled also with vomiting. She had restricted her diet and lost flesh very considerably. Her stomach walls could be felt distinctly, and in the situation of the constriction a hard cicatricial mass could be felt which was attached to the under surface of the liver in the position of the gall-bladder; indeed, this mass had previously been regarded as a contracted gall-bladder which had become adherent to the stomach and had produced the gastric symptoms of which she complained. The front of the stomach was exposed by a vertical incision through the anterior abdominal wall; the stomach was then seen constricted in the manner already described. The constriction was due to the healing of a gastric ulcer whose base had also become attached to the under surface of the liver and gall-bladder. As far as could be judged by the appearance of the cicatrix the ulcer had been a simple one, and there was nothing to suggest any cancerous infection. The aperture of communication between the two portions of the stomach was very small indeed, and only permitted the introduction through it of a slate pencil. A vertical transverse incision was made through the stricture and through the wall of the stomach on either side, so that a large aperture of communication was established between the two portions of the stomach. The edges of the incision were brought together in such a manner as to restore the functions of the stomach completely. Mr. Lane said this case illustrated the difficulty of differentiating between an inflamed gall-bladder attaching and interfering with the lumen and functions of the stomach, and a primary ulceration of the stomach which becomes attached to the gall-bladder and interferes with its function, while it also materially affects the form, utility and function of the stomach. Such conditions, he thought, could be differentiated from one another only by a careful inquiry into the history of the patient and by the skilful employment of one's fingers. The progress made by the patient was excellent. She lost her pain, nausea and sickness, and rapidly put on flesh.

PANCREATIC CYST.—The same surgeon operated upon a case of pancreatic cyst in a woman, æt. about 35. The patient had suffered from a lump in her abdomen for between two and three years. It had interfered very much with her comfort, preventing her from wearing her corsets, producing indigestion and constipation, both of which had required much treatment for their alleviation. At one time she consulted a physician, who informed her that the lump in the left side of her abdomen was produced by the accumulation of fæcal matter in her large bowel, and advised massage and various manipulations, which he himself undertook to apply; in doing this he used much force. She felt the lump subside suddenly during the process, when she was informed she was cured. The so-called cure was followed by much abdominal pain, nausea and tenderness, which lasted for several days. As she did not pass the masses of hard fæces which she was led to suppose had produced the lump, and as the process of cure was followed by so much discomfort, she did not consult that physician again. The lump very soon returned in the same situation and became bigger than it had been before. The large bulk of the tumour was situated on the left of the middle line, extending upwards under the stomach and ribs, backwards into the loin, downwards below the level of the umbilicus, while it projected across the middle line of the abdomen to the right about two fingers' breadth. The lower part of the kidney could be felt on its posterior surface, and the cyst and kidney appeared to be intimately united. A distinct thrill could be felt in the cyst. An incision was made along the outer margin of the erector spinæ, the kidney was displaced inwards, and an incision was made into the bulging cyst in this situation. The contents of the cyst were evacuated and a drainage-tube introduced and fixed in position. From the history of the case it seemed very probable, Mr. Lane said, that the cyst wall had been ruptured in the process of manipulation, and that the fluid had been diffused through the general peritoneal cavity and gradually absorbed. The contents of the cyst which were evacuated at the time of the operation in no way differed from those which are usually present. The diagnosis, he pointed out, lay between pancreatic cyst and hydronephrosis, which involved the pelvis of the kidney only, and left the secreting substance of the organ unaltered.

WE have received the following from the Colonial Office:—"Disquieting reports having appeared in the Press as to an outbreak of yellow fever in Jamaica, the Governor of that Colony has telegraphed that since the death of an officer from this disease, which he reported on November 19th last, no case has occurred, and that the state of health in the island is most satisfactory."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 13, 1904.

PHARMACOPŒIA REVISION.

ONE of the important events of the past year was the publication by the Pharmacopœia Committee of the General Medical Council of a "Digest of Researches and Criticisms," prepared for them by William Chattaway, F.I.C., Superintendent of the Society of Apothecaries. The "Digest," as some of our readers are doubtless aware, covers the various researches and criticisms that have appeared between the years 1899 and 1902. Most of the quotations are taken from the *Pharmaceutical Journal*, the *Chemist and Druggist*, the *British and Colonial Druggist*, and the *American Journal of Pharmacy*. Another source of information is the valuable series of investigations recently carried out in the Research Laboratories of the Pharmaceutical Society at the instance of the General Medical Council. In this case, however, full details are not supplied, as they had already been reported direct to the Council. The "Digest" comprises some seventy closely-printed pages of weighty matter, and so far as we have examined it, contains brief yet adequate accounts of almost every criticism or research bearing on the varied collection of substances contained in the "Pharmacopœia." The importance of this work to the medical profession can hardly be over-estimated, when we take into consideration the fact that the whole of its progressiveness must depend ultimately on the proper appreciation of fresh facts. On this point Mr. Chattaway says: "I think it is clear that of the large number of researches published many new facts may be taken as fairly well established, and available for use in a new edition of the 'British Pharmacopœia.' On the other hand, it is equally clear that there are many cases where revision and confirmation are desirable before new processes can be regarded as sufficiently well established to warrant their official recognition." This comment, wide though it be, will, we feel confident, be found fully justified on a careful perusal of the "Digest," in which the criticisms dealing with the botany of the "Pharmacopœia" are but few, as might have been expected, seeing that such well-equipped experts as Mr. E. Morell Holmes and Sir William Thiselton-Dyer were engaged in advising the Council on these points. The "Digest" contains suggestions by many well-known pharmacists for improvements in the manufacture of many valuable preparations, as well as for the improvement of methods of assay and tests for impurities. It forms, again, a handy compendium of reference to the pharmaceutical progress during the past three years, and from that point of view should be of considerable use to pharmacists generally. We understand that it is obtainable by post from the offices of the General Medical Council for a merely nominal sum. It seems a pity that a more durable style of binding was not adopted, as the copy which we have received is bound in a thin paper cover which would hardly survive even a moderate amount of use. We congratulate the compiler of the "Digest," Mr. C. G. Moor, on the manner in which he has carried out his task, and believe that the facts he has collected will prove of great value to the Pharmacopœia Committee when they have before them the important question of preparing a new edition of our national text-book of pharmacological lore. It is an open secret that the "Digest" contains many references to his standard work on the "Purity of Foods and Drugs."

THE CONSUMPTIVE AT HOME.

WHILE the immense value of the sanatorium and other forms of open-air treatment for consumption is daily becoming more fully recognised, it must be remembered that, as yet, these methods are available only for a comparatively small proportion of the total number of cases of the disease. We have not yet arrived at the time when municipal sanatoria will be provided for the poorer class of consumptives inhabiting their respective boroughs, but there are indications that this is the direction in which the therapeutic progress in pulmonary phthisis will ultimately be made. In the meantime, it is obvious that the immense majority of tuberculous patients must be treated in their own homes, under circumstances which must often militate considerably against restoration of the lung-tissue. It is little to be wondered at, sometimes, that such patients, seeing the impossibility of carrying out the directions of the physician with regard to the hygienic arrangement of the bedroom, the necessity for suitable and sufficient nourishment, and other details in the management of their cases, are apt to lose heart in themselves and, what is equally bad, confidence in their medical attendant, and relax the very precautions they had at first promised faithfully to observe. How is it possible to treat tuberculosis efficiently under conditions of extreme poverty, gross overcrowding, or bad sanitary conditions? The problem, indeed, seems hard to solve, and yet a good deal may be accomplished by the dissemination of knowledge respecting the need for the

disinfection of sputa, properly lighted and ventilated rooms, and strict cleanliness. Professor William Osler has recently called attention to this important aspect of the tuberculosis question, and has laid stress upon three essential points in the treatment of the consumptive at home. In the first place, the necessity for an earlier recognition of the disease is urged, and, provided that the patient will only seek medical advice before definite pulmonary symptoms have supervened, it should not be difficult after a thorough systematic physical examination to enlist the intelligence of the patient himself in his condition and invite his co-operation in battling with the tendency to the disease, and in overcoming the first onslaught of the tubercle bacillus. When physical signs have appeared, Professor Osler pleads for a more "masterful management" of the early cases. It is here that real practical difficulties arise, for, however willing and anxious the patient may be to subdue the affection, neither he nor his friends may show much disposition to upset the arrangements of the home by providing freer ventilation than that to which they were formerly accustomed. Once the patient's confidence is gained—and this is a most important point—the hope of recovery will, in the majority of cases, prove a sufficient stimulus by which he may overcome objections and other temporary obstacles in the way of the successful carrying out of the plan of treatment. Another *sine quâ non* in the home-cure of consumption is persistence, without which any system of therapeutics will fail. In only too many instances is it seen that the good effect wrought by treatment is undone at night by sleeping in stuffy and overcrowded rooms. Intermittence, whether nightly or at longer intervals, must be rigorously guarded against, and this more especially if any signs of improvement are manifest. If due regard be paid to these essentials in the home-treatment of tuberculosis, the lot of the consumptive who, from lack of accommodation or means, is deprived of the advantages of sanatorium life should be rendered more endurable and his outlook somewhat brighter.

SCIENTIFIC AND MEDICAL EDUCATION.

IT is natural that there should be considerable disagreement on the question of the proper place of scientific training in the curriculum of a medical student. There are certain sciences which by general consent must form a part of any proper course of medical education, and others whose standing in that connection is more or less debatable. In the first class must be placed such branches of study as anatomy, physiology, and pathology, whose main truths form the basis of any rational art of surgery or medicine. In the second, one may mention what are often called the preliminary medical sciences, such as biology, botany, and physics. No question regarding the professional course has caused so much difficulty as that of the importance to be attached to these subjects, and the General Medical Council, by its dealings with the Royal Colleges, has allowed it to appear that considerable individuality of action by the different licensing bodies will be tolerated. With this subject, however, it is not our intention to deal just now, but rather with the position in the medical curriculum of what we may call the essential medical sciences, and, in particular, anatomy and physiology. This matter has recently been considerably discussed in medical circles, and especially in the Universities of Dublin and Edinburgh. It appears that in both these schools it is now the custom for students to begin their attendance at hospital in the same winter as they begin to dissect and to attend lectures in physiology. In both places, as might be expected, hostile criticism is heard. It will be remembered that in his opening address to the Yorkshire College Medical Department, Professor Schäfer held up the Edinburgh School as the drunken helot to modern medical Sparta—the example of how things ought not to be done. Instead of starting the study of medicine at the same time as he starts that of physiology and anatomy, Dr. Schäfer thinks that the student should complete his study of the latter subjects before the former is begun, and he emphasises the crudeness which necessarily results from attempting both branches together. We think that there is often a tendency to over-estimate the educational value of a purely scientific training, and, in consequence, to neglect the humaner studies, and, indeed, we agree with one of Professor Schäfer's severest critics that "there is no more narrow-minded man than he whose education has been exclusively scientific. The years before the medical curriculum is commenced should, therefore, in an ideal course, be devoted to the broadening of the mind by extra-scientific studies, and especially by the study of such subjects as philosophy." Nevertheless, we think that Professor Schäfer's main contention is right, and that any attempt to learn medical and surgical practice without a proper grounding in anatomy and physiology must result, if it results in anything but the accumulation of an undigested mass of useless facts, in the crudest empiricism. The student who has never dissected can learn nothing from watching a surgical operation, or from hearing a clinique on, let us say, pneumonia. To him, the lung, the bronchi, the alveoli, and the pleura are only names, and quite meaningless. Even the most painstaking teacher cannot stop to explain every technical term he uses, and in the actual condition of affairs at Dublin and Edinburgh to-day he would not only have to do this, but to spend his time in elementary explanations of the simplest anatomical and physiological facts, if the first-year student is to learn anything from his teaching. The result at present is that the average student soon finds he is not learning anything of value and he gets into the habit of neglecting hospital attendance, or, on the other hand, if the wards interest him, he neglects his dissecting. The cessation of attending hospital would be in itself innocuous, were it not that the habit thus formed is likely to persist during the later years of the student's course, when hospital

work should be the one important thing. We fear it is impossible to prevent some overlapping of the work in the wards and in the dissecting-room, but at least one winter should be kept free from hospital interruption. At the same time we think it only fair to Dublin and Edinburgh to point out that there is much to be learnt from an early experience—what was described in Albert Smith's days as "walking the hospitals." In that way there is an everyday acquaintance to be acquired with the features of disease that is often wanting in the highly qualified and theoretically perfect product of modern medical education. It seems not improbable that the pendulum has swung too far in the direction of theoretical as against practical education.

Notes on Current Topics.

Historical Medical Exhibition.

AN exhibition of a novel and attractive kind is announced to take place shortly in London. It is nothing less than a comprehensive historical exhibition of rare and curious objects relating to medicine, chemistry, pharmacy, and the allied sciences bearing upon "the science and art of healing throughout the ages." Messrs. Burroughs Wellcome and Company have organised this most interesting project as an appropriate means of celebrating the lapse of a quarter of a century since the foundation of their firm. They announce that the exhibition will be strictly professional and scientific in character, and they ask the co-operation of medical men throughout the United Kingdom. It is with great pleasure that we draw the attention of our readers to the matter, and we cordially invite them to intimate either to the Editor of THE MEDICAL PRESS AND CIRCULAR or to Messrs. Burroughs Wellcome and Company direct their willingness to loan any objects of interest, such as interesting old books, manuscripts, ancient medical relics, surgical instruments, or, in short, anything rare and curious appertaining to things medical. In the rush and hurry of modern professional life it is well to be reminded that we of to-day depend to no small extent for our knowledge upon the evolution of a buried past. A survey of history, moreover, enforces the lesson that the underlying principles of medicine and surgery are eternal, however much the surface eddies of form and fashion may change.

Koch's Birthday.

THE sixtieth anniversary of the birthday of the discoverer of the tubercle bacillus is being celebrated in Germany by the issue of a festival number of the *Deutsche medizinische Wochenschrift*, to which many of the leading pathologists of this country and the Continent are contributing articles. The public celebration will have to be postponed, as the protagonist himself is away in Rhodesia, working for the second time at rinderpest for the Colonial Government, and even on his return, with a characteristic dislike of fuss and pomp, he has insisted that only past and present assistants shall be present at the gathering. It is interesting now that the great savant's name is again to the fore to note that there are indications that he has modified the opinion that startled the world so much when he enunciated it at the Tuberculosis Congress three years ago. Till then it had been actively assumed that human and bovine tuberculosis were both due to the same species of tubercle bacillus, and many important regulations had been founded on that assumption. When Koch, himself the sponsor of the tubercle bacillus, announced that the diseases were due to different organisms, the ground under the feet of hygienists seemed to be cut away. It is not too much to say that in no country except Germany has this view been accepted, and all subsequent work in this country, especially Professor Hamilton's, has tended to negative Koch's dictum. A book on the prevention of consumption just published has been revised and criticised by Koch, who, although not the author of the work, has thus made himself responsible for the opinions expressed in it. The section dealing with the communicability of bovine tuberculosis to man discusses the question very fully, and concludes that the question is still *sub judice*, and not, as one had hitherto supposed, *une chose jugée*—from Koch's point of view. For those of us who admire the great work that he has done for bacteriology, but who were not prepared to follow him in his latest developments, this modification of Koch's view will be very acceptable.

Massage of the Heart.

THE sensational feat accomplished by Mr. Arbuthnot Lane in restoring animation by massage of the heart in a patient who had apparently died during an operation for appendicitis performed under ether is still fresh in the minds of those who read of it. Several Continental surgeons have attempted massage of the heart under similar circumstances; they have generally opened the thorax and pericardium and squeezed the heart with the hand. None of these have been successful, and Batelli, who has tried the same manœuvre on dogs, has not had encouraging results, for all his animals died within a few days, even if their immediate resuscitation was accomplished. Boucart has been making further experiments on dogs, but his method is to massage the heart, not directly through a wound in the chest, but mediately through a laparotomy incision. The animals were anæsthetised with chloroform till syncope occurred; then tracheotomy was performed, and artificial respiration begun. A median incision was promptly made through the abdominal walls, the hand introduced and slipped up over the stomach, and the heart defined through the relaxed diaphragm. The fingers then seized the heart and gentle rhythmical compression was made till spontaneous contractions of the organ itself were felt to be setting in. The heart was apt to slip up into the chest during the manipulations, and when this occurred care

had to be exercised not to squeeze the bronchi and interfere with respiration. Boucart's results were decidedly encouraging, for of four dogs on which he experimented one recovered completely after having been dead apparently for ten minutes. Another recovered, but died the next day from œdema of the lungs, due probably to liquid chloroform being inhaled by mistake; a third regained cardiac motion, but respiratory movements did not follow; and a fourth died through the heart compressing the bronchi, during inversion of the animal. Considering the number of deaths annually from chloroform syncope, and the poverty of our resources in treating patients thus intoxicated, sub-diaphragmatic heart massage, heroic though it sound, may be of distinct service as a last resource.

Bed Books.

AN interesting discussion is now proceeding in a contemporary on the merits and perils of reading in bed. It is a matter on which a medical adviser is not infrequently consulted. As with most matters concerned with individual needs much discretion and a wise discrimination is necessary before judicious direction can be safely given. Bed books are often bad books, but to condemn a habit before studying all the conditions which have given rise to its establishment, and the various circumstances under which it is conducted, is both unwise and unscientific. To many, reading in bed comes as a solace and comfort after the turmoils of the day, and in the land of fiction many a weary, worried struggler finds rest and restoration. But to not a few the nocturnal novel is pernicious and capable of working much damage. Wisely selected reading may serve as a pleasing soporific and desirable sedative, but a reckless trespass into certain types of so-called literature is productive of nothing but evil. The secret of success in this, as in so many other matters, must depend upon our knowledge of action and re-action. The man who is not absolutely "fit" both in mind and in body had better consult his physician if he wishes either to commence or to continue reading in bed.

The Curse of Corsets.

DRESS is the charity which covereth multiple grievous deficiencies in the feminine form that mere man in his ignorance once designated divine. We do not venture on such a statement as the result of our own experience or experiment. It is the verdict of Dr. Arabella Kenealy, clearly drafted in the serious pages of this month's *Nineteenth Century*. All minds are now being directed to a scientific study of influences making for racial deterioration. The "lady medical" finds that decadence originates in "the curse of corsets." "The average woman, clothed as fashion clothes her, presents, I confess, an exterior pleasing to our artificial and acquired tastes. Unclothed—alas! She is that to make the physiologist and artist weep." The average physiologist, as far as we are acquainted with him, is not given to excessive lachrymal secretion, and even the fashionable ladies' physician does not usually display tearful tendencies. We can only imagine that Dr. Kenealy is referring to physiologists and artists of her own sex, and, concerning such, ignorance is doubtless bliss. We fear but little good will result from such extravagant presentations as that to which we have felt it desirable to draw attention. The abuse of the corset is only too prevalent, and in the initiation of many morbid conditions it probably plays an important part, and certainly often does much to hamper physical development. But in spite of the lachrymation of female physiologists, it is well to remember that both experience and experiment afford evidence that a wise use of corsets is sometimes advantageous. Tight-lacing stands condemned on all counts, but there are sound physiological reasons for the rational adoption of some form of thoracico-abdominal support.

Camps for the Tuberculous.

THE New York Board of Health has given a good example in regard to the provision of accommodation for the out-door treatment of the victims of tuberculosis. A tract of land, of ample dimensions, at a reasonable distance from the City and other inhabited places, and at a certain altitude, has been selected and on it are to be erected a number of tents, furnished with the strictly necessary furniture and even something more. It is contemplated that each tent will accommodate two or three persons, but single tents will be available for persons in a position to pay a small additional sum. We have over and over again insisted on the fact that this plan is the only one that will enable us to bring the open-air treatment within reach of the tuberculous masses. The costly institutions which have so far been the rage are filled for the most part with persons whose claims to admission consist merely in their pitiable condition—those, in fact, for whom the open-air or any other treatment can do little or nothing. These tents can be fitted up for about £25 each, and are easily moved as occasion may require. There is no reason, not even that of expense, why every district, rural as well as urban, should not have its open-air camp. If the expense be kept down, such a camp might even be made to cover its cost of maintenance. Officialism appears to be wedded to bricks and mortar, but the system will have to be modified under penalty of the method of treatment falling into discredit.

Dunbar's Antitoxin in Hay Fever.

WHEN Professor Dunbar intimated that he believed this distressing complaint was due, not, as had been previously supposed, to the mechanical irritation of pollen from plants, but to an actual toxin resident in the pollen-grains, it was hoped that the antitoxic serum he presented as the result of his experiments would inaugurate a new era in the treatment of this refractory disease. The early trials of the serum in this country by Sir Felix Semon were decidedly hopeful. Fuller

trials did not bear out the most sanguine expectations formed, but now that the results of last summer's experiments with the serum on both sides of the Atlantic have been published there is good reason for the belief that a distinctly hopeful direction has been taken by Dunbar's departure. Dr. McBride in Scotland has reported several cases which gave similar results to those of Dunbar and Semon, and the suggestion is that all are not successful because the various particles causing the catarrh act by virtue of different toxins. If this be so it is not to be expected that the same antitoxin will be successful in each. Dr. McCoy, in the *New York Medical Journal*, publishes fifteen cases treated with satisfactory results, six of them being detailed in full. McCoy treated his cases by applying the serum with a pipette to the conjunctival mucous membrane and to the nasal passages. Quite small doses, one to four drops, were instilled several times a day and the effect was immediate and complete. The diagnosis was fully established before commencing the treatment, and none but patients who suffered periodically were selected for trial. It is to be hoped that larger quantities of the serum may be available before next spring so that by extension of the experiments some definite decision may be arrived at.

"Homocea, Limited."

IT is evident that our much-advertised friend, "Homocea," however much it may have succeeded in "touching the spot," has not succeeded in at the same time touching the almighty dollar in quite the manner expected by its proprietors and shareholders. The history of the company—"Homocea, Limited"—is a curious one. In 1897 it purchased the patents and trade marks of "Homocea" for the sum of £141,000, a sum which, according to the company's counsel, was "a great deal too high." In 1897, the company paid a dividend on their preference shares, but since then have paid no dividend of any kind. The sole present assets of the company are the aforesaid trade marks and patents, and the goodwill of the business, and as these do not appear to be at the present time very negotiable articles, the wisdom of reducing the capital from a quarter of a million to £60,000 has become evident. Accordingly, the company in December last presented a petition for the sanction of the Court to the proposed reduction. The learned judge had apparently no difficulty in deciding that the above-mentioned assets do not represent value for a quarter of a million, and sanctioned the reduction. We cannot say that we view the tribulations of such companies with sympathetic eyes, nor should we greatly grieve if other similar companies followed a like course. The "Homocea" shareholders must have known when they purchased shares that the business by which they hoped to earn a dividend was one which throve on the credulity of the times, and if they find that that credulity leads people into another shop than theirs they cannot complain. We notice that there is at present an arrear of dividend to the preference shareholders amounting to over £19,000, and if these unfortunate people ever see their money we shall be much surprised. They, at any rate, received one dividend, the ordinary shareholders never received any.

A Forgotten Physician.

IT is seldom remembered that the originator of the "Higher Criticism" of the Hebrew Scriptures, and thereafter of "Higher Criticism" in general, was a professor of medicine. Jean Astruc, a man of much distinction in his time, was born in 1684, and eventually held chairs at Toulouse, at Montpellier, and at Paris. He was a man of wide learning, both in the medical sciences and in letters, and as a teacher he had a European reputation. A voluminous writer, his most important book in the sight of his contemporaries, was entitled "*De morbis venereis libri sex*," which enjoyed great vogue and was translated into English. The apparently inconspicuous book, but for which Astruc would long ago have been forgotten, is a small monograph which was probably regarded by its author as a mere bagatelle. The "*Conjectures sur les mémoires qui ont servis à Moïse pour écrire la Genèse*" is an epoch-making work in the history of literary criticism, and is so merely by the clue which served Astruc to distinguish one author from another. In certain passages in the Book of Genesis, and particularly in the account of the Creation in the first two chapters, the Deity is described as *Elohim*, while in others the word *Johveh* is used. The transition from one passage to the other is always abrupt, and Astruc pointed out the strong probability that they were written by different hands. It is beyond our sphere to discuss questions of literary criticism, but it is interesting to note that the sole originator of what is rightly called scientific criticism was himself a medical man, and a scientific writer of no small repute. At the same time it is passing curious that the pioneer in such a subject should have been, not a scholar, but a specialist in venereal disease.

Compressed-Air Illness.

THE affection which goes by the name of caisson-disease is, like divers' paralysis, seen in workers under conditions of greatly increased atmospheric pressure. The most characteristic symptoms are those of dyspnœa, vertigo, pains in the joints, cramps, and a rapid pulse. The venous blood obtained by venesection has been observed to be arterial in colour. But, since these morbid phenomena invariably appear when the men return to the ordinary pressure of the air,—*i.e.*, after decompression, the disease might, with propriety, be known by the name of decompressed-air illness. The pathology of the condition was thought, at one time, to be due to mechanical congestion of the central nervous system, and especially of the spinal cord. This theory has been disproved by Paul Bert, and, more recently, by Drs. Leonard Hill and J. J. R. Macleod (*a*). These observers have found that no change in the mean

(*a*) *Journal of Hygiene*. October, 1903.

blood pressure occurred during compression of air in a chloralised rabbit, nor in a frog's web or a bat's wing. The conclusions arrived at by modern research are that caisson-sickness is due to the escape of bubbles of gas from the blood vessels and body-tissues on decompression. The gases of the atmosphere, having been absorbed into the blood, are again given up when the pressure under which they have been dissolved is withdrawn. The tissues under these circumstances may be compared to an open soda-water bottle in a state of effervescence. The different symptoms produced depend upon the varying localities of these air-emboli. It is found that young men generally escape the disease on account of the elasticity of their tissues and greater facilities for collateral circulation. Drs. Hill and Macleod consider that the length of the period of decompression is one of the most important factors in preventing this troublesome malady. They believe that by working in short shifts of not longer than four hours and by allowing sufficient time, about two hours, for decompression, the disease may be avoided altogether.

Poisoning by Honey.

FROM a case narrated in the *Guy's Hospital Gazette*, it would appear that honey is not always the delectable article which it is supposed to be. Shortly after partaking of some fresh country honey a lady was affected with urticarial symptoms, the larynx becoming œdematous and the respirations hurried. Fortunately, the condition cleared up after a prompt purgative. From time to time there have been reported instances of severe poisoning from the consumption of honey, the fact of which was known to and described by Xenophon, who relates how that certain Greek soldiers were seized with vomiting and sickness after partaking freely of the honey gathered in the neighbourhood of Trebizonde. In a paper read by Dr. J. C. Thresh (*a*) before the Pharmaceutical Society, some information was given with regard to the nature of the poison. According to Dr. Stockman, of Glasgow, who examined an ethereal extract of this honey physiologically, the active substance was stated to be "a narcotic poison, acting very markedly on the respiratory centre." In other cases, gelsemium has been found impregnating the honey, the consumption of which has given rise to all the symptoms of poisoning by that drug, such as giddiness, cardiac weakness, and temporary amaurosis. Death has even occurred under these circumstances, though, happily, such an event is extremely rare. Severe pruritus has also been observed to follow the eating of honey culminating in the outbreak of an erythematous or urticarial eruption. The obvious explanation of these untoward manifestations is that the particular sample of honey has been gathered by the bee from a poisonous flowering plant, for, notwithstanding the gaudiness of the bloom and its richness in the syrupy liquid, the melliferous insect can hardly be expected, even by M. Maeterlinck, to possess sufficient powers of discrimination always to abstain from gathering its spoil from such sources. Only rarely, however, does it err in this respect.

(*a*) *Brit. Med. Journ.*, ii., 1887, p. 1,168.

The Significance of Albumoses.

THE nature, plurality, and separation of the intermediate substances between the albumins, on the one hand, and the peptones, on the other, form no small corollary to the chapter in the physiology of digestion. When one or more of these bodies appears in the urine there is an added interest attaching to it from the clinical standpoint. That variety known as the albumose of Bence-Jones, first described by that observer in 1848, and possessing the characteristic heat-reaction, is now definitely associated with a rare affection of the bone-marrow which bears the name of myelopathic albumosuria (Bradshaw). The albumosuria described by Professor Teissier, of Lyons, a year ago, is met with especially in severe forms of chronic nephritis, and this kind of albumose is soluble in nitric acid. In addition to these two varieties, M. Piéry (*a*), of Lyons, has recently described a third, the clinical significance of which is less definite, as it is seen in very diverse pathological conditions. It can be recognised by a special test, that of Jacquemet, which consists of first getting rid of any albumin which may be present by acidification, boiling, and filtration, and then, when cool, of mixing the urine with one-third of its volume of sulphuric ether. This is shaken, and the tube is then left for a quarter of an hour in the vertical position, when, if this form of albumose be present, a gelatiniform clot, like a plug, will appear upon the surface of the liquid. This "ether-albumose" is found in the urine of many normal individuals, and also in most of the infectious diseases, as well as in chronic nephritis. Seeing that this body is present under such varied conditions, its true pathological significance has yet to be determined.

The Surgery of Typhoid Perforation.

ELSEWHERE in our columns (page 29) we publish an account of a most interesting report of operation for perforation of the bowel in enteric fever. The case is both suggestive and instructive in the highest degree. The patient, a youth of twenty-one years, was admitted to the Cork Street Fever Hospital in Dublin, under Dr. H. C. Drury, suffering from a mild attack of enteric fever, apparently of twelve days' duration, but in all probability the disease had been going on for three weeks or more. One morning he complained of severe pain in the abdomen, and it was evident that perforation of the bowel had taken place. Seven and a half hours after the occurrence of that accident he was operated upon by Mr. William Taylor. At that time the patient was in a state of collapse, and apparently dying. A small perforated ulcer was sutured, another ulcer on the point of ulceration also sewn up, the intestines cleansed, and the wound closed. On the fourth day after operation the pulse had dropped from

(*a*) *Lyon Medicale* October 11th, 1903.

150 to 100. At the end of seven days, temperature had dropped to normal. Twenty-eight days after operation pain commenced and the patient gradually grew worse, with constipation, so that next day a second operation was performed. Extensive adhesions were found, and the gut was bent at a sharp angle. The patient gradually sank after the second operation. The results of this case are brilliant and encouraging, for clearly the patient recovered from the original operation performed for relief of typhoid perforation under the most desperate and unfavourable circumstances that could well be conceived.

Fæcal Accumulation.

MOST physicians of experience have, at one time or another, been astonished at the degree of fæcal accumulation which may occur without the patient paying any attention to the condition. In some cases, most commonly in chlorotic young women, the patient denies that there has been any constipation, and can hardly be persuaded that there is a mass of fæces in the intestine. On suitable treatment, however, she is very often startled at the discovery of the enormous masses which were in reality present. Few cases of fæcal accumulation can, however, parallel that recently recorded in one of our contemporaries. The patient, an elderly man, showed such swelling of the abdomen that the girth was increased from a normal thirty-two by no less than twenty inches, and the percussion note over the entire belly was dull. The constitutional symptoms were severe—high temperature, pulse-rate, rigors. Nevertheless, defæcation had taken place regularly once or twice a day. After treatment by enemata and castor oil, the temperature and pulse-rate diminished, and in the course of a week as many as 171 large stools were passed. As in most such cases, all symptoms of auto-intoxication disappeared when the intestine was thoroughly cleared of its contents.

A National Laboratory of Hygiene.

THOSE of us who are continually pressing for more open and liberal State recognition of scientific research and investigation of health problems will feel our mouths water when we read of the beautiful National Laboratory of Hygiene which is being built at Washington, and is now nearly completed. This laboratory was provided for by a special Act of Congress, and will be under the Department of the United States Public Health and Marine Hospital Service. It will be directly controlled by an advisory board, consisting of the Director of the Laboratory, five members appointed by the Surgeon-General of the Public Health and Marine Hospital Service, and three specialists nominated by the Army, Navy, and Bureau of Animal Industry. Hygiene, though the prime object of the laboratory, will not be exclusively dealt with, for there are to be departments for making investigations in pathology and pharmacology, as well as in chemistry and bacteriology. Each of these departments is to be under the management of a chief who has special knowledge and skill in the work that the department investigates, but he is always to keep in view the bearing of the researches on public health problems. The results arrived at are to be published periodically in bulletins, and these should contain material of the greatest value and importance, as under such direction systematic, as opposed to sporadic, effort can be organised and moulded to the same ends. One of the principal duties of the laboratory will be to manufacture anti-diphtheritic serum of guaranteed efficacy, and the direction will be responsible for the supervision of the antitoxic sera produced by private firms. In America many firms produce low-grade and unreliable sera—a curse we are fortunately free from in this country—and great discredit is brought on serum-therapy thereby. In the future this unsatisfactory condition of things will be impossible. Are we, who have a Prime Minister who openly sympathises with our own professional aspirations, to be the last nation to have State-supported research laboratories ?

Extract of Meat and Yeast.

A LURID light was shed on some brands of meat extract at Liverpool Police Court. David Pearson, trading as the Anglo-American Food Company, was summoned for selling extract of beef containing about half its weight of yeast extract. Mr. Trubshaw (who prosecuted on behalf of the Liverpool Corporation) said there was a label on the bottle intimating that the contents were extract of beef, consisting solely of the juice of the finest beef ; but upon an analysis the sample was found to contain half its weight in yeast extract, a substance imported from Germany. Defendant was fined £5 and £10 10s. costs. This conviction is of special interest to THE MEDICAL PRESS AND CIRCULAR, as the fraudulent substitution of yeast for meat extract was first pointed out in the columns of this journal.

THE South African Medical Congress has initiated a movement for the formation of an association for the prevention of consumption and other forms of tuberculosis. The opinion has been expressed in Natal that consumptives in an advanced stage of the disease should be prevented from entering South Africa, and it is stated that twenty years ago consumption was practically unknown in that country, but has now become a serious danger to the community. Protection of the kind suggested merits serious consideration.

THE Court of Governors of Christ's Hospital on Wednesday approved unanimously the recommendations of the Site Committee in favour of disposing of the remaining part of the site to the Government for the purpose of the Post Office. This decision means that Christ's Hospital will receive £23,000 a year in perpetuity. It also means that St. Bartholomew's will have to look elsewhere for an extension of its ground area.

IT is announced that a new Pasteur Institute has been established at New Orleans, where the anti-rabic treatment will be carried out without any expense to the patients. The success of the original Paris Institute renders the establishment of new centres of treatment highly desirable.

THERE were twenty-six sufferers from small-pox remaining under treatment on Friday noon at the Long Reach Small-pox Hospital, Dartford. This amount of infection points to a persistence of the disease in London that must arouse a certain amount of apprehension.

THE Food Test Commission, appointed by the United States Government, reports that the use of salicylic acid in food is seriously injurious to health. The importance of this conclusion is obvious and universal.

THE death is announced at Munich on Tuesday the 5th inst., of Professor Karl von Zittel, the famous palæontologist and author of the well-known "Manual of Palæontology."

IN the recent rout of the Mullah by General Egerton in Somaliland, we regret to announce the death of a promising young officer, Lieutenant Joseph Raboteau Welland, M.B., who became lieutenant in the Royal Army Medical Corps in June, 1891, and was attached to the King's African Rifles. He had not been previously on active service.

PERSONAL.

DR. HERBERT OWEN TAYLOR was presented last week with a handsome testimonial from the Nottingham Police Force, to which he has acted as surgeon for the past thirty years.

THE Lambeth Guardians last week, out of fifty-five applicants from whom to select a medical officer for their schools at West Norwood, chose a Carmarthenshire lady, Miss N. V. Johnson, the only lady candidate.

THE late Sir Robert Martin Craven, F.R.C.S., at one time Sheriff of Hull and President of the Central Hull Conservative Association, has left property of the gross value of £40,492, including net personalty estimated at £23,335.

MR. H. C. SHANN, M.R.C.S.Eng., L.R.C.P.Edin., who recently retired from his position as medical officer of the York Union Workhouse, has been presented by the officials of that institution with a handsome testimonial.

MR. ALFRED JAMES BARKER, M.D. St. And., late of Beaulieu Villas, Green Lanes, N., who has recently retired from practice on account of advancing age, has been presented with an album and purse by his numerous patients and friends.

THE opening clinical lecture of the spring session at the North London Post-Graduate College, Tottenham Hospital, will be given by Dr. T. Gilbart Smith on January 14th, at 4.30 p.m. The subject will be "Certain Points in the Diagnosis of Fluid in the Chest."

DR. E. SYMES-THOMPSON, Gresham Professor of Medicine, will deliver a course of four lectures at Gresham College, Basinghall Street, London, on "The Evolution of Plants, Animals and Man." The first lecture will be delivered on the 19th inst., at 6 p.m. the course being free.

THE course of lectures at the Hospital for Consumption and Diseases of the Chest for 1904 will be opened by Sir Richard Douglas Powell, Bart, M.D., by an address on foreign bodies in the bronchi, on January 27th, at four p.m. The lectures are free to qualified practitioners and to students of medicine.

THE second Hunterian Society's lecture will be delivered by Mr. Anthony Bowlby, C.M.G., on Wednesday night, at 8.30 p.m. The subject will be "Pain: its Clinical Significance and Importance in Diagnosis." All members of the medical profession are invited to attend.

DR. MENDES DE LEON, of Amsterdam, will read a paper before the British Gynæcological Society tomorrow (Thursday) evening, at 8 p.m., to which meeting all practitioners are cordially invited. The subject of the paper will be, "A Hitherto not Sufficiently Recognised Source of Infection during Operations."

DR. WILLIAM C. NEVILLE, F.R.C.P.I., formerly assistant-physician, Coombe Hospital, and Lecturer in Midwifery, Carmichael Schhool of Medicine, has been appointed Pathologist to the Rotunda Hospital. Dr. Neville is well known in the obstetrical world as the inventor of the axis-traction forceps which bears his name.

IN the presence of a large assembly at St. Augustine's Church on Saturday the 9th instant, Mr. Harold Spender was married to Miss Violet Hilda Schuster, only daughter of Dr. Ernest Schuster and Mrs. Schuster of Harrington Gardens. Mr. Spender is a well known editor of London, and son of the late Dr. Kent Spender, of Bath.

Special Correspondence.

[FROM OUR OWN CORRESPONDENT.]

BELFAST.

THE MILK SUPPLY.—The question of pure milk and how to obtain it has been brought prominently before the public by the very generous offer made by Dr. and Mrs. Henry O'Neill to the Public Health Committee of the Corporation. The offer was one of £300 to encourage the establishment of a milk sterilisation depôt in Belfast, but it had to be declined, as the Corporation lack the necessary legal power to establish such a depôt. An able article in the *Northern Whig* advocates the adoption of "measures by which the milk may be produced in such a way that it may be used with confidence by the public without any necessity for its being pasteurised or sterilised." The measures proposed are (1) regular inspection of the cows, with testing for tubercle; (2) sanitary byres; (3) cleanliness in all departments; (4) regular medical examination of the milkers and other dairy workers; (5) rapid cooling of the milk; (6) delivery of the milk in sealed cans or bottles. The dairy of Mr. Sonensen, of York, who has proved that a business worked on these lines can be a thorough commercial success, is described at length. It is to be hoped Belfast enterprise will take the hint.

SMALL-POX.—A case of small-pox occurred early last week in Newtownards, the patient being a young man from Glasgow visiting co. Down on his holidays. Two more cases occurred later in the week in Belfast, and it is to be feared that others will follow, as one of the cases was discovered in a crowded house in one of the worst slums of the city, where the patient (a child) had been ill some days.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

VIVISECTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Robert Lee's second contribution does not, to put it mildly, carry the question much further, whilst it unfortunately is painfully suggestive of the attitude of one who is willing to wound and yet afraid to strike. The keynote of the letter is to be found in the sentence: "Personally, I dislike and distrust vivisection as a method of research." This is an interesting confession, but hardly of any value save to the mill of the anti-vivisection fanatic, where a mere empty husk to grind is welcomed in the absence of grist of any solid value. Harvey, the Hunters, Pasteur, Charcot, says Dr. Lee, were all honourable, humane physiologists; are the men now living who are devoting their lives to *scientific* investigation much inferior in character to their great dead masters, and are they less convinced of the necessity for experimentation on animals in the pursuit of new truths?

Dr. Lee asks practitioners what they have learnt from vivisection themselves, from their own experiments first, and from what they have seen others do next? Practitioners are not called upon, and virtually never do perform experiments upon animals; they need to learn, and do learn only from the work of others; research directed to results of importance absorbs the whole energy of the worker; no practitioner attempts it. As to what a practitioner may have learnt from what he has seen others do, this must depend upon the time spent in laboratories and the experiments there observed. A year might be passed in such observation in one direction without any result to record, except, perhaps, some of negative quality; but it does not at all follow that mere negative results were valueless, or that valuable positive results had not been achieved elsewhere. What can be the value of any practitioner's evidence in this direction is hard to guess, but one must suppose it is quite clear to Dr. Robert Lee.

I am, Sir, yours truly,

AN OBSCURE PRACTITIONER.

January 7th, 1904.

Obituary.

MR. JAMES BOWYER BAKER.

THE death is announced, in his seventy-first year, in London, of Mr. James Bowyer Baker, Brigade Surgeon, retired, of the Army Medical Staff. The fourth son of the late Rev. W. L. Baker, M.A., of Hargrave, Northamptonshire, he received his professional education at Guy's Hospital, and being admitted a member of the Royal College of Surgeons, England, in 1854, he joined the Army Medical Service in May, 1857, and served with the expeditionary force in the North of China in 1860, for which he had the medal. He was placed on the retired list in 1882.

DR. R. M. TAGERT.

WE regret to announce the death of Dr. R. M. Tagert, at his residence, Kingstown, on December 27th, He took the degree of M.D. of the University of Glasgow in 1837 and in 1845 became F.R.C.S. He was formerly medical officer to the union workhouse and dispensary at Carrickmacross, also to Farney Baronial Fever and General Hospital. He was the oldest medical man in the county of Dublin, where he had secured universal respect and esteem. At the time of his decease he had reached the patriarchal age of ninety-one years.

MR. R. V. FLETCHER.

WITH regret we record the death of Mr. R. V. Fletcher, resident medical superintendent of the District Asylum, Ballinasloe, Galway, on December 17th, 1903, after a lingering illness following an attack of influenza contracted last winter. The deceased was born in the year 1840, and received his medical education at Dr. Steevens' Hospital, Dublin, where he qualified in 1865. In the following year he was appointed assistant resident medical superintendent of the District Lunatic Asylum, Downpatrick, and in 1872 resident medical superintendent of the District Lunatic Asylum, Waterford. In 1874 he became resident medical superintendent of the District Asylum, Ballinasloe, which post he held until the time of his death.

MR. JOHN KNOWSLEY THORNTON.

IT is with much regret that we announce the death of Mr. John Knowsley Thornton, of Hildersham Hall, Cambridge, on Sunday, at his residence, in his fifty-ninth year. He was educated at the University of Edinburgh, where he took the M.B. and C.M. degree in 1871. At Edinburgh he acted as house surgeon in the Royal Infirmary, and in London was consulting surgeon to the Samaritan Free Hospital for Women and Children, and to the Grosvenor and New Hospitals for Women. He was formerly President of the Medical Society of London, and was also a Fellow of the Royal Medical Society of Edinburgh, and of many other learned societies. Mr. Thornton, who held the Commission of the Peace for Cambridgeshire, was the author of various medical works. He was twice married, his first wife being Eleanor Phillipa, eldest daughter of Captain Paterson, of Castle Huntley, N.B. She died in 1886, and in 1892 he married the Hon. Mary Agnes, youngest sister of the present Lord Windsor, First Commissioner of Works, and daughter of the late Hon. R. Windsor-Clive, M.P.

SAMUEL THOMAS BADGER, M.R.C.S., L.S.A.

AFTER a long illness, Samuel Thomas Badger, M.R.C.S., L.S.A., passed away at his residence, Knowle, near Birmingham, at the ripe age of eighty-four. The deceased, who was well known and highly respected, not in medical circles alone, but by a large number of friends and acquaintances, spent nearly the whole of his life in Birmingham. The deceased leaves a widow and three sons. One of his sons is head master of King's School, Peterborough, another is practising as a surgeon, and the third, the Rev. G. E. Badger, is the vicar of Bishop Ryder's Church, in Birmingham.

SURGEON W. T. KEY.

THE death is announced of Surgeon W. T. Key, of Wyke Regis, at the age of fifty-six. He commenced practice in Wyke in 1898. An Army Medical Reserve officer and a Surgeon-Captain in the City of London Artillery for many years, he became attached to the military staff of the National Artillery Association and attended the annual camp meetings of the Association at Shoeburyness on many memorable ocasions.

DR. CHARLES EDWARD SAUNDERS.

WE regret to learn of the death at Nice of Dr. Charles Edward Saunders, who will be remembered in Sussex as the Medical Superintendent of the Haywards Heath Asylum for a period of about twelve years. Under his able administration, the East Sussex County Asylum attained a high degree of efficiency and completeness, and his genial personality will ever remain a pleasant memory to his many friends both in the medical profession and outside it. He was greatly respected among the fraternity of Freemasons. Dr. Saunders went to London, and devoted his attention chiefly to sanitary work. He was the medical officer of health for the Herts and Middlesex Combined District, and became hon. secretary of the Society of Medical Officers of Health. He was a brother of the late Dr. Sedgwick Saunders, medical officer of health for the City of London. Dr. Saunders was appointed Medical superintendent of the Haywards Heath Asylum in succession to the late Dr. Wiliams, and after twelve years' devoted service there he retired on account of failing health in 1900. The late Dr. Saunders was fifty-nine years of age. He was educated at Cheltenham,

and was M.R.C.S. England, 1864; M.B. (Honours) and C.M., 1865; M.D., Aberdeen, 1866; D.P.H. Camb., 1875 (St. Thomas's). He wrote several works and was a frequent contributor to medical journals and reports.

DR. FRIEDRICH JOLLY.

THE death of the eminent professor of psychiatry and nervous diseases in the University of Berlin, Dr. Friedrich Jolly is announced. The learned Professor was born at Heidelberg in 1844, and occupied professorial chairs at Würzburg and at Strasburg before he was called to Berlin in 1890. He was one of the leading German specialists in his own subject, and was director of the University Clinical Hospital for Mental and Nervous Diseases, as well as president of various scientific societies.

Medical News.

Royal College of Surgeons of England.

THE following is the official lecture arrangements for the first quarter of the current year at this college :—

Hunterian Lectures.—February 15th, 17th, and 19th. "The After-Effects of Head Injuries." by Professor T. Crisp English. On February 22nd, 24th, and 26th, Professor Arthur Keith will deliver a course on "The Structure and Evolution of the Auricles of the Heart, and of a competent Valvular Mechanism round their great Venous Orifices." On February 29th, March 2nd, and 4th, Professor L. B. Rawling will deliver a course on "Fractures of the Skull, including Mechanism, Pathology, Complications immediate and remote, and Treatment." On March 7th, 9th, and 11th, Professor A. W. Mayo Robson one on "The Surgery of the Pancreas."

The Arris and Gale Lectures will be delivered on March 14th by Percy J. Cammidge, Esq., M.B., on "The Physiology and Chemistry of the Pancreas." and on March 16th, by J. Herbert Parsons, Esq., F.R.C.S., on "The Neurology of Vision."

The Erasmus Wilson Lectures.—On March 21st, 23rd, and 25th, by E. M. Corner, Esq., F.R.C.S., on "Acute Infective Gangrenous Processes (Necroses) in the Alimentary Tract."

The Plumbers' Registration Bill.

ON December 29th last, a meeting of registered plumbers in London was held at the Memorial Hall for the purpose of the annual election of members of the London Registration Committee, Mr. Charles Hudson, Past-master of the Worshipful Company, being in the chair. It was stated that there are now upon the register some 12,000 or 13,000 masters and operatives and it was announced that a petition to Parliament was in course of preparation in favour of the national registration of plumbers, on lines approved by the Local Government Board, as a means of distinguishing competent workmen.

Prosecution of an Unqualified Practitioner.

JAMES CHARLES ADY, a coloured man, carrying on a medical practice at 95 Warde Avenue, Fulham, was last week summoned under the Medical Acts of 1858 and 1886 for unlawfully using the description of "Doctor," "L.R.C.P.," "L.R.C.S.Edin., 1878." It appeared that the defendant held the degrees of L.R.C.P. and L.R.C.S.Edin. in 1878. Towards the end of 1895 he brought a libel action against a newspaper, and from what transpired at the trial, the Medical Council struck his name off the Register for "infamous conduct." In January, 1898, he was convicted at the Central Criminal Court, and sentenced to seven years' penal servitude. In April, 1903, he was released on ticket-of-leave. Recently it came to the knowledge of the police that the defendant had set up as a medical practitioner at Fulham and they communicated with the Medical Defence Union. Among the evidence was the following certificate :—"I certify that Mr. Tyrell is suffering from a bad attack of influenza, and a few days' rest would greatly aid in his recovery. Signed, James C. Ady, L.R.C.P., L.R.C.S., Edin., 1878." Outside the house were two brass plates with the defendant's name and qualifications thereon, and in the window was a card bearing the words "Institute of Eclectic Medicine—Medical Superintendant, Dr. Ady, L.R.C.P., L.R.C.S.Edin., ex-Med. Reg." A penalty of £20, with ten guineas costs, or two months' imprisonment with hard labour was imposed.

Royal College of Surgeons in Ireland.

THE Annual Charter Dinner will be held at the College on Saturday, February 13th, 1904. His Excellency the Lord Lieutenant has graciously accepted the invitation of the president and council to be present. Fellows desirous of being present should send their names, and those of any guests they may wish invited to the Registrar.

Small-pox Ships for Sale.

AT a meeting of the Metropolitan Asylums Board yesterday, the Hospital Committee recommended that the small-pox hospital ships *Atlas*, *Castalia*, and the *Endymion* be sold, as they were required no longer for isolation purposes. Several members at once raised a question of the safety of selling the vessels, considering that they were saturated with the germs of small-pox, and would in all probability be a source of infection. The Chairman of the Board assured the members that the vessels had been thoroughly disinfected, and from the report of the medical officer of the Port of London on the subject there was no fear of infection. An amendment to refer the matter back for another report from the medical officer was rejected, and the recommendation adopted. One member suggested amidst loud laughter that they should be offered to the Russian Government as an addition to that country's navy.

Royal City of Dublin Hospital.

THE annual election for Resident Medical Officer will be held on January 26th. Applications to be sent on or before the 25th to Mr. G. Jameson Johnston, F.R.C.S., Hon. Sec. Medical Board.

The Late Dr. C. F. Moore.

AT the last meeting of the Council of the Dublin Sanitary Association the following resolution was unanimously adopted :—"That at this, the first meeting of the Council, since the lamented death of Dr. Charles Frederick Moore, the Council hereby give expression to the very deep regret felt by them for the loss of so highly-valued a colleague. Dr. Moore was one of the principal founders of the Association, and for many years took an active part in the transactions of its business, and recently filled the office of president. His intimate knowledge of the subject, his excellent business capacity, amiable disposition, and conciliatory manner conduced to his rendering valuable service to the cause of sanitary science. The Council deeply sympathise with his bereaved family.

International Congress of Otology.

IT is announced that the International Congress of Otology will hold its seventh congress at Bordeaux, August 1st to 4th, 1904, under the patronage of the French Minister of Public Instruction. The following subjects are proposed for discussion : 1. The choice of a simple and practical acoumetric formula, to be introduced by Professors Politzer, Gradenigo, and Delseaux; 2. The diagnosis and treatment of suppuration of the labyrinth, to be introduced by Drs. Brieger, von Stein and Dundas Grant; 3. Technique of the opening of brain abscess of aural origin, and after treatment, to be introduced by Drs. Knapp, Schmiegelow and Botey. The Lenval prize, in recognition of the greatest progress achieved in the practical treatment of affections of the auditory apparatus during the interval between two sessions of the Congress, or to the inventor of an easily portable apparatus capable of markedly improving the hearing of deaf persons, will be awarded during the Congress. The jury consists of Professor Politzer of Vienna (President), Dr. Benni of Warsaw, Dr. Gellé of Paris, Dr. Urban Pritchard of London, Professor St. John Roosa of New York, Professor Kircher of Würzburg, Professor Grazzi of Florence, and Professor E. J. Moure, of Bordeaux. The prize consists of the interest on 3,000 francs, accumulated during the interval between two sessions of the Congress. Candidates must send in a statement of their claims to Dr. E. J. Moure, President of the Organising Committee, Cours du Jardin Public, 25 bis, Bordeaux, before July 1st, 1904.

Notices to Correspondents, Short Letters, &c.

CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

PUBLIC HEALTH DIPLOMATE.—A valuable report upon the question of the physical improvement or degeneracy of the population, from the Anthropometric Committee of the British Association, will be found in the Proceedings of the Association, published in the year 1883. A perusal of the evidence therein contained will show that "town-life" so called is not deleterious to the race.

A CANDIDATE'S HUMOUR.

THE EXAMINER: Now sir, which is the best way to re-establish the circulation?

Candidate: That is the duty of the police, sir.

(Referred for six months.)

POST-GRADUATE.—Our correspondent is thanked for his letter. He will receive a private note in the course of a few days.

DR. I. WATSON.—The Medical and Dental Defence Union of Scotland has no connection, so far as we know, with the Medical Defence Union, Ltd., London. Apply to the Secretary of the latter.

GENERAL PRACTITIONER (Leeds).—We think that a better course would have been to have sent a friendly note drawing attention to the facts, without attributing any motive. Had this been done our correspondent would probably have received a friendly reply, together with a full explanation of the circumstances of the case.

TU QUOQUE.—There is no ethical rule upon the subject, beyond that which guides the action of one gentleman in his dealings with another.

A BARRISTER.—Your letter is unavoidably crowded out.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JANUARY 13TH.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8 p.m. Council Meeting. 8.30 p.m. Mr. A. Bowlby—Pain, its Clinical Significance and Importance in Diagnosis. (Second Hunterian Lecture.)

SOUTH-WEST LONDON MEDICAL SOCIETY (Bolingbroke Hospital, Wandsworth Common).—Mr. J. H. Targett—The Causes of Uterine Hæmorrhage.

DERMATOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.)—5.15 p.m. Demonstration of Cases of Interest.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. J. Berry—Clinique. (Surgical.) 5.15 p.m. Dr. W. Carr—Infant Feeding.

THURSDAY, JANUARY 14TH.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.).—8 p.m. Paper—Dr. M. de Leon (Amsterdam)—A hitherto not sufficiently recognised Source of Infection during Operations. The President—Valedictory Address. (All practitioners will be welcome.)

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY (Gt. Northern Central Hospital, Holloway Road, N.).—9 p.m. Discussion on Recent Methods of Inducing Anæsthesia (opened by Dr. J. F. Silk).

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson—Clinique. (Surgical.) 5.15 p.m. Dr. P. Stewart—Myopathies.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. J. E. Squire—Pulmonary Cavities—I., Signs (illustrated by cases). (Post-Graduate Course.)

FRIDAY, JANUARY 15TH.

EPIDEMIOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).—8.30 p.m. Discussion on Sleeping Sickness (opened by Dr. L. Sambon).

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11 Chandos Street, W.).—5 p.m. Cases and Morbid Specimens will be shown by Dr. E. Pritchard, Mr. Brickdale, and Dr. G. Carpenter. 5.30 p.m. Papers—Dr. D. McKenzie (Leytonstone)—A Fatal Case of Streptococcus Poisoning following Measles in an Infant.—Mr. J. H. Evans—The Relation of Certain Extra and Intra-cranial Hæmorrhage in the Newborn.—Dr. G. Chaffey (Brighton)—Sequel of the Case of Extreme Wasting shown at the Provincial Meeting at Brighton.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Dr. J. Horne—Clinique. (Throat.)

TUESDAY, JANUARY 19th.

THERAPEUTICAL SOCIETY (Apothecaries' Hall, Blackfriars.) 4 p.m. Professor Farmer will describe Some Recent Investigations on Cancer.—Papers—Dr. T. N. Kelynack—Some Points in the Hygienic Treatment of Pulmonary Tuberculosis.—Dr. Gray Duncanson—The Therapeutic Value of Suprarenal Gland Products.

Appointments.

BROWN, THOMAS, M.B., Ch.B.Vict., Resident Medical Officer to the Public Dispensary, Leeds.

CARVELL, JOHN MACLEAN M.R.C.S., L.S.A.Lond., Registrar to the Central London Throat and Ear Hospital.

DYER, SYDNEY REGINALD, M.D.Brux., M.R.C.S., L.R.C.P., L.S.A., D.P.H.Lond., Senior Medical Officer to H.M. Prison, Dartmoor.

IRWIN, S. T., M.B., Ch.B.R.U.I., Junior House Surgeon at St. Peter's Hospital for Stone, Covent Garden, London.

JONES, A. WEBB, F.R.C.S., Honorary Surgeon to the Women's Wards, Alexandria Government Hospital.

MAUNDER, PERCY R., M.D.Durh., L.R.C.P.Lond., M.R.C.S., L.S.A., Medical Officer to Stafford Prison.

MUDIE, R. F., M.B., M.S.Edin., Certifying Surgeon under the Factory Act for the Ladybank District of the county of Fife.

PRICE, D., L.R.C.P.Lond., M.R.C.S., Certifying Surgeon under the Factory Act for the Works of Messrs. Boyd and Co., Castle Carey, in the county of Somerset.

SMITH, John M., M.D.Glasg., D.P.H.R.C.P.Edin., Medical Officer for No. 1 District of the Cheltenham Union.

VAUGHAN, ETHEL MAY, M.D.Lond., Assistant Physician to the Department for Diseases of Women at the Royal Free Hospital.

Vacancies.

Bethnal Green Infirmary.—Assistant Medical Officer. Salary £100 per annum, with furnished apartments, board, and washing. Applications to the Medical Superintendent of the Infirmary, Cambridge Road, N.E.

Cheltenham General Hospital.—House Surgeon. Salary £80 per annum, with board and apartments. Applications to H. T. Carrington, Esq., Honorary Secretary and Treasurer.

Leicester Infirmary.—Assistant House Surgeon. Salary £80 per annum, with board, apartments, and washing. Applications to the Secretary, 24 Friar Lane, Leicester.

Lincoln County Hospital.—Senior Male House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications to the Secretary, 2 Bank Street, Lincoln.

Liverpool Stanley Hospital.—Second House Surgeon. Salary £80 per annum, with board, residence, and washing. Applications immediately to the Chairman of the Board.

Norfolk and Norwich Hospital.—Lady Superintendent. Salary £100 per annum, with apartments, board, and laundry. Applications to the Secretary.

Rochdale Infirmary.—Resident Medical Officer. Salary £100 per annum, with board, residence, and washing. Applications to the Hon. Sec., R. W. Shaw, Esq., Southfield, Rochdale.

Stamford, Rutland, and General Infirmary.—House Surgeon. Salary £100 per annum, with board, lodging, and washing. Applications to V. G. Stapleton, Secretary, the Infirmary, Stamford.

Tiverton, Devonshire, Infirmary and Dispensary.—House Surgeon and Dispenser. Salary £80 per annum, and all found. Applications to Arthur Fisher, Hon. Secretary.

West Ham and East London Hospital, Stratford, E.—Resident Medical Officer. Salary £120 per annum, with board, residence, &c. Applications to the Secretary.

Wolverhampton Eye Infirmary.—House Surgeon. Salary £70 per annum, with rooms, board, and washing. Applications to the Secretary.

Births.

ABERCROMBIE.—On Jan. 6th, at 23 Upper Wimpole Street, London, the wife of John Abercrombie, M.D., of a son.

HAYWARD.—On Jan. 8th, at 65 Alert Street Abingdon, the wife of M. Cecil Hayward, M.A., M.B., of a daughter.

KENNEDY.—On Jan. 6th, at Plaistow, E., the wife of Angus Kennedy, L.R.C.P., M.R.C.S., L.S.A., of a son.

WACE.—On Jan. 5th, at Walcote, Winchester, the wife of Cyril Wace, F.R.C.S., of a daughter.

Marriages.

JONES—JAY.—On Jan. 7th, at the Parish Church, Bushey, the Rev. Cyril Leslie Jones, M.A., Marske-by-the-Sea, second son of H. Leslie Jones, M.D., F.R.C.S.I., to Violet Mary, second daughter of the late James A. Buchanan Jay, of Hereford, and Mrs. Jay, Bushey.

TELLET—LITTLE.—On Jan. 6th, at St. Andrew's Church, Penrith, William Edward Tellet, M.D., Paisley, to Charlotte Edith, daughter of William Little, of Hutton Hall, Penrith, Cumberland.

WELCH—LEGG.—On Jan. 5th, at St. Peter's, Chertsey, Walter Barrows, M.R.C.S., L.S.A., elder surviving son of the late Thomas Welch, of Brighton, to Alethea Emily, only daughter of the late James W. Legg, of Ely, and Mrs. Legg, of Chertsey.

Deaths.

HEMSTED.—On Jan. 5th, at Bath, Maria Ann, widow of Henry Hemsted, F.R.C.S., of Newbury, Berks, in the 90th year of her age.

SMART.—On Jan. 7th, at Kingfield, Rye, Sussex, Elizabeth Atkinson, widow of the late Thomas William Wake Smart, M.D., of Cranborne, Dorset.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, JANUARY 20, 1904. No. 3.

Clinical Lecture
ON
ENDOCARDITIS. (a)

By JOHN HILL ABRAM, M.D.Lond.,

Physician to the Royal Infirmary; Lecturer on Clinical Medicine, University of Liverpool.

IN the last few weeks two patients have died in my wards from heart disease, and the result of the post-mortem examinations has led me to bring before your notice the subject of endocarditis in general.

I wish to put on one side to-day the valvular lesions, due to the chronic process of atheroma, usually affecting the aortic valve, and associated with a similar affection of the aorta. I propose to discuss simply what I may be allowed to call true endocarditis. Endocarditis is usually classified as simple and malignant, or ulcerative, and it has long been taught that the latter variety is infective.

The broad anatomical differences between these forms may be briefly given as laid down in former years :—

	Simple.	Malignant.
Vegetations	1. Small.	Exuberant.
	2. Auricular surface of mitral v. / Ventricular surface of aortic v.	Both surfaces and on to wall of cavities and aorta, also right heart.
	3.	Ulcerations, aneurysms of valves, perforations of valves, rupture of chordæ tendinæ.
	4. No micro-organisms present.	Micro-organisms present.

In hardly any form of disease has so much work been done with regard to the relationship of organisms to the lesion, and the outcome of the work of observers, too numerous to name, has been to destroy any pathological difference between simple and malignant endocarditis.

It may be said with certainty that endocarditis, with the exception I have made, is mycotic in origin.

In the simplest type of endocarditis with the features tabulated above, organisms of various kinds have been found, morphologically identical with those found in cases with the most advanced anatomical changes. Why, then, you will ask, do the cases vary so widely in their clinical course ?

The answer, no doubt, is that in all cases two factors have to be considered, the virulence of the organism, and the resistance of the host.

In clinical work the varying virulence of the organism is difficult to gauge, but the resistance of the host is, we know, impaired by exhaustion, physical or mental, excesses of all kinds, chronic or acute disease, and in the particular form of disease we are considering by previous damage to the valves.

Some infective diseases play a preponderating part in the causation of endocarditis : acute rheumatism, scarlet fever, chorea, pneumonia, pyæmia; and less often gonorrhœa, typhoid, tubercle; and others still more rarely, as anthrax. It is rare in my experience to find the specific organism—*e.g.*, the pneumococcus ; much more commonly we find the common pyogenic cocci.

In Edith C., one of the cases before you, the fatal acute condition, though post-pneumonic, was shown during life to have been due to a secondary streptococcal infection.

In Edward H., another case before us, which followed an attack of rheumatism, streptococci have been obtained in pure culture from the valves. I have long thought, therefore, that these various affections damage nutrition, and allow in the first instance the entrance of the pyogenic cocci, and in the second place their attack upon the valves.

In this way, too, I should explain the action of Bright's disease as a cause of true endocarditis.

You will readily see, from what I have said and the hearts before you, that in the strict pathological sense no distinction can be drawn any longer between simple and infective endocarditis. Both are mycotic, and although at their extremes the anatomical differences are marked, yet numerous intermediate grades link these extremes together.

Nevertheless, when we approach the question from the clinical standpoint we must retain the old classification.

Simple endocarditis is most commonly seen with acute rheumatism. A good example of recent rheumatic endocarditis was only sent out, recovered, from X ward in October, a boy who had been left in my charge by Dr. Caton, on his retirement from the Infirmary. The important point here is the early recognition of the development of the heart trouble.

It is, in my opinion, an extremely difficult problem. Symptoms are very indefinite ; præcordial pain, palpitation, an added degree or two of temperature, an accelerated pulse-rate. These may be due to the original complaint and can have but little, if any, diagnostic weight.

A careful physical examination must be made regularly, daily, in all cases where a cardiac

(a) Clinical Lecture delivered at the Liverpool Royal Infirmary, 1903.

complication is at all likely—*e.g.*, rheumatic fever and scarlet fever. As I told you in a previous lecture on chest symptoms, a physical examination alone permits of a definite diagnosis.

What points will help us ? In the usual mitral form the first sound loses its sharp character, and becomes dull and muffled. Dr. Caton has suggested that this implies the loss or weakening of the valvular element, and the predominance of the muscular element.

Later a systolic murmur may develop at the mitral area, less often at the aortic area, and still more rarely a diastolic bruit, which more commonly is added to the systolic murmur.

The pulmonary second sound in the common mitral type becomes accentuated.

Less noteworthy is a diffusion of the apex beat.

Enlargement of the heart is rarely present in the early stage, and is suggestive rather of myocardial weakness than a secondary result of regurgitation.

The differential diagnosis has to be attempted from accidental murmurs in the strict sense, and from the murmurs of relative incompetence.

Where there is no enlargement of the heart, no accentuation of the pulmonary second sound, with a *bruit de diable* in the neck, and a systolic murmur loudest at the pulmonary area, then in the presence of marked anæmia a diagnosis of accidental or hæmic murmur is probably sound, especially when no usual cause for endocarditis is present.

Unfortunately this matter is rarely so simple.

A disease which may give rise to endocarditis may attack an anæmic patient, nay, acute rheumatism generally produces anæmia. Again in anæmia and in myocarditis relative incompetence may arise from weakness of the muscular ring, or dilatation of the ventricle, or even spasm of the papillary muscles. In these latter cases increase of the cardiac dulness will be present, and the pulmonary second sound accented.

The second sound is rarely so much accented as in endocarditis, the cardiac impulse, on the other hand, is weaker, and the pulse smaller and often irregular.

I am inclined to lay stress on the character of the first sound in endocarditis, prolongation and muffling; in relative incompetence of the mitral valve it becomes short and sharp.

The character of the murmur is of no assistance ; the time may help ; a diastolic accidental murmur is exceedingly rare. I can only add that in some cases a diagnosis cannot be made with certainty, although I think it should always be attempted. A pericardial murmur is readily differentiated, the superficial to-and-fro scratching character, the time not strictly synchronous with the heart sounds, with the further points, greatest intensity on the auriculo-ventricular line and on increased pressure with the stethoscope, make a ready recognition possible.

Pleuro-pericardial murmurs do not affect the size of the heart or alter the heart sounds, and are best heard along the edge of the cardiac dulness. Two examples of this last murmur are at present in Clarence ward.

Primary acute endocarditis usually attacks the mitral valve ; it may resolve, but very frequently leads to permanent damage. Death is never the direct result of the endocarditis.

Severe endocarditis I have never seen except in association with chronic disease of the valves, hence in the vast majority of cases the diagnosis of valvular disase is readily made.

However, in some cases which have been recorded, the local heart changes have been a post-mortem finding. In the case of Edward H., the temperature for the last ten days of his life was normal, the hæmaturia and albuminuria were thought to be due to the salicylates he had received for his rheumatism. However, the appearance of cutaneous hæmorrhages and abundant leucocytes in the urine made the diagnosis only too obvious ; he died suddenly before a blood examination could be made. (Aortic regurgitation.) In both malignant and septic endocarditis we meet fresh symptoms—marked fever of varying type, multiple embolisms, hæmorrhages into the skin and retina, enlarged spleen, hæmorrhagic nephritis.

Litten describes a form of endocarditis practically identical with the usual septic type as regards symptoms, but with three pointsof difference—it is due to rheumatism, it runs a course of weeks and months, and the infarcts never suppurate.

Dr. Glynn taught me years ago that a chronic form of ulcerative endocarditis occurred, and I have seen several cases in my practice.

Edith C., one of the cases before you, ran a course of over two months ; now this was due to streptococcus infection, yet no infarcts suppurated, and there was no history of rheumatism.

Hence, while accepting Litten's statement as to a malignant endocarditis due to rheumatism, we must remember that similar cases occur where rheumatism cannot be traced and in which ordinary organisms are found.

Finally, we have ordinary types of severe endocarditis, which are given in your text-books—typhoid and septic. Others can be manufactured, where, for instance, the heart symptoms are prominent, "cardiac type"; nervous symptoms prominent, "cerebral type." The gain thereby is infinitesimal.

You will see, gentlemen, that I practically work on—

Simple endocarditis		
Malignant	acute	typhoid
		pyæmic
	chronic	

It may be that as time goes on we shall be able to find during life the infective agent at work in individual cases, and research may then provide us with the necessary antidote.

It is an important quest, for all forms of malignant endocarditis tend towards a fatal termination : Of Litten's 20 cases, 19 died ; and the twentieth was in a bad way at the date of his paper. This is the common experience.

NOTES ON A CASE OF ENTERIC FEVER, WITH SYMPTOMS CLOSELY RESEMBLING THOSE OF PERFORATION.—RECOVERY WITHOUT PERFORATION.

By R. TRAVERS SMITH, M.D.Univ.Dub., F.R.C.P.I.,

Visiting Physician to the Richmond, Whitworth, and Hardwicke Hospitals, Dublin.

R. D., æt. 56, a compositor by occupation, was admitted to the Hardwicke Fever Hospital on March 7th, 1903. He complained of having been ill for two weeks, during the latter of which he was confined to bed. He had not seen a doctor before admission, but had treated himself by consuming

large quantities of whisky, in the remedial value of which he had a confirmed belief. On examination he proved to be an unequivocal case of enteric fever of considerable severity. I shall refrain from detailing his symptoms, as they were the ordinary ones of enteric fever in the third week, except to say that the blood gave an unusually pronounced Widal's reaction. Dr. Earl, who examined the blood, stated that in performing this test with a dilution of 1 in 50, the typhoid bacilli were markedly agglutinated by the time he had focused the preparation under the microscope. Despite the patient's occupation, no signs of lead poisoning were present, nor had he ever suffered any of its symptoms.

Till the sixth day after admission to hospital, or approximately the end of the third week of his fever, R. D. remained in much the same condition. On that day, at 9.30 a.m., he complained of pain in the right iliac fossa and hypogastrium, after which the bowels moved, and vomiting occurred. On seeing the patient less than an hour later I found that his temperature had risen from 102° (its average on previous mornings) to 104°; the pulse was 84; the respirations 28. The abdomen had become rigid, was not distended, and not tender unless sufficient force was used to overcome the rigidity of its wall in the right iliac fossa. Liver dulness was present; elsewhere the abdominal resonance was not uniform. The general aspect of the patient was somewhat altered for the worse. He still complained of the pain. Having ascertained these points, the diagnosis of perforation was carefully considered. In the light, however, of a pulse-rate little if any above its average morning frequency, and in the absence of any indications of collapse, *despite* the onset of pain, rigidity and tenderness in the right iliac region, I was unable to form a sufficiently positive opinion to warrant the recommendation of an operation, so determined to watch the case a little longer. All food was prohibited except sips of water, but no morphia was given. An hour later the abdomen presented the same signs exactly; the pain was not so severe. The pulse had increased by four beats (to 88), the temperature had fallen one degree (to 103°). Two hours later still, all pain had gone, the pulse was 82. At 6.30 p.m. (seven hours after the onset of pain), the patient expressed himself and looked much better. He had sweated profusely, the bowels had just moved, the motion being free from blood. The pulse had fallen to 78, and the temperature had been recorded 100·6° a short time previously. The abdomen was less rigid, otherwise the same as in the morning. Accordingly progress was deemed satisfactory, more particularly as no morphia had been given to mask the symptoms of spreading peritonitis, for which careful watch was being kept.

An hour later (7.30 p.m.) the scene changed. R. D. was suddenly seized with violent pain in the right iliac region. He vomited some bilious fluid. On reaching hospital I found the patient in great distress from pain. His aspect was one of suffering; indeed, it was evident from a glance that a marked change for the worse had set in—in fact, that he was in a condition of collapse. His temperature had fallen to 96°, his pulse had become decidedly fast and reached its maximum of 140 in the course of two hours. He lay on his back with his knees drawn up. On examining the abdomen it was found not to be distended, but extremely rigid. Tenderness was more marked in the right iliac fossa than it had been in the morning, considerable pressure being required to overcome the rigid muscles. Liver dulness was present over a smaller area than had been observed in the morning, the probable result of the presence of distended intestines beneath a rigid abdominal wall. The breathing was rapid and almost entirely thoracic. The diagnosis of perforation was now irresistible. I therefore recommended immediate operation to the patient, who, though quite clear in his mind, refused. It was urged upon him that it was the only chance of saving his life, to which he replied that he would rather die than undergo an operation. The lapse of half an hour and the continuance of his pain during the time did not shake his determination. Under these circumstances I ordered a quarter grain of morphia hypodermically, and the continued abstinence from all food except sips of water, feeling at the time that the case was hopeless. The night was passed in comparative freedom from pain and with a considerable amount of sleep.

At 4 a.m., temp. 104·8°, resp. 36, pulse 96.
At 5.30 a.m., temp. 103·8°, resp. 24, pulse 100.
At 8 a.m., temp. 101·8°, resp. 28, pulse 112.

These observations go to show the fluctuations of temperature and pulse-rate which may occur in such cases, and it was noticed that as the former tended to fall the latter tended to rise in frequency, and *vice versâ*. On seeing the patient on my morning visit following, though the temperature was no longer at a point indicative of collapse and the pulse was slower, he seemed worse in other respects than on my visit the night before. His tongue and mouth were dry, voice extremely weak, muscles tremulous, prostration marked. His general appearance looked most unfavourable. The abdominal physical signs were as they had been twelve hours before; the pain, however, was less acute. No urine had been passed for at least twelve hours, yet the suprapubic region was resonant. This retention persisted for twelve hours longer without causing distress or signs of bladder distension, at the end of which time urine was passed naturally; unfortunately the quantity passed was not measured. During the next three or four days the patient lay in a truly critical state. Vomiting occurred several times daily, increasing his exhaustion. Pain became severe from time to time. The abdomen did not become distended or generally tender. The pulse, prone to fluctuation, on the average remained about 90, very weak and small. Pyrexia continued much as before the onset of the abdominal complication.

R. D. now began to improve steadily, though pyrexia continued for nearly a fortnight. As the rigidity and tenderness of the abdomen disappeared a persistent ill-defined swelling in the right iliac fossa could readily be detected. This tumefaction (almost certainly the result of local peritoneal thickening and matting) was still evident, though less distinctly so, when the patient left the Hardwicke Hospital on April 29th. No peritoneal abscess had formed. A few weeks after his discharge the patient was in his usual health.

A few words concerning the treatment of the case. Morphia was of necessity given to relieve bad pain, opium stupes gave relief when pain was less intense. The choice of diet, of course, caused the greatest anxiety and difficulty. For twenty-six hours after the onset of pain nothing was given per

mouth, except sips of water. Then dilute peptonised milk was given, two teaspoonfuls every hour at first, and gradually increased. Next a little raw meat juice and panopeptone were allowed. Even this meagre amount of food was not all retained by the stomach. Nutrient enemata were tried, but appeared to irritate the rectum and produce iliac pain; in fact, the patient developed such a terror of them that they were stopped after a few had been given. For three days after the urgent abdominal symptoms the bowels, previously regular, remained confined. A small enema of castor oil was given and produced a satisfactory fluid motion. From that time the bowels moved spontaneously every day, the movement being preceded and accompanied by abdominal pain as a rule. The origin of this pain was most probably some dragging upon adhesions.

Conclusions.—Though the existence of a perforation in this case cannot be asserted positively, it is my own opinion that such did occur. The following solution of the clinical phenomena appeals most to me. In the first instance a mild and limited peritonitis developed from inflammatory extension through the wall of the bowel, hence the preliminary pain without much constitutional disturbance. The subsequent onset suddenly of violent pain accompanied by well-marked collapse, as indicated by subnormal temperature, rapid pulse, cold sweating, &c., coincided with the occurrence of perforation. Further, peritonitis now developed, but did not become generalised owing to the existence of the following favourable conditions at the time of perforation :—

1. The bowels were comparatively empty, no food having been given for ten hours previously, and two motions having passed from them in that time.

2. Some adhesive peritonitis was already present which retarded the escape of intestinal contents, and limited the range of movement of the perforated portion of the intestine.

3. The subsequently continued abstinence from food and the administration of morphia also played their part in limiting the movement of the intestine.

Finally, I would say that if the above case was really one of perforation, it is interesting as exemplifying what is known to happen rarely, namely, spontaneous recovery after this complication. If it were not a case of perforation, it is none the less interesting as being illustrative of the impossibility of making certain of a correct diagnosis when all the classical early symptoms of perforation can be so closely imitated by some other condition.

The lesson which certainly should *not* be learnt from the case is, that it is justifiable to postpone operation when one has sufficient grounds for thinking that a perforation is probably present.

I am indebted to my late resident pupil, Miss Ovenden, for many careful observations and notes upon this case.

CERTAIN POINTS IN THE DIAGNOSIS OF FLUID IN THE CHEST. (*a*)

By T. GILBART SMITH, M.A., M.D., F.R.C.P.,
Physician to the London Hospital.

IN spite of the fact that pleurisy was so commonly met with, nothing, perhaps, was easier than to fail to diagnose it when present, or *vice versâ*. Our mistakes in this respect were often far more interesting than our correct diagnoses! The information derived from text-books about pleurisy would lead one to suppose that it was a very distinct affection, but at the bedside many of the characteristic signs were often found wanting. For instance, in a case of pleurisy with effusion we should expect to find immobility of the ribs on the affected side, and on palpation, vocal fremitus would be absent. But definite signs are very often wanting. One of the most important clinical tests was the sensation conveyed to the hands of expansion of the chest wall, a slight difference in movement being readily appreciated in this manner. Obliteration of the intercostal spaces and bulging of the ribs were, comparatively speaking, seldom seen nowadays, as the cases generally came under observation earlier. It was very difficult to obtain vocal fremitus in women owing to the lack of resonance in their voice, so that as an aid to diagnosis it was not always a trustworthy guide. The ordinary method of placing the whole palmar surface of the hand flat upon the chest was open to several objections, and he considered that the ulnar surface of the hand was better for detecting vocal fremitus, and for limiting the areas over which it could be felt.

The real difficulty lay in the fact that one was apt to mistake fluid for solid lung, and *vice versâ*. Here, again, the presence or absence of vocal fremitus was not sufficient alone, as in conditions where there was a blockage of the bronchial tubes, vocal fremitus might be absent, even when there was no fluid. The presence of tubular breathing over an effusion might lead to the erroneous supposition that solid lung was present. In purulent effusions the breathing was apt to assume a tubular character, as was also the case when the lung was compressed by a quantity of fluid, simple or purulent, or a portion of it congested. This was the class of cases most likely to mislead.

The physical signs of fluid in children were especially deceptive. An absence of breath sounds was generally held to indicate the presence of fluid, while definite tubular breathing was by no means universally present in cases of pneumonia. Another condition which was prone to mask the physical signs was that of emphysema, as in such cases the results on percussion would be very misleading. Absent voice-sounds and vocal fremitus should especially suggest the presence of fluid. The position of the heart's apex should also be borne in mind, particularly in effusions upon the left side, as any displacement of this was a most valuable sign. The number of cases in which one found trouble at the bases of the lungs was very great. Most mistakes were made, perhaps, when there was old mischief at the base associated with an effusion. Difficulty was also experienced when fluid was found together with pneumonia, especially when the former was only slight in amount.

The question as to the nature of the fluid present often presented great difficulty. Rigors were not always associated with purulent effusions, nor was the temperature invariably raised. In fact, there might be considerable pyrexia with a simple effusion. One sign was really of value, namely, clubbing of the fingers; but even here,

(*a*) Abstract of Opening Clinical Lecture of the Spring Session of the North-East London Post-Graduate College, delivered at the Tottenham Hospital, on Thursday, January 14th.

care was needed in ascertaining the exact duration of this symptom and its relation to any existing phthisical condition. His experience was that pus exaggerated the voice-sounds. Whispered pectoriloquoy was generally supposed to be lost over a purulent effusion. Another condition in which there were several small localised collections of pus forming, as it were, "pus-tight" compartments was very difficult to diagnose.

He considered that sufficient use was not made of the exploring needle in diagnosis. It was important to insert this boldly and in the right place. The best spot, he believed, was at the lower extremity of a line, one and a half inches long, drawn vertically downwards from a point midway between the two spots marking the position of the angle of the scapula when the arm was down by the side, and when it was extended above the head. This site was sufficiently far out to avoid the lung and high enough up to escape the diaphragm, while, at the same time, it was sufficiently low to permit of the easy escape of fluid, and also to allow of subsequent drainage, should this be found necessary. In advanced phthisis the removal of pus was seldom indicated, except to relieve urgent dyspnœa. Much better success had attended the operative treatment of empyemata by resection of a portion of the rib, this being a far more satisfactory method of dealing with the affection than the mere insertion of a tube between the ribs. Flat metal tubes of silver, such as those devised by Turner, were often, however, of great advantage. The use of ether during all such operations was almost always contra-indicated.

ON THE USE OF SOME OF THE NEWER ANÆSTHETIC AGENTS. (*a*)

By T. PERCY C. KIRKPATRICK, M.D.,
Anæsthetist to the Dental Hospital of Ireland.

In the study of the history and literature of the subject of surgical anæsthesia one cannot help being struck with the fact that many of the great advances which have been made in the art of the administration of these drugs have occurred in connection with their use in dental surgery. It was a dental surgeon, Mr. Horace Wells, of Hartford, Conn., who first used nitrous oxide for surgical purposes in the year 1844; it was in connection with dental surgery that the administration of nitrous oxide and oxygen was perfected, which process first enabled anæsthetists to recognise clearly the anæsthetic effects of nitrous oxide as distinguished from those of asphyxia, and, again, the necessities of dental surgery have taught us the use of that valuable sequence, nitrous oxide gas and ether. When we consider these facts it will not surprise us to find that at the present time the chief activity in anæsthetic research and experimentation is in connection with the administration of anæsthetics for dental purposes.

In spite of the title of my paper, few, if any, of the drugs which I am about to consider can be looked on as new—it is rather their combination and the method of their use which merit that description. The time at my disposal will not permit of my dealing fully with all these drugs and the combinations of them, so, while merely mentioning some of them, I shall give a more detailed account of those in the use of which I have had the most experience.

Anæsthol.—Of this drug I have no experience; it is said to be a chemical combination of ethyl chloride, chloroform and ether in the following proportions: Ethyl chloride, 17 per cent.; chloroform, 35·89 per cent.; ether, 47·10 per cent. Dr. George Foy, in a recent number of THE MEDICAL PRESS AND CIRCULAR, (*a*) speaks of it as follows: "Meyer, who introduced the drug, and has extensively used it, recommends that it be administered by an Esmarch's mask, which is covered with a doubly folded piece of sterilised gauze and a piece or oiled silk, the latter having an opening of the size of half a crown in the centre. The drug should be given as chloroform, drop by drop. The patient quickly recovers from its effects; indeed, he has never been deeply narcotised, for his reflexes have not been abolished." This drug appears to somewhat resemble in composition what is known as Schleich's No. 1 mixture, and consists of 2 parts of ethyl chloride, 4 parts of chloroform, and 12 parts of sulphuric ether. F. von Winckle (*b*) has contrasted its effects in one hundred cases with those of pure ether anæsthesia. Vomiting occurred in 67 per cent. of the cases as contrasted with 57·7 per cent. in ether cases, and in ten cases untoward symptoms occurred which made it necessary to have recourse to other means of anæsthesia.

Narcotile.—Dr. T. Eastman, of Bournemouth, has published a paper (*c*) on the use of this drug, which he states to be a pure and definite ether obtained by the direct reaction of hydrochloric acid on mixed ethylic and methylic alcohols distilled together, the vapours being condensed under pressure and purified. It is a pure and constant chemical product, and is not subject to decomposition when exposed to light. Dr. Eastman administered the drug by means of a Lobjois' inhaler in a number of cases with, as he says, very satisfactory results; he does not, however, give us any figures as to the time it takes to induce anæsthesia, or of the time available for operation after induction. He states, however, that the anæsthesia can be prolonged at will by means of a mouth or nasal tube, and quotes the case of a woman, æt. 27, who inhaled 20 c.c. for the extraction of eighteen teeth. There were no reflexes, and the anæsthesia was prolonged for eight minutes by means of the metal tube. The patient came round three minutes after withdrawing the anæsthetic, was not sick, felt nothing, and walked home half an hour after the operation. In his early cases he had several failures, but after discovering the defect he has not had a single case where anæsthesia was not extremely satisfactory. I have used the drug myself in several cases, but with indifferent results. In several cases I failed to get any anæsthesia; in others the anæsthesia was only moderately good, but in one case the result was excellent. This was the case of a girl, æt. 14, who was operated on for tooth extraction, in whom anæsthesia was induced in forty-five seconds, and who gave an available operative anæsthesia of two minutes, and made a good recovery without sickness. This leads me to think that my want of success in the other cases may have been due to my own want of experience in the use of the drug rather than any fault in the drug itself. The regulation of the air valve in the inhaler requires some experience, and I hope at some future date to make a further trial of it. The chief advantage in the drug would appear to be that it is possible to prolong the anæsthesia by means of the mouth tube during the operation, but against this we must remember that unpleasant after-effects are much more frequent after prolonged administrations.

Bromide of Ethyl (C_2H_5Br) is a drug which, though it has been very extensively used, and of which the literature is voluminous, I have no practical experience. With Continental anæsthetists it appears to occupy very much the same position as nitrous oxide gas does in

(*a*) A Paper read before the Irish Branch of the British Dental Association, November, 1903.

(*a*) THE MEDICAL PRESS AND CIRCULAR, October 28th, 1903, page 475. Since this paper was read, Dr. Meyer, writing to THE MEDICAL PRESS AND CIRCULAR, December 23rd, 1903, p. 707 states that he has used the drug almost exclusively in operations requiring general anæsthesia since October, '898.

(*b*) *Munch. med. Woch.*, January 6th, 1903. Cf. *Brit. Med. Journ.*, October 10th, 1903. Epitome, page 54.

(*c*) *Brit. Med. Journ.*, April 18th, 1903.

this country. It is used very largely for dental operations, and as a preliminary to ether. In Professor Kocher's clinic at Berne it is almost constantly used for the latter purpose, and with, I am told, excellent results. In this connection, Professor Kocher, writing to Dr. William Huggard (*a*) under the date of May 13th, 1903, says: "Nearly always I give bromethyl first and ether afterwards. I am very satisfied with the rapid anæsthesia I get from it; I have never had any death, nor even disagreeable symptoms. We give from 15 to 30 grammes at the time (for one dose). Only with *very* weak and anæmic people I prefer giving ether from the beginning." Dr. A. Brown Kelly, (*b*) in the *British Medical Journal*, states that after an administration of from fifty to eighty seconds one can, as a rule, reckon on one to two minutes insensibility in patients under four years of age, and somewhat less in those older. With respect to after-sickness, the statistics of different observers differ very considerably, as much as from 1 in 400 to 66 per cent. Muscular relaxation is often not complete, and a gag must be inserted before the administration in cases of mouth operation. A considerable number of deaths have been recorded from the use of this drug, but it is stated that, if a pure drug is used and proper precautions taken, in short administrations it is practically safe. The drug is peculiarly liable to undergo decomposition when exposed to light or air. Mr. J. P. Gilmour, in the *Pharmaceutical Journal*, (*c*) says: "During the past three years I have examined fifty specimens of bromide of ethyl (bromethane) for Dr. A. B. Kelly, with the following results: Thirty samples (60 per cent.) were utterly unfit for anæsthetic purposes owing to the presence of impurities, due either to contamination during the process of manufacture, or to decomposition by reason of age, presence of moisture, or exposure to light." Dr. Kelly, however, states that now Messrs. Duncan and Flockhart are able to supply an absolutely pure preparation. As I stated before, I have had no personal experience of the use of this drug, but am inclined to think that in view of the facts I have mentioned it is not likely to replace the use of nitrous oxide in this country.

Chloride of Ethyl (C_2H_5Cl) is a colourless mobile liquid which boils at a temperature of 12·5° C. The late Sir Benjamin Richardson (*d*) in 1867 experimented on a rabbit and a pigeon with it, but its use, until quite recently, must have been very restricted. Rottenstein, (*e*) in his work on anæsthetics, merely refers to it as a local anæsthetic; Hankel, (*f*) in his handbook on inhalation anæsthesia, does not refer to it at all; and Dastre (*g*) refers to it in the following terms: "The ether chlorhydrique, or the chloride of ethyl, C_2H_5Cl, has been tried several times by Flourens, Tracy, Babri, Harless and Heyfelder. It boils at 11° C.; at 15° C. it is a colourless gas. It is without interest." Buxton, Underwood and Probyn-Williams, in the latest edition of their text-books, where they refer to it at all, do so as a local anæsthetic only. Hewitt (*h*) devotes a page only in his book to it, quoting mainly from the papers of McCardie. I mention these facts to show you how recent is the introduction of this drug into the general practice of anæsthetists. Though this is so, we have no reason to complain of its neglect at the present time, for during the last two years quite a number of papers have been published dealing with its properties and uses. Foremost among English writers we must place McCardie, of Birmingham.

Owing to its extreme volatility, the drug is very rapidly absorbed and eliminated from the system, and this rapidity of elimination is a factor of considerable importance in its safety as a general anæsthetic. In deep narcosis the pulse appears to become somewhat slower than normal, but remains quite regular. The respiratory movements are increased in both frequency and depth, and the colour improved as a result of this and of an accompanying vasodilatation. Authorities differ as to the effects on the heart, but the weight of evidence appears to show that there is not, at all events, any marked circulatory depression. According to Seitz (*a*) the death-rate is 1 in 16,000 administrations, as contrasted with 1 in 8,000 cases of ethyl bromide; he places it as the safest anæsthetic next to nitrous oxide. Since its reintroduction, very many forms of apparatus have been devised for its administration, but an ordinary Ormsby inhaler is perhaps as suitable as any. Luke's inhaler is perhaps the most simple, consisting as it does of an ordinary face-piece with bag and angle-mount attached, similar to that of the Clover, with the exception that the angle-mount is pierced by a hole to enable one to introduce the drug into the bag while the mask is in position, the hole being afterwards stopped by a boxwood plug. Whatever apparatus is used, total exclusion of air during the administration should be aimed at, for there is sufficient oxygen in the air in the bag and the lungs to prevent cyanosis before anæsthesia is obtained. Concerning the use of chloride of ethyl in dental cases, McCardie (*b*) gives the following figures:—Single dose from 3 to 8 c.c., Ormsby's inhaler, seventy-seven cases. Average duration of induction, 50·9 seconds; average duration of anæsthesia, 71·3 seconds. Longest case of induction, 2½ minutes; longest case of anæsthesia, 2½ minutes. Shortest case of induction, 20 seconds; shortest case of anæsthesia, 3 seconds.

Vomiting is stated to occur more frequently than after nitrous oxide, but it is not persistent, and headache is frequent. McCardie sums up the position as follows: "In regard to ethyl chloride in dental work it is not to be preferred to nitrous oxide for routine use. It is of advantage in cases where the prolonged methods of administration are not available. By giving a full dose of the drug one can always be sure of one and a half minutes' anæsthesia. By reason of the portability of the apparatus and the quickness of the phases of narcosis, ethyl chloride, when administered from an Ormsby inhaler, is an ideal anæsthetic for short operations in country practice." In the case of children the drug is likely to be of very great value; all observers appear to agree that they are particularly suitable subjects for its administration. The chief drawback at present to its use is the after-sickness, and it is on this point that we require further information, which can only be derived from patient and close observation of a number of cases. It may be that such observation will lead to the discovery of the cause of this phenomenon and the means of avoiding it, and if it does so, I believe that chloride of ethyl will in the future take a very high place among our general anæsthetics.

Quite recently Hewitt has introduced a method of giving chloride of ethyl and nitrous oxide gas mixed, which promises to give very good results. I think the best way that I can describe this method to you is to quote the words of Dr. Hewitt, in which he described it at the annual meeting of the British Dental Association last June. Hewitt (*c*) says:—"In order that this method may be thoroughly understood, it is necessary to recapitulate certain facts concerning nitrous oxide, to which I drew attention many years ago. If a full two-gallon bag of the pure gas be taken, if an accurately-fitting face-piece and efficient valves be used, if two or three expirations be allowed to escape through these valves, and if the valves be then thrown out of action and the remaining quantity of nitrous oxide be breathed backwards and forwards, anæsthesia with a minor degree of asphyxia will ensue with a rapidity varying with the type of subject. Thus, while this particular method of anæsthetising by nitrous oxide would in the case of a tall, powerfully

(*a*) *Lancet*, September 12th, 1903, page 744.
(*b*) *Brit. Med. Journ.*, August 30th, 1902.
(*c*) *Pharm. Journ.*, June 7th, 1902, page 490.
(*d*) *Med. Times and Gaz.*, December, 1867, page 693.
(*e*) "Traité d'Anesthesie Chirurgicale." Paris, 1880.
(*f*) "Handbuch der Inhalations-Anasthetica." Leipzig, 1898.
(*g*) "Les Anesthésiques Physiologie et Applications Chirurgicales." Paris, 1890, page 200.
(*h*) "Anæsthetics and their Administration," London, 1901.

(*a*) *Lancet*, April, 1903, page 953.
(*b*) *Lancet*, April, 1903, page 954.
(*c*) *Brit. Dent. Journ.*, September, 1903, page 615.

built man take about a minute and a half to produce anæsthesia, and whilst the anæsthesia would be unattended by noticeable asphyxial symptoms, the same method would, in the case of an anæmic young woman of short stature, induce anæsthesia in about forty-five seconds, and the anæsthesia would be accompanied by obstructive stertor, epileptiform spasm, or both of these conditions. Now, supposing we wish to produce a similar anæsthetic effect in each case, and supposing that our procedure, so far as the escape of two or three expirations is concerned, remains the same, we shall find that our object may be readily attained by regulating the quantity of nitrous oxide originally present in the bag, a full bag being required for tall, plethoric or alcoholic subjects, and two-thirds, one-half, or even one-third of a bag being advisable as we descend the physical scale to the feebly nourished and anæmic child."

These are the considerations which underlie the method we are about to discuss, which aims at producing a partial anæsthesia with a limited quantity of nitrous oxide, eliminating all asphyxial symptoms, and then so adding ethyl chloride that the partial anæsthesia is replaced by the deep anæsthesia of the latter drug. In order to effect this the following procedure is adopted. An ordinary two-gallon gas-bag is filled about three-quarters full for the average patient, and then detached from the gas bottles; a small glass tube charged with from 3 to 5 c.c. of chloride of ethyl is now fixed by a piece of rubber tubing to the stop-cock at the bottom of the gas-bag. The face-piece is accurately adjusted to the patient, who is then permitted to inspire gas and expire through the valves for two or three breaths. The valves are then thrown out of action and the patient permitted to rebreathe the gas. In about twenty seconds the stop-cock is opened and the chloride or ethyl introduced into the bag. The patient now breathes the vapour of chloride of ethyl mixed with nitrous oxide till anæsthesia is complete. The time which it takes to induce full anæsthesia varies, but it is stated to be much shorter than that which would be necessary to induce a similar state of anæsthesia by either agent separately. Hewitt has given us no record of actual times, so I am not able to contrast it wih the figures I have already given you for somnoform and chloride of ethyl. In nineteen administrations some days ago I got myself the following figures:—

Average time of administration, 66·7 seconds; average time of anæsthesia, 66·3 seconds.

Ten of these case were boys of the average age of 13·1 years. This is not at all as good as McCardie's results with chloride of ethyl, but it must be remembered that they were my first cases, and my first experience of the method, and I have no doubt very little practice would greatly improve my results. The type of anæsthesia was in every case excellent; there was no cyanosis or jactitation, and rarely any phonation,—a remarkable fact in view of the number of young boys in the series of cases. The absence of cyanosis and jactitation, with their accompanying swelling, turgescence and rigidity of the parts about the mouth, are points of considerable importance to the operator, who is thus given every facility for his manipulations with the mouth. None of my patients appeared to experience the slightest difficulty in taking the anæsthetic, and in no case was there any struggling during the administration, though I must admit there were none of the so-called bad subjects in the series. As a rule the recovery was excellent, though not, I think, as sudden as after simple nitrous oxide anæsthesia; all the patients were, however, able to walk into the recovery room within two or three minutes of the termination of the operation. Three patients vomited some little time after recovery, but this vomiting was not attended with any distressing symptoms of sickness or prostration. On the whole, the recovery was, I should say, almost as good as that from ordinary nitrous oxide anæsthesia. At present we are not able to speak with any degree of confidence as to the question of the safety of the method, but this much I can say, that in none of my cases did I see any symptom which gave rise to the least alarm, and Hewitt has had the same experience with his cases. The method has the advantage of being easy to carry out, the apparatus simple and inexpensive, and the drug not costly. The signs of anæsthesia which I found most trustworthy were a slightly snoring respiration, fixity of the eyeballs, marked diminution if not complete loss of the conjunctival and corneal reflexes, and general flaccidity of the voluntary muscles.

I do not know of any previous record of the combination of these drugs, but ethyl bichloride, or ethidene dichloride, as it was called, was used by both Clover (*a*) and McLeod (*b*) as far back as 1880. Clover records quite a number of cases in which he used it for both major and minor operations.

I have endeavoured to give you a brief description of the use of some of the newer methods of inducing anæsthesia for dental purposes, relying chiefly on my own experience where that was available, and supplementing it by that of others where my own was deficient. I have confined my remarks to those methods which for their own use do not necessarily demand the assistance of a skilled anæsthetist in addition to the operator, as I considered that these methods would be of more interest to the majority of my hearers. I firmly believe, as indeed my position would enforce me to, that the best results in operations under anæsthetics can only be attained when the operator can give his undivided attention to the operation, and the care of the anæsthesia is entrusted to a skilled anæsthetist, but I also quite recognise that the exigencies of practice often render this desirable ideal unattainable. In a very large majority of dental operations I believe that the nasal method of administering nitrous oxide gives us the very best results for both patient and operator, whether the operation be long or short, but this method necessitates the assistance of an anæsthetist, and one, too, who has had considerable practice in its use, if good results are to be attained, and consequently I have not touched on it in this paper.

(*a*) Lecture on Ethidene Dichloride, *Brit. Med. Journ.*, May, 1880, page 797.
(*b*) Combination Anæsthetic, *Brit. Med. Journ.*, May, 1880, page 886.

Death Under Ether.

AT Shelley on the 13th inst., an inquest was conducted by the Coroner on the body of a single woman, of Town End, Shelley, near Huddersfield. The evidence showed that the woman had undergone an operation six months ago for tumour of the breast. She consented to another operation, and in both instances ether was administered. There were no signs of fainting at the first operation, and on Monday it took about ten minutes to get her under the influence of the ether, which was administered by Dr. Smith, of Middlestown, while the operation was performed by Dr. Nesfield, of Shelley. The latter stated that his attention was drawn to the woman's condition as he was about to stitch the wound up. Artificial respiration was resorted to, but without avail. The cause of death was sudden failure of the heart's action, which, in his opinion, was due to the ether. The jury returned a verdict of "Misadventure."

French Congress of Climatotherapy and Hygiene of Towns.

THE first Congress will be held at Nice, during the Easter vacation, from April 4th to 9th. Professor Chantemesse has been named President; the Vice-Presidents are, Professor Renaut, Lyon; Professor Grasset, Montpellier; Professor Calmette, Lille; Dr. Balestre, Nice. The discussions will bear on five questions:—(1) the climate of the French Mediterranean coast; (2) adaptation of the individual to climate; (3) influence of the French Mediterranean coast climate on tuberculosis and tuberculous patients; (*a*) clinical and critical discussion on the special conditions required in order to benefit by this influence; (*b*) treatment of such patients at their homes; (*c*) treatment of such patients under supervision, sanatoria for patients in easy circumstances; establishments for

the treatment of poor patients suffering from scrofula or pulmonary tuberculosis; (4) the influence of climate on the French Mediterranean coast on rheumatism, and on those subject to rheumatism; (5) disinfection of towns. Great travelling facilities in France and abroad will be granted to members of the Congress and their families. The hotel prices at Nice will be reduced in their favour and may be ascertained beforehand. Full particulars will be furnished on application to Dr. Hérard de Bessé, Secretary-General of the Congress, Beaulieu-sur-Mer. The members of the executive committee for England are: Dr. G. H. Brandt, Nice; Dr. Johnston Lavis, Beaulieu; Dr. MacDougall, Cannes; Dr. Price Mitchell, Monte Carlo; Dr. Stanley Rendall, Mentone.

The Out-Patient Departments

LEICESTER INFIRMARY.

Case of Pulmonary Osteo-Arthropathy.

By ROBERT SEVESTRE, M.D.,
Assistant Physician, Leicester Infirmary.

THE patient, Joseph C., æt. 19, at work in the shoe trade, presented himself in the Out-patient Department, and was admitted into the Leicester Infirmary in May, 1903. When a child of seven he had the measles, which was complicated by a severe attack of bronchitis; since then he has had a cough, which in the summer gives him no trouble, but in the winter is always severe. Four years ago he states that he had pleurisy on the left side of his chest, and about the same time he expectorated some blood. At different times since then there has been hæmoptysis, but not in any large quantity. During the last two years the character of the cough has changed, coming on in paroxysms, especially after meals, and accompanied with the expectoration of a thin, green fluid of an unpleasant smell—at times amounting to half a cupful. In the autumn of 1901 he dislocated the left patella; the joint became swollen, and never resumed its natural size. In August, 1902, he noticed a little stiffness and swelling about the right knee-joint, and in the following October he was laid up in bed for about one week with what he calls an attack of rheumatism. His limbs ached and he felt feverish, and the wrist-joints and some of the phalangeal joints of the fingers became stiff and swollen, but there was very little pain. During the next few months his general condition improved, but the condition of the affected joints and the cough, with its expectoration, did not materially alter. His past history had been uneventful, and he denies lues. Other members of the family are healthy.

When admitted into the Infirmary he presented the appearance of a tall, spare youth, having a pale but healthy colour. The tongue was clean. The wrist-joints and the first phalangeal joints of the fingers were swollen and stiff, so that the hand could not be tightly closed. Both knee-joints contained fluid, the left more than the right. There was no pain, and the skin over the affected joints presented nothing unusual.

The ends of the fingers and toes were clubbed and a little congested in appearance, and he says he does not remember the time when his fingers were different from the thickened and rounded condition in which they are at present. Cough comes on in paroxysms, usually in the morning and after meals, with expectoration of a faint mortar-like smell, greenish-yellow in colour, not very tenacious, and devoid of air; in quantity about three ounces a day. On examining the sputum no tubercle bacilli were found.

On inspection of the thorax it was seen that the left side was contracted and flattened, with diminished movement on respiration, and that the spine showed a lateral curve to the right in the lower dorsal region. The vocal vibrations on the right side were felt normally; on the left they were diminished in the upper part of the chest, and in the lower part of the lateral region and at the base were barely perceptible. The percussion note was hyperresonant on the right side, much diminished on the left, and below the level of the angle of the scapula it was dull. The breath sounds on the right side were exaggerated with a few *râles* at the base; on the left side in the upper part they were diminished and moist *râles* were added; over the dull area they were feeble, and just below the angle of the left scapula bronchial in character. The physical signs, however, on the left side of the chest varied from time to time, the variation being dependent, probably, upon the amount of secretion present in the bronchial tubes. For instance, at one examination along the lower part of the inner border of the left scapula, cavernous breathing with consonating *râles* and pectoriloquy were audible. The apex beat of the heart was situated in the sixth left interspace in the anterior axillary line. The sounds of the heart at the apex were regular and clear; in the pulmonary area a faint, rough ending was heard to first sound, which was most marked on expiration. The pulse-rate was seventy-eight, regular and of good volume. Nothing abnormal was found on examining the abdomen. The urine contained no albumin or sugar. The patient was placed on a full diet with cod-liver oil and malt. He was allowed to be in the grounds of the Infirmary as much as possible.

After the first week of his stay in the Infirmary he had creosote vapour baths given every other day, the quantity of the vapour and the duration of his stay in it being gradually increased. Under this treatment he improved considerably; the temperature, which was slightly raised on admission, fell very soon to normal; the swelling and stiffness gradually disappeared from the wrists and fingers, and the fluid from the knee-joints almost disappeared, a little remaining in the left; the expectoration lost its offensive character, but the quantity did not diminish to any great extent, remaining about 1½ oz. daily. The gain in weight was 3 lb. The physical signs in the chest, however, did not materially alter. Since his discharge in July, 1903, his condition has remained much the same. The expectoration, he says, amounts to about 2 oz. daily, and he gets it up in about five minutes when it bothers him most; at times it is slightly offensive, and is occasionally streaked with blood. The joints have given him no further trouble.

Remarks.—The physical condition of the lungs calls for no special comment; the signs indicated that there was a condition of bronchiectasis in the lower lobe of the left lung. It is difficult to say what part the creosote vapour baths played in the amelioration of the patient's symptoms. During the inhalation of the vapour the

greater portion of the daily quantity of the expectoration was brought up; the quantity itself was not materially altered, but the unpleasant smell disappeared. It seems probable that this alteration in character bore some relation to the great improvement that took place in the affected joints. The improvement in his appetite may have been partly due to the effect of the creosote, and partly to the fact that he was out-of-doors the greater part of the day. Whether this class of case, in which joints become affected in disease of the chest, disease which is always chronic and usually suppurative, merits a description as a distinct clinical entity is very much to be doubted. It seems more probable that the condition of the joints is a complication dependent on some infective condition within the chest; that it is an infective arthritis comparable to that met with in other morbid states.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXIX.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

STOURFIELD PARK SANATORIUM, POKESDOWN, BOURNEMOUTH.

STOURFIELD PARK has had a somewhat varied history. The estate is an old one, but the present handsome building was apparently the work of speculative builders, and affords evidence that it was originally designed to serve as an attractive and convenient residential hotel. Before completion as such, it appears to have undergone a metamorphosis, and emerged as a sanatorium. In 1899 the establishment was under the control of Dr. Denton Johns, who left, however, in consequence of differences with the lay conductors. He was succeeded by Dr. David Thomson. The institution is now, we understand, in some way amalgamated with Hailey Sanatorium, near Wallingford. Dr. Frank Fowler is the senior resident physician, and is assisted by Mr. H. M. Bullock, as junior resident physician and bacteriologist, while Dr. Charles Reinhardt is the visiting physician, and is "responsible, jointly with Dr. Fowler, for the general control of the Stourfield Park Sanatorium."

The sanatorium is situated at Pokesdown, some three miles from either Central Bournemouth or Christchurch. It is on a slight eminence overlooking the valley of the Stour, and is some 600 yards from the sea. The site is of sand and flint gravel.

There are about ten acres of ground studded with pines, cedars, beech, chestnut and oak. The lawns are particularly attractive and the shrubberies and paths have been conveniently arranged.

Unfortunately, however, the establishment is being rapidly surrounded by new buildings, and the adjacent pine-studded country is now succumbing to the destructive inroads of the irresistible builder.

The building, which is of modern appearance and rich in attractiveness, is in many ways well adapted to its present purpose, although far removed from the desirable simplicity so strongly advocated by Dr. Reinhardt, and to a great measure exemplified at Hailey.

The building faces south by south-west. The ventilation and sanitation and general construction have been wisely arranged. The rooms are of good size, lofty, and are provided with much window space. There are open fireplaces. In not a few cases the bedrooms open on to a verandah or balcony.

The corridors are fine and stylishly decorated and quite hotel-like. They are well ventilated and are warmed by hot-water pipes.

There are three storeys, the ground-floor with administrative quarters, reception and dining-rooms, the upper floors reserved for patients, while the attics are used by servants. There is an electric lift.

Ventilation is assisted by electric fan extractors. There is a good supply of baths. The sanitary requirements appear to be excellent. The whole establishment is lit by electricity. Heating is provided for both by open grates and hot-water pipes.

The sanatorium possesses its own laundry, disinfector, and electro-therapeutical equipment.

Accommodation is provided for forty-five patients. We had the privilege of dining with the patients and observing something of the general routine of management.

Treatment is conducted on the now generally established hygienic lines. Dr. Frank Fowler, who has himself undergone treatment at Hailey, resides in the sanatorium with his wife and exercises a constant personal supervision.

In the grounds are seventeen admirably designed and attractive-looking kiosks or châlets, each simply furnished with couch and table, and fitted with electric light. Here the patients are supposed to spend their time when not at meals or taking exercise. These shelters are well placed and so constructed as to allow of exposure to air and sunlight, and yet secure protection from winds.

The fees are from four to five guineas a week, according to accommodation, and are inclusive of medical attendance and ordinary nursing. There are a few rooms at three guineas. Patients whose condition renders it necessary to have their meals served in their rooms are charged one guinea a week extra, and cases requiring a special nurse must pay her fees and board. Alcohol is only allowed when especially prescribed, and must be paid for by the patient.

The sanatorium is within three miles of either Bournemouth Central or Christchurch stations, at each of which cabs meet all trains. Boscombe and Pokesdown stations are rather nearer, but fast trains do not usually stop at these.

The telegrahic address is "Sanatorium, Pokesdown," and the telephone 445 Bournemouth.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

(SECTION OF OBSTETRICS.)

DR. A. J. SMITH, President, in the Chair.

THE Section met in the Royal College of Physicians on January 8th, 1904.

Dr. PUREFOY read the report of the Rotunda Hospital for the year 1902-03.

Sir ARTHUR MACAN proposed, and Dr. W. J. SMYLY seconded, that the discussion of the report be postponed until the next meeting of the Section. The resolution was unanimously carried.

The following specimens were also shown:—

Dr. PUREFOY.—Fibroid uterus removed by supravaginal amputation.

Dr. TWEEDY.—(1) Diseased tubes with enlarged ovary, removed by bisection of uterus and vaginal hysterectomy. (2) Cystic implantation tumour removed from abdominal scar, the result of a former ovariotomy.

THERAPEUTICAL SOCIETY.

MEETING HELD DECEMBER 22ND, 1903.

DR. DIXON described the action of drugs upon the pulmonary vessels. The experiments were undertaken conjointly with Professor Brodie, and consisted in the artificial perfusion of the lungs outside the body. He first showed that these vessels have no nerve supply, and hence drugs which produce vaso-constriction on ordinary systemic vessels have no effect on those of the lungs. The action of drugs on these vesssels was divided into three groups. Group 1, represented by pilocarpine, adrenalin, physostigmine and digitalis, all of which act on peripheral nerve endings and therefore, whilst producing marked constriction of systemic vessels, have no action on the pulmonary. Group 2, drugs acting directly on muscle, such as barium, calcium, veratrin, &c. These produce constriction of all

vessels throughout the body, including those of the lungs. Group 3, drugs producing vaso-dilatation. These were represented by nitrites and caffeine. Both produce very decided vaso-dilatation of systemic and lung vessels, and must therefore act directly on muscle. In conclusion, Dr. Dixon described how injection of such substances as digitalis or adrenalin gave rise to marked pulmonary congestion.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD JANUARY 7, 1904.

RUSHTON PARKER, ESQ., B.S., F.R.C.S., President in the Chair.

DR. A. S. GRUNBAUM showed an experiment to demonstrate the hæmolytic action of radium rays on red blood corpuscles.

Dr. STENHOUSE WILLIAMS exhibited and described a new ethyl chloride inhaler. Given by his method the patient was under in 50 seconds, the anæsthesia being maintained with ether. He had found it very useful in alcoholic subjects.

Dr. F. W. BAILEY had noticed that patients frequently came out of the ethyl chloride anæsthesia before ether anæsthesia was induced.

Sir William Banks and the President also spoke.

Mr. R. C. DUN read notes of a case of congenital hydronephrosis, due to stricture of the ureter at its junction with the renal pelvis. The chief point of interest lay in the fact that the abdominal tumour was principally on the left side, and was not palpable in the right loin. The diagnosis of left hydronephrosis was made. On peforming nephrectomy through an incision on the left side, a normal left kidney and ureter were exposed. The tumour, which proved to be a hydronephrosis of the right kidney, lay in front of the left kidney, and was readily removed. Recovery was uneventful. A congenital displacement of the right kidney, either to the middle line or into the loin of the opposite side, probably explained the abnormal position of the hydronephrosis.

Dr. Blair Bell and the President commented upon the case.

Dr. C. THURSTON HOLLAND read a note on the X-ray diagnosis of kidney stones; he laid special stress on the necessity in making a negative diagnosis of taking the X-ray whilst the breath was held. Also the importance of obtaining a plate showing differentiation of the shadows of the soft structures lying between the iliac crest and the lower ribs. The note was illustrated by a series of lantern slides showing stones *in situ*, and also the type of negative to be aimed at.

Drs. W. Carter, Chas. Macalister, and Alexander spoke, and Dr. Holland replied.

Dr. C. BROWN exhibited an old note-book containing notes on Dr. John Rutherford's clinical medical lectures delivered in Edinburgh in 1749, and read a paper on the subject. After giving an account of Edinburgh, the medical school, and Dr. Rutherford, he referred to the total absence of anything like scientific observation in medicine, but pointed out that the rate of mortality in Dr. Rutherford's wards was, under the existing circumstances, not at all a discreditable one. Dr. Cassels Brown gave details of the treatment adopted in cases of anæmia, rheumatism, ague, phthisis, syphilis, cardiac disease, and hydrophobia, and in conclusion remarked that while the medical profession had advanced scientifically to an enormous extent, it had not advanced equally in other directions. He suggested that more attention should be given to the teaching of practical therapeutics, and advocated a modified return to the culture of the old-time physician. The President, Sir William Banks, Dr. Grünbaum and Dr. Logan spoke, and Dr. Cassels Brown replied.

CLAMS AND TYPHOID.—An outbreak of typhoid fever has occurred in the district of the Strood Rural District Council, Rochester, through the patients having eaten clams. The Council has issued notices warning persons against using this kind of shell-fish.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 16th, 1904.

TREATMENT OF CANCER BY ADRENALIN.

DR. A. RODIN, who has been making a special study of adrenalin in its effects on cancer, reports that, in cancer of the rectum, from thirty to sixty drops in a tablespoonful of water, of the solution of 1—1,000, applied daily to the parts, removed the oozing from the anus and diminished for a time the volume of the cancerous granulations. The external cancerous ulcers became pale under its effect, diminished in volume, and the progress of the affection was retarded.

Combined with quinine and beer-yeast, adrenalin seemed to prevent relapses after ablation.

A woman was operated on at Lyons for cancer of the uterus, total ablation, in 1901. The operation was incomplete, and a rapid return of the disease was expected. The patient was submitted to the following treatment: During five days she was given five grains of quinine twice a day; the five following days she took a teaspoonful of beer-yeast each morning, when she returned to the quinine for another five days, and so on during a month. After this period she was ordered to suspend the treatment five days, after which to recommence. A year afterwards adrenalin was added to the treatment, five to ten drops of the 1—1,000 solution was given morning and evening. The patient continues to be in excellent health.

Another patient operated on three times in the interval of a few weeks for cancer of the breast, which returned each time immediately, was treated in a similar manner, and no relapse took place.

THE HYPODERMIC TREATMENT OF SYPHILIS.

As mercurial injections in the treatment of syphilis constitute a convenient and very effective treatment of the specific disease, it may be well to indicate the different points of election for the insertion of the needle according to different authors.

1. The point preferred by Barthelémy is situated on the middle of a line running from the antero-superior iliac spine to the upper extremity of the fissure of the nates, corresponding to the external border of the gluteus maximus.

2. The "point of Galliol," two fingers' breadth above the great trochanter, at the intersection of a horizontal line drawn at this point and a perpendicular line running parallel, but at a distance of two inches, to the groove of the nates.

3. The "point of Smirnoff," a finger's breadth behind the upper part of the great trochanter.

4. The "point of Fournier," corresponding to the upper third of the buttock.

The needle should never be planted into the middle of the gluteal region, which constitutes a dangerous zone on account of possible wounding of the nerves or vessels, nor in the inferior portion, on which the patient sits.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, January 16th, 1904.

AT the Society for innere Medizin, Hr. Litten showed the preparations and related the following case of

TWO DIFFERENT KINDS OF MALIGNANT TUMOUR IN THE SAME PERSON.

A woman, æt. 73, suffered from melano-sarcoma of the choroid that had developed so that it could be seen, for the eye could not be illuminated on account of a complete opacity of the cornea. Besides this primary

melano-sarcoma of the retina, with exudation so that the membrane was raised up, it was attached only at the optic papilla, and there was carcinoma of the gall-bladder that could be felt on the liver as a hard nodule the size of a walnut. As a rule, metastases of melano-sarcoma were met with as bulky tumours in the liver. At the autopsy the gall-bladder was found distended and containing a large calculus, by which the viscus was divided into two parts. The stenosis was caused by an adeno-sarcoma.

The speaker had also seen a second case of melano-sarcoma of the choroid without metastases in a case of pernicious anæmia. In 1888, he had demonstrated to the Society a case he had had under observation for four and a half years. In 1884 enucleation had been performed, but advised long before. A few weeks later an enormous tumour of the liver and spleen was found. The man had had the melanosis for five years. There were fluctuating spots from which, by puncture, dark-coloured contents were evacuated. There was also melanuria. According to Hirschberg's statements, patients with melano-sarcoma of the choroid who remained free four to five years after enucleation were to be looked upon as cured. But Paul Guttmann had shown a patient in 1879 with retro-bulbar sarcoma that had driven the bulb well forwards. Operation was deferred, and later on the tumour shrank so that the exophthalmos disappeared. Thirty years after metastatic tumours appeared, from which the man died. Another case was recorded in which metastases recurred after ten years. It was not safe, therefore, to prophesy.

Hr. Westenhoeffer reported a case of

SPONTANEOUS RUPTURE OF A CARCINOMATOUS LIVER.

The liver weighed 3,000 grammes, and had numerous spontaneous ruptures on the surface, through which the carcinomatous masses projected.

Hr. Strauss remarked of the case that it was one of original carcinoma of the stomach, and that the disease had developed in the liver secondarily. During the final days of the patient's life, there was rapid loss of strength with black vomit, so that death was attributed to internal hæmorrhage. Bleeding had never been seen, however, when the stomach was washed out. The reason was that the motility of the stomach was retained perfectly, so that the blood was never detained, but expelled immediately.

At the Dermatological Society, Hr. P. Strassmann related a case, previously shown, of

MULTIPLE NEUROTIC GANGRENES OF THE SKIN.

Small circumscribed gangrenous patches had appeared on the vulva, which had been authoritatively declared to be tuberculous or para-tuberculous. A histological examination had not negatived this view. Total extirpation had in consequence been performed on the patient. The appearance of recurrences gave rise to an opinion that they were multiple neurotic necroses. The patient was therefore carefully watched, and proof obtained that the skin necroses were caused by the application of zinc chloride by the patient herself. At the same time, slight stricture of the rectum was diagnosed, the cause of which could not be determined. The patient left the hospital and entered the Urban Hospital, where the medical officers, knowing nothing of her previous history, performed laparotomy. Extirpation of the rectum was carried out at the same time. In the discussion it was mentioned that the patient made the confession in consequence of a suggestion, in the belief that her case would thereby be rendered more interesting. They had not been able to produce similar necroses by chloride of zinc. In other ways the patient was tuberculous. The speaker observed that an explanation of the patient's behaviour was made clearer by the assumption of sadistic sensations.

The *D. Zeitsch. f. Chir.* has a paper (Festschrift für Esmarch) on the question of

OPERATIONS FOR TUBERCLE OF THE PERITONEUM.

Soon after the surprise given by König nearly twenty years ago, when he declared that tuberculous peritonitis, up to then considered to be a fatal disease, was amenable to simple laparotomy, experiences began to pour in as numerous as mushrooms after rain. Those who read them had to conclude that in abdominal section we had an infallible cure for tuberculous peritonitis. Only cases that recovered were published. Afterwards, however, when material from large institutions came to hand, it was seen that deaths still took place, but much less frequently than formerly. Then some rejected operation as dangerous. Internal treatment also showed good results. The author propounds the question whether we should treat the disease by operation, and holds that we should in cases of the chronic exudative form, operation not being too early resorted to, and in cases in which a primary lesion exists in the tubes which can be treated at the laparotomy. Whether operation should be performed in all cases is doubtful, and a decision can only be reached through further observations. The counter-current has brought some good with it in that it is opposed to indiscriminate operation. The writer has shown elsewhere that tuberculous peritonitis is a disease that has a tendency to recovery, that this tendency can be supported in suitable cases and at a suitable stage in its course by laparotomy, and this is a view that is gradually making way.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, January 9th, 1904.

APPENDICITIS.

UNDER this title Zahradnicky gave an historical account of several operations for appendicitis, necrosis, &c., or, in other words, a year's practical work in which appendicitis largely bulked.

In thirteen cases operated on, seven were of a chronic recurring nature, all of which recovered rapidly after the operation. The symptoms were mostly confined to the disturbances in the alimentary tract, due to adhesion, &c.

The other six were operated on immediately the diagnosis was made. In two of the cases there were intraperitoneal abscesses; one of these died from sepsis.

In his criticism of injury to the abdomen he considers early interference necessary to save life; even though the injury be a very simple one no time should be lost in performing laparotomy. This late action in slight cases is deeply to be regretted by most surgeons, and is the most fruitful cause of the greatest number of the cases operated on, while the most serious are more successful owing to early operation.

Zahradnicky is a zealous devotee of medullary anæsthesia and loudly praises the many advantages obtained from this form of narcosis, which, he maintains, are far superior to the usual practice of general narcosis. He recorded 300 cases on which he had operated with this form of anæsthesia. One of these cases deserves special notice. A girl, æt. 13, suffered from hip disease, which had to be resected to remove the osteomyelitic material, and for this reason a combination of the general and medullary anæsthesia was practised. Within twenty-eight hours after the operation the patient

died. The result of the post-mortem attributed death to the use of the chloroform.

Jaroslav Hausman said he preferred Bier's anæsthesia in operation on the vulva, vagina, perineum and inguinal regions. He has applied it in eighty of his operations and only met with one case that gave any sign of collapse. This was a case of pronounced obesity with arterio-sclerosis, for which the uterus was enucleated.

TABES DORSALIS.

Rohác reported three cases of tabes dorsalis which recovered by indifferent treatment. One of the cases was in the paralytic stage of the disease and was considered hopeless according to Romberg's experience. The usual course had been gone through before this fatal form of the disease had set in without any apparent effect on the progress of the morbid phenomena. The case was finally put aside as incurable, but to the surprise of all recovered, and walks about quite well!

The next case he gave the history of was first seen in 1891, when total paraplegia was stated to be present with paralysis of the bladder. He came to hospital for treatment. Though the case was considered hopeless he was allowed to remain with probably a placebo. After fourteen days the patient began to improve, and in six weeks he went home on his own feet without even a crutch. No return of the trouble has been observed since. The third case had a similar history.

CALCAREOUS VESSELS.

Pelnár next gave the Society a long history of an alcoholic patient, æt. 67, who was described as of a healthy family. He complained for years of headache, vertigo, pain in the feet, burning in the soles, general weakness, dulness of vision, and sluggish perception or, in short, a state of meiopragia.

The objective symptoms were an extensive calcification of the vascular system, accentuation of the second cardiac sounds, no hypertrophy of the heart, increased vascular pressure, and albumin in the urine. The pulse was quite imperceptible along many of the arteries, but in spite of this no obliteration or endarteritis could be perceived, as the process was so diffuse without trophic disturbance. It seemed to assume a form of atheroma without involving the aorta or the splanchnic region.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

BUDAPEST, January 16th, 1904.

AT a recent meeting of the Budapest Royal Society of Physicians and Surgeons Dr. Dollinger, Professor of Surgery in the University, read an interesting paper on the

OPERATIVE RELIEF OF THE LUNG COMPRESSED BY PSEUDO-MEMBRANES DUE TO CHRONIC PYO-PNEUMOTHORAX,

of which I give the following abstracts:—In the incipient stages of this disease surgeons have usually followed the Estlander-Letievant method, and removed portions of ribs corresponding to the area of the pyo-pneumothorax, while in cases of greater severity, if necessary, all the ribs and the parietal layer of the pleura were removed. The soft parts of the thorax were pressed close to the lung and adhered to it; while the lung proper remained in its compressed state. In 1894 Delorm first attempted to get rid of the pseudo-membrane enveloping the lung and binding it down. This attempt was followed by success, so that in 1896, at the Congress of French Surgeons, he was enabled to bring forward twenty cases of the kind, partly his own, and partly those of others who had followed his method. Among these cases seven proved successful. The patient whom Dollinger showed suffered from adhesions in the region of the fourth intercostal space, 5 cm. outwards from the sternum in the left half of the thorax. This happened in December, 1899, and although this soon subsided, the patient had another attack in January, 1900, followed by pleuritis, the purulent exudation breaking through the intercostal space. It was in this state that he sought advice at the Klinik in April, 1900, when he had already a pyo-pneumothorax, which filled the greater part of the left half of the chest, and which communicated, through the above-mentioned fistula with the surface. Dr. Dollinger performed the Delorm operation. Through one incision he cut away the third and fourth ribs, this incision commencing just outside the sternum, on a level with the second intercostal space; thence he passed outwards for about 10 cm., bringing the incision perpendicularly as far as the second intercostal space, and passed parallel to this as far as the sternum. This incision went through all the soft parts, through the pectoralis muscle and the intercostal space, in front of the axillary line corresponding to the perpendicular line he had made across the ribs. In this way he made a movable flap comprising the fourth and fifth ribs. This door was strengthened by the sternum side, and could be opened after having broken through the cartilages of the ribs. One could then see clearly into the chest. After removing the pus, it was evident that the lung was compressed towards the middle line, so that it only reached to the edge of the sternum; the lung, moreover, was bound down by a 1 cm. thick pseudo-membrane, which Dollinger readily removed. The lung then expanded in the open chest, and entirely filled it down and backwards. Suppuration continued about five weeks, but during the first days of this period the fistula healed, and at present over all places of the pneumothorax one can hear respiration. Dulness is present only over the lowest part of the chest, where thick pseudo-membranes still exist. The same operation was performed by Dollinger on another patient, æt. 45, who had suffered for five years from pyo-pneumothorax. This patient had been operated upon by three surgeons without result. In this case the removal of the pseudo-membranes was not quite as successful, and therefore the lung could not expand so completely; consequently, the suppuration did not cease after the operation. In such a patient the best course, perhaps, would be to perform, either immediately or later, the Schede operation.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

EXCISION OF THE UPPER PART OF THE RECTUM (KRASKE'S METHOD).—RESTORATION OF CANAL.—Mr. CARLESS operated on a woman, æt. 41, who had suffered from occasional hæmorrhage from the rectum for some months, and from a mucous discharge for about six months. She had experienced a good deal of pain lately, and the hæmorrhage had been more marked. There was no pain on action of the bowel, but a good deal of opening medicine was required. The face was pallid and anæmic, and she had recently lost weight. On examination, a growth with everted edges could be detected two or three inches from the anus; it was nearly annular, but a small portion of the mucous membrane on the posterior aspect was free. The growth was hard but freely movable, and there was no evidence of secondary infiltration of glands or of secondary deposit in the liver; it was therefore a favourable

case for Kraske's operation. The patient was placed on the table face downwards, and with the pelvis somewhat raised. An incision was made from just below the top of the coccyx in the middle line upwards as far as the base of the sacrum. The soft parts were stripped back from the bone mainly on the left side. The coccyx was then removed, as also the left lateral margin of the sacrum, the incision in the bone skirting the third left sacral foramen. The tissues were then opened up and the rectum exposed. With a little difficulty the finger was passed round the bowel below the peritoneal reflection. By a little dissecting the growth was now isolated, a procedure which necessitated the opening of the peritoneal cavity through Douglas's pouch. No viscus escaped, but a strip of sterilised gauze was introduced to protect the cavity and prevent any protrusion. It was then easy to still further free the growth, as also the glands in the meso-rectum, which were enlarged. The meso-rectal tissues were now nipped through with scissors, and bleeding points secured by ligature. Sterilised tapes were tied round the bowel above and below to act as clamps, and the diseased portion of bowel was removed. After the bleeding had been stopped, it was found that the portions of bowel above and below could be approximated, but before effecting this the peritoneal cavity was closed. An incision was made over the anterior aspect of the rectum allowing an edge of the peritoneum to be turned up, and this was carefully stitched to the anterior margin of Douglas's pouch. Thus the peritoneal cavity was closed off. This transverse cut in the peritoneum was made about an inch and a half above the section of the bowel. Approximation of the anal and upper portions of the tube was now effected by means of a Murphy's button, but a good deal of over-stitching was required in order to make good the lower segment, the muscular wall of which had been torn in freeing it at an earlier stage of the operation. No attempt was made to close the wound in the soft tissue, which was packed with gauze and the patient sent back to bed. Mr. Carless pointed out that he had not undertaken a preliminary colotomy in this case as he had every hope of restoring the continuity of the canal. In his opinion colotomy was valuable in cases that could not be dealt with by excision or as a preliminary to excision where the anal segment of the bowel had to be removed, as under these circumstances the anus that resulted was almost certain to be either contracted or so patulous that the patient had no control. He had, he said, made every effort to save the nerves going to the sphincter by limiting the part of the sacrum that was removed, and he hoped that at any rate a partial union of the segments united by the Murphy's button would result, as thereby a much better issue would be attained. The after-history of this case has been interesting. The union of the two segments was not perfect, the bowel giving way in three spots, and for some time the whole of the patient's fæces passed through the wound. The button was set free about the sixth day, and was removed through the anus. The openings in the line of union have gradually closed, and about six weeks after the operation the patient began to pass her fæces *per anum*, the sensation of which is normal, and the sphincteric control of which is perfect. At the present time (about eight weeks since operation) the wound is contracting rapidly, the communication with the bowel is almost closed, and the patient's motions pass almost entirely by their natural passage. In all probability the complete continuity of the canal may be expected when the sacral wound is sealed.

The growth is a columnar-celled carcinoma, but the pathologist reported that the enlarged glands in the meso-rectum were merely inflammatory.

HOSPITAL FOR SICK CHILDREN, GREAT ORMOND STREET.

OPERATION FOR STRANGULATED INGUINAL HERNIA IN AN INFANT, ÆT. THREE WEEKS.—Mr. KELLOCK operated on a male child, æt. 3 weeks, the subject of a strangulated right inguinal hernia. Even for its age it was an undersized, wasted child. The history was that soon after birth a hernia had been discovered in the right inguinal region, which, up to the day previous to operation had been reducible. On that day all efforts to reduce it had been unsuccessful and the child had been in some pain and had been sick. He had been fed only by the breast. On examination, a tense, rounded swelling was found occupying the usual situation of right inguinal hernia. It reached downwards a short distance into the scrotum; the testicle could not be felt below it, but it was thought that the organ could be distinguished in the lower end of the hernia; the child was also the subject of a rather tight phimosis. After the parts had been cleansed as far as possible, an oblique incision was made over the swelling and deepened until the sac of the hernia was reached; the latter was rather dark in colour and very tense. On opening it was found to contain no fluid, but a coil of small bowel was found lying immediately in contact with its inner surface. The opening in the sac was enlarged upwards, and the bowel drawn out and examined; it was discovered to be a piece of small intestine about two inches in length in a fairly satisfactory condition, but showing well-marked signs of constriction, both above and below. With a little difficulty it was found possible to return the bowel to the abdomen without making any incision at the constriction; it was then apparent that the testicle was contained in the sac of the hernia, which was therefore divided transversely about an inch below the external abdominal ring, the upper part dissected up, ligatured by transfixion and removed. A small portion of the lower part was also removed and the testicle returned to the scrotum. One silk stitch having been passed through Poupart's ligament and the edge of the conjoint tendon approximating the walls of the inguinal canal, the wound was closed by a continuous horsehair suture and a dressing of collodion and gauze applied. Mr. Kellock remarked on the early age of the little patient for such an operation; he said that strangulated inguinal hernia was not very rare in infants, and probably only differed from the same condition in later life in the greater difficulties of the operative treatment. The difficulty of getting the region perfectly clean in the first place is great. The hernia is, as in this case, very often marked by a total absence of fluid in the sac, rendering the greatest of care necessary in opening it. In this case, he said, the returning of the bowel to the abdomen, so often a matter of considerable difficulty, was comparatively easy. He also pointed out the fact that the hernia was of the congenital variety, rendering it necessary to divide the sac of the hernia transversely before removing any portion of it. He thought the dressing which had been applied—namely, collodion and gauze above without wool or bandages, was the best calculated to keep the wound clean because owing to the size of the child it would be practically impossible to keep a larger dressing from becoming soiled. He also pointed out that, considering the operation had not been a long one, and the condition easily remedied, the prognosis was entirely favourable.

DR. H. W. BEACH, of Putney, has been elected Medical Officer of Health for Yarmouth. He was one of five selected candidates.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 20, 1904.

THE BRITISH MEDICAL ASSOCIATION AND THE GENERAL MEDICAL COUNCIL.

WE have carefully watched the columns of the official organ of the British Medical Association during the past few months for some explanation of the reasons which led that body to formulate a demand for direct representation on the General Medical Council, but up to the present little information has been given. It appears that a resolution was passed last July begging that in any future legislation affecting the constitution of the General Medical Council, direct representation in proportion to its members should be given to the British Medical Association. We confess we can see little justification for such a proposal, and we do not believe for a moment that it will be seriously considered by Parliament. It is true that the great majority of medical men in these islands are members of the British Medical Association, which is therefore, in the widest sense, representative, and has on many occasions voiced the opinions of the profession with dignity and force. But we do not see that the individual practitioner who is a member of that Association has any just claim to greater representation in the General Medical Council than the individual practitioner who is not a member. At present a member of the profession has his interests represented in two ways. He has first, the direct representative or representatives for whom he votes, and he is, in addition, represented, though indirectly, by the nominee of university or corporation from which he holds his diploma. Why should the individual practitioner be entitled to get further representation by merely joining the British Medical Association? Whatever steps may be necessary to secure a greater direct representation of the profession—and we have always urged reform in this direction—we do not think the object aimed at will be gained by endowing the members of the British Medical Association with a representation refused to others. Again, if the claims at present made be at all admitted, the difficulty at once rises as to where to draw the line. If one voluntary society be entitled to direct representation, why not another? The British Medical Association is the most powerful medical corporation in England, but the Irish Medical Association occupies a similar position in Ireland. Indeed, in one sense, it has a stronger claim to represent its members in public matters, since its primary work is in the field of medical politics, while the British Medical Association is primarily a scientific body, and only by an after-thought political. Similar arguments might be made use of on behalf of the Medical Defence Union, and, indeed, any other medical society strong enough to make its voice heard. Unique as the position of the British Medical Association may at first sight appear, we believe that it would be a very dangerous precedent to give any voluntary association of medical men power to govern those who are not members of that Association. And, indeed, we do not think that the Association would be at all wise to take on the proposed responsibility. Its work is already becoming too unwieldy for the most efficient management, and any further plan to withdraw energy from the pursuit of its scientific objects is, at the least, of questionable wisdom. The resolution we have discussed is at present under the deliberation of the divisions, and it is with satisfaction we note that such an important body as the Dublin Division has already expressed its unqualified and unanimous condemnation. It need hardly be added that the adequate representation of the whole profession on its governing body—a much-needed reform—stands on an entirely different basis from the proposal to add another class interest to those that at present constitute one of the most autocratic and irresponsible public bodies in the United Kingdom.

ALCOHOLISM AND RACIAL DETERIORATION.

THE so-called alcohol question is receiving much attention in relation to the alleged deterioration of our people. It is to be hoped that the Government inquiry now in course of initiation will procure trustworthy evidence on this matter. Considerable discussion has taken place respecting the contentions of Dr. Archdall Reid that alcohol, like disease, is the cause of an evolution protective against itself. Nature, it is true, works for the elimination of the drunkard; but the practical conclusion of Dr. Reid's argument, as stated in the current number of the *British Journal of Inebriety*, will shock the humanitarian sensibilities of many: "We have no real choice between the reformer's method and Nature's method. The reformer's method has long been out of court. Whether we help or resist, Nature will do her work. If we help, she will do it quickly and with mercy; if we resist, she will do it slowly and with infinite cruelty." Doubtless, while there is much that is repellent in such a view, there is also much that is peculiarly attractive to the superficial scientific

fatalist. Not a few, however, hold that what is ethically wrong cannot be scientifically right. And now Dr. Ford Robertson, the distinguished pathologist to the Scottish Asylums, has taken up the scientific cudgels, and at the last meeting of the Society for the Study of Inebriety, argued that the Reid school had founded their argument on an insecure and even false foundation. Dr. Robertson holds that the distinction between inborn and acquired characters is really an artificial and useless one, and if such can be substantiated, Dr. Reid's structure collapses like a pack of cards. Certainly, many careful observers will be inclined to agree with Dr. Robertson that at the present time one of the most potent causes of genetic variation depends upon the action of alcohol, and probably the majority will, whatever theoretical support they may be inclined to give to Dr. Reid's theories, agree with Dr. Robertson's practical advice that it is the duty of the State to remove from the environment of its people every inimical condition to which there is imperfect adaptation. The temperance question, thanks to the researches of many scientific investigators and the work of such bodies as the Society for the Study of Inebriety, is now no longer the battlefield for vulgar fanatics and irresponsible cranks, but one concerned with the highest interests of our people, and offering opportunities for study of the most serious and important of biological and ethical problems. The question is one which no medical man can now afford to neglect.

KÖPLIK'S SPOTS IN MEASLES.

MEASLES is a disease to which the public are apt to attach but scant importance. It is exceedingly common and widely distributed; generally mild and of low fatality. Almost everybody has had measles in childhood, and most people regard it as one of the inevitable incidents of the early years of life. To them it ranks with teething and vaccination as one of the drawbacks to the pleasure of having children. And yet measles demands an annual toll of human life as great as all the scheduled dangerous infectious diseases put together. The promoters of Public Health Acts did not urge its inclusion among the compulsorily notifiable diseases, presumably because of the hopelessness of taking any steps to limit its spread, although the mere fact of making it notifiable would have had a considerable influence in drawing attention to its being something far more serious than a mere puerile ailment. But the disease has proved so refractory to preventive measures that one large town, in which compulsory notification had been in force for some years by special order, decided the other day that the amount of good that resulted from notification was so problematical that they withdrew the obligation to notify. Now, in what does this difficulty in dealing with measles consist? There are two contributory factors. One is the extremely generalised character of the influences that tend to produce the disease in individuals, and the other is the difficulty of early diagnosis. The first of these is beyond our ken at present, but to the second we would like to direct attention. The first symptoms of measles are no more than those of a feverish cold—a little bronchial, nasal, and conjunctival catarrh accompanied by pyrexia. Unless he has particular reason to suspect measles, the practitioner hesitates to turn the house upside down and isolate every case of febrile catarrh that he is called on to attend; such a procedure causes great domestic upset, and does not tend to enhance his reputation when it turns out (as it frequently does) that his suspicions are unfounded. The usual plan is to wait till the fourth day to see if a rash appears, though if it does it generally happens that the harm has been done, and the other children in the house have been infected. The early diagnosis of measles, then, is a great *desideratum*. It seems curious in this connection that the lesions of the buccal mucous membrane known as Köplik's spots should not have received wider recognition than has been accorded to them. These spots were first definitely described by Filatow in 1895, although it is possible that Flindt may have indicated the same changes in his paper published in 1880. The subject was not taken up till 1896, when Köplik, of New York, wrote, in the "Archives of Pediatrics," an account of them, which differed somewhat from that of Filatow, but was undoubtedly intended to apply to the same lesions. At all events, Köplik's name came to be associated with the discovery, and for good or evil, Köplik's spots seem likely to take rank with other eponymous pathological phenomena in the nomenclature of the future. These spots are described by different observers as white, bluish-white, and bright red, the truth seeming to be that they are all three colours at different stages; red at first, then white with a red areola around, and finally bluish-white in the centre, white in the periphery, and surrounded by a ring of injected mucous membrane. As to their site there is no dispute. Most commonly they are found in the buccal mucous membrane opposite the molar teeth, but they may also occur in the inside of the lips and on the palate. The area they cover varies from a mere point to the size of a silver penny-piece. Now the important clinical point with regard to these spots is that they appear, as a rule, within twenty-four hours of the initial catarrhal symptoms, and thus are visible two, three, and sometimes four days before the appearance of the rash. They are peculiar to measles; they are not found in scarlet fever, rötheln, or any other disease. They are characteristic in appearance and position; they can be easily differentiated from thrush, stomatitis and adherent milk-curd. Here, then, we have a most valuable means for aiding early diagnosis. Observers who have systematically watched for these spots have seen them in 90 to 100 per cent. of the cases that subsequently proved to be measles, and this has been the case in England, America, Germany, and Austria. The latest to publish

his results, M. Marvasse, in *Die Heilkunde*, discovered them in forty-five out of forty-eight consecutive cases, and this is rather below than above the average of previous observers. We think that this clinical phenomenon cannot be too widely known, for its early recognition may save many a case from the personal infection of measles. It certainly adds a weapon of great power to the practitioner's armamentarium, a weapon that has been sadly needed in the past.

Notes on Current Topics.

Dublin Hospitals and "Poor" Patients.

OUR contemporary, the *British Medical Journal*, does not appear to have a very correct knowledge either of the position which the Dublin hospitals occupy with regard to the community at large, or of the source of their funds. A medical man, who rather thinly veils his identity under the initials "W. H. N.," writes to our contemporary to complain that he sent a child suffering from intussusception to a Dublin hospital, and that it was refused admission. He then wrote to the secretary of the hospital to complain, and getting no answer stigmatises the Dublin hospitals as frauds on the charitable public, because they are unwilling to receive poor patients who do not bring grist to their mill. To his letter our contemporary appends the note that "it is understood that the Irish hospitals object to receive pauper patients," and that "as the Dublin hospitals are almost entirely supported by the State grant, they have not much to do with the charitable public." We do not profess to know the source of our contemporary's information regarding the Dublin hospitals, but we would point out first that no Dublin hospital refuses a patient who is a fit subject for charitable relief and for hospital treatment if it has a bed vacant in which to place the sufferer. Secondly, that, as unfortunately the State grant is insignificant in proportion to the needs of the hospitals, even with the very large sums annually subscribed by the charitable public—a source without which most of the hospitals might close their doors—many patients have to be turned away for want of accommodation.

The Physiology of Shaving.

IT is curious how content we are, day after day, to use the shaving-stick without a knowledge of its method of action. We do not know for how many generations it has been the custom to aid the razor by soap, yet it would appear that the *modus operandi* of the lather was never explained. We are all empirics in our shaving, and a rational basis of our practice is for most of us yet to seek. Happily, a writer in one of our contemporaries has come to our relief, and, late as it is, has reduced the action of soap on hair to the sphere of natural law. It appears that the ordinary haphazard explanation that soap extracts oily matters, and thus renders the hair brittle, is worse than merely erroneous, for not only are the premisses false and the conclusion illicit, but even were the conclusion admitted, it would not explain the phenomenon under investigation. In fact, what happens with the hair is the very reverse of becoming brittle, for when a hair is soaked in soap solution for some time it becomes soft, and it is this softness, and not any imagined brittleness, which makes the hair easy to cut. A few simple experiments are sufficient to settle the question. If three separate hairs are taken for purposes of examination, and after soaking one in water, another in soap and water, and leaving the third untreated, are examined under a microscope, certain facts are observable. The hair which has been lying in water has become somewhat swollen, and cuts with a clean section as compared with the broken or frayed edge shown on cutting the untreated hair. Further, the soaped hair is much swollen, and cuts with great ease, showing a perfectly clean section. The fact is, then, that alkalis soften such structures as hair and epidermal thickenings, and it is only on drying that this softness gives way to brittleness.

Pig-Sticking Extraordinary.

ONE of the curiosities of surgical literature is a pig-sticking story just come to hand in an Indian contemporary. An officer, while pig-hunting, came up to a pig and succeeded in sticking it, only to have the spear immediately jerked out of his hand. As the spear fell to the ground it became free of the pig, and, in the rebound, pierced the pony's shoulder. The point entered under the near shoulder, pierced the chest wall between the tenth and eleventh ribs and protruded through the saddle. It then pierced the left buttock of the rider about the middle of the thigh, and emerged behind the great trochanter, finally coming to rest behind the shoulder. The pony luckily stopped dead still, and was held while the shaft of the spear was divided and the parts drawn out. Nine inches of blade and twenty-one inches of shaft had pierced the rider, while, in addition, three feet of torn bamboo handle had passed into the pony. The thigh wound was superficial, no important structure being injured, and healed rapidly. The pony, unfortunately, developed pneumonia and died. The case is interesting, as the writer justly remarks, not only as showing the vagaries of a spear in a very few moments, but as demonstrating that such a wound need not become septic if properly treated at the time.

The Dangers of the Bath.

HAPPY were the days before we knew anything of bacteria and their habits of life. In the good old days we read our letters at the breakfast-table—as some of us do still in spite of the warnings of one of our contemporaries—without any thought of the unseen foe which adhered lightly to the envelope that we dropped carelessly on the buttered toast. We drank our milk without any thought of suppurative mammitis to turn it to curds in the mouth. We slaked our thirst at the wayside brook without caring that a case of typhoid fever had been treated on its banks a

few hundred yards away. Nowadays we do none of these things, for we know that the bacillus is lurking everywhere to catch us unawares. We had got used to guarding against the enemy which is wont to enter our mouths with any unconsidered trifle of food or drink, and we thought that in doing so we kept sufficient watch. It seems that we were wrong, for the latest stronghold captured is, of all things, our morning tub. Surgeon-Major Beevor, in a recent paper, (*a*) discusses the whole question of typhoid infection from bath water, and shows without much difficulty the great ease with which bacteria may gain access to the mucous cavities during immersion. During the rainy season in India the water supply is, of course, specially liable to bacterial contamination, since it is impossible to protect it from inflow of surface water. Now the rainy season coincides with the enteric season, and it is likely enough that the cause of the increase of enteric fever at that period of the year is due to an excess of surface water finding its way into the supply-tanks. It is obvious that water which is open to suspicion should never be used for drinking purposes without boiling, and Surgeon-Major Beevor is right in suggesting greater caution in the bath than is commonly observed.

Alopecia and Dental Caries.

THE relationship between alopecia and dental caries is not, at first sight, particularly obvious; nevertheless when the facts of the correlation of growth are borne in mind, a possible explanation may be discovered which does not involve either reflex irritation or bacillary infection. It has been observed that certain malformations very frequently co-exist for which no cause can be assigned. Animals which present the most abnormal appearances in their teeth are likewise most abnormal in their dermal coverings. The narwhal is a good example of this peculiar association of abnormality of teeth with specialised integument, having a hairless body, thick deposit of subcutaneous fat or blubber, an enormously developed left tusk, with an undeveloped or rudimentary right tusk. The facts which led M. L. Jacquet to ascribe baldness to the presence of carious teeth, together with the general impression which exists that young people suffer more in this respect than was formerly the case, suggests that a modification of our epithelial structures may be taking place, which may best be described as an associated epidermal degeneration, manifesting itself in dental caries and alopecia. The cause of dental decay is no doubt to be found in the fact that, for some generations cooking has rendered thorough mastication less necessary, and that the teeth are consequently atrophying from disuse, and their capacity for resisting the ravages of micro-organisms correspondingly diminishing. M. Jacquet's theory calls attention to a possible remedy for baldness—*viz.*, to attend to the teeth, particularly the milk-teeth, which are too often neglected on account of their comparatively short life. The association of good teeth and hair, though frequently commented upon, has not so far raised the conjecture that their decay and deficiency may be correlated.

(*a*) *Indian Med. Gaz.*, October, 1903.

Public Night Shelters.

THE misery and hardships endured by thousands of individuals who are compelled to wander through the streets of the metropolis at night can only be adequately described by those who have actually experienced them. The cry of the homeless and shelterless is one to which many philanthropic agencies have responded, and yet their numbers seem scarcely diminished. The Salvation Army authorities early recognised their responsibilities in this direction, and the outcome of their labours is nightly appreciated by a host of destitute and outcast men and women. The suggestion recently made by Mr. G. J. Cooper, chairman of the Public Health Committee of the London County Council, that the municipality should provide night shelters on somewhat similar lines available for those who are unable to afford even a sixpence for a bed is one which should be commended for the consideration of that august body as likely to meet a real and growing need among the very poorest of the citizens of London. The regulations controlling the management of those already in existence were passed by the Council without objection, even though their hygienic conditions were not, perhaps, always of the most first-class description. But there is no reason why certain buildings, such as warehouses, could not be adapted to this beneficent purpose, or other and cheaper structures built of a more sanitary nature which would meet all the necessities of the case. Strict supervision would, of course, have to be exercised with regard to the arrangements for sleeping and for disinfecting beds and couches. The nightly visit of a sanitary inspector might be of assistance in detecting some of the more acutely infectious diseases, and any such cases could be promptly referred to a medical man. The idea of making any profit over the undertaking is, as Mr. Cooper sagely remarked, out of the question.

Apparent Improvement in Disease Symptoms.

FEW phases of disease are more mysterious to the lay mind than those periods of remission which occur from time to time during its course. At such times the patient begins to take greater liberties with himself, and the hopes of his friends are falsely raised by the transitory improvement. But after the calm comes the storm. The old symptoms return unabated, and seem to have gathered fresh strength by their temporary abeyance. Many diseases of the nervous system are characterised by these periods of remission, insomuch that the very fact has been utilised as a prognostic sign, though, in many cases, it becomes a matter of no small difficulty to gauge accurately the course of events pursued by the malady. From the point of view of treatment the question is one of great importance, as grave pathological

changes may be in progress, hidden, perhaps, from the patient, and even veiled from the perception of the physician, during the time that the intensity of the symptoms has abated. That such a condition of affairs may be met with in acute appendicitis has been recently pointed out by Sir William H. Bennett, (*a*) who has shown that a sudden fall in the temperature, together with a diminution of the pulse-rate, may occur, and the patient may express himself as much more comfortable, while the state of the appendix is, nevertheless, going steadily from bad to worse. This fallacious sign of improvement was accompanied, in the case of a boy of fifteen, by gangrenous inflammation of the appendix, which was removed by operation. The cessation of pain and the apparent amelioration of the symptoms was due, in reality, to septic intoxication from the focus of disease. Sir William Bennett also points out that a sudden drop in the temperature is not infrequently the precursor of gangrene in appendicitis, so that such a fall is often to be interpreted as a signal of danger.

Juvenile Cigarette-Smoking.

SIR WALTER RALEIGH has much to answer for, probably more than most of the characters described in his "History of the World." For did he not introduce into Europe the weed that has been the source of more theoretical discord and practical solace than any other substance except alcohol? It would hardly be too much to say that of the physiological and pathological effects of tobacco-smoking we know next to nothing, which, considering the enormous quantity of tobacco that is annually consumed in Europe—7,000,000,000 cigarettes are smoked in England alone every year—argues that it cannot be such a deadly poison after all. Nicotine is debited by the non-smoker with all the vices outside the decalogue, but the proportion of nicotine in the modern light tobaccos is almost negligible. Such effects as are produced are probably far more due to other empyreumatic substances, so complex as to mock the efforts of the analyst, but the blessed word "nicotine" still bears the brunt of the objurgatory onslaughts of tobacco-detractors. The chief disability that tobacco-smoking has been demonstrated to place its adherents under is a slight—very slight—loss of muscular power, but this is so infinitesimal that it is hardly worth considering. Intemperate smokers sometimes suffer from temporary cardiac palpitation, and more or less chronic pharyngitis with hypertrophy of the adenoid tissue of the posterior pharyngeal wall is common. Beyond these it is extremely difficult to trace any physical derangement to tobacco, except the rare tobacco-amblyopia. The worst results of smoking are undoubtedly moral, over-indulgence of the habit tending to produce contentment, inertia, and lethargy in its devotees. It is really for these reasons that juvenile smoking should be discouraged, and the British Anti-Tobacco League may do some good if they get their Bill, proposing to make it an offence to sell tobacco to boys under sixteen, through Parliament. The various organisations which have the "anti-smoking" cause at heart are becoming more and more active, the International Cigarette League having 600 branches and 21,200 members in this country alone. A badge is worn, and a member caught smoking on the sly is set upon by his comrades and deprived of his insignia. These Leagues are nothing if not militant, and so long as they confine their activities to looking after the youngsters and not making themselves ridiculous they are to be commended.

(*a*) *Lancet*, January 2nd, 1904.

Erythema Scarlatiniforme Desquamativum Recidivans.

ONE is not surprised to find that the description of an affection with this ponderous designation comes from the pen of Kramsztyk, and is to be found in the *Dermatologische Zeitschrift*. But in spite of its forbidding title the disease is one that claims very careful consideration, for though the condition is rare, its recognition would save one from an unfortunate error if one came upon it unawares. Relapsing desquamative scarlatiniform erythema, as its name implies, is an affection whose cutaneous appearance is that of a punctate erythema like that in scarlet fever, while it further apes that disease by being followed by desquamation. In fact, its diagnosis presents great difficulty, unless the patient has had former attacks. The throat and tongue lesions that are so characteristic of scarlet fever form a useful means for differentiating between the diseases, but in mild scarlet fever the fauces and tongue may be so slightly affected that too much reliance must not be placed on their aid. Even the course of the disease will not always decide the point, as otitis media and even nephritis have been noted as sequelæ of desquamative erythema. The only certain guide to a correct interpretation of the symptoms is to be found in the occurrence of previous attacks. In the three cases reported by Kramsztyk, one had had no less than nine attacks, and the other two had had two and three respectively. The conditions would seem to be a general infection of a similar nature to the other exanthemata, not merely a local skin affection as has been thought. There has been but little attention paid to desquamative erythema in this country, and probably most medical men have not met with instances of it in their practice. It is well, however, to be on one's guard, for the diagnosis of scarlet fever is puzzling enough without this added terror lying in wait to catch one tripping.

Contaminated Shell-Fish.

THE dangers of eating raw shell-fish, not only oysters, but mussels, whelks, *et hoc genus omne*, has been several times mentioned in these columns, and now comes an authoritative pronouncement on the subject. It takes the form of an interim report by the Royal Commission on Sewage Disposal, which has been sitting for some years. The report is clear and emphatic as to the possi-

bility of contaminated shell-fish being the cause of enteric fever and other illnesses in man; in support of this opinion they refer to the disastrous consequences that followed the consumption of oysters—the only article of diet that the guests ate in common—after the mayoral banquets at Winchester and Southampton in 1903. This conclusion is supported by much evidence, especially that of the medical officers of health of Brighton, Yarmouth, Southend and Manchester. The Commission is equally clear as to the remedy—"We are strongly of opinion that the only way in which this evil can be effectively dealt with is by placing tidal waters under the jurisdiction of some competent authority." The authority suggested is the Rivers Board, the local body which now administers the Rivers Pollution Prevention Act. Glad as one is to hear a good principle so emphatically stated, one cannot help regretting that the proposed new powers are not to be conferred on the local sanitary authority, for not only is disease-prevention their function, but they have a trained expert to advise them on these matters, which the Rivers Board has not. In the absence of such advice, the Rivers Board could not be expected intelligently to anticipate and deal with all the sources of danger that might arise. To medical men the remarks of the Commission on the help that may be expected from bacteriology are very significant. Hitherto the presence of *Bacillus coli communis* in shell-fish has been regarded as evidence of contamination, but Dr. Houston, at the Commissioners' bidding, examined 1,000 oysters from various beds and layings, and found that from nearly all, including those from obviously pure sources, that organism could be obtained by culture. The oysters from the more foul sources, as a rule, showed a larger number of bacilli than those from pure sources, and the Commission suggest that it may be possible in the future to establish a quantitative test, but in the meantime the significant remark is made that "results of bacteriological examination must be interpreted in the light of topographical observations."

Smoking in Reading-Rooms.

OPINIONS differ considerably with regard to the effect produced upon the mental faculties by smoking whilst engaged in reading. Many students assert that the habit is distracting, and one which impairs markedly the power of concentration. On the other hand, others believe just as strongly that it renders the perceptive faculties keener, and actually enables them to do better work. It is largely a matter of custom. If it be granted that smoking may sometimes be an undesirable accompaniment of hard study, it is quite otherwise where light reading for purposes of recreation is concerned. The subtle aroma of the fragrant weed seems then to lend enchantment to the plot and increased vividness to the scene, while the blue, curling wreaths of smoke become transformed into veritable garlands ready to weave themselves around the heads of our favourite characters. From the more material and hygienic standpoint there is much to be said in favour of the suggestion which has been made to allow smoking in our public reading-rooms. As a disinfectant, the fumes of tobacco would possibly be useful in preventing many forms of infectious complaints, and the concession, if adopted, would be one which would be appreciated by large numbers of the working-classes. The chief objection seems to be one of accommodation, for, obviously, separate news-rooms to those already provided would require to be built, and, on grounds of expense alone, the idea might have to be abandoned in certain districts. Special precautions would have to be taken and strict rules enforced with regard to spitting, but it should not be a matter of difficulty to provide fixed receptacles which might serve the double purpose of ash-tray and spittoon. An object-lesson as to the proper disposal of sputum would thus be constantly before the public.

Education by Suggestion.

MR. HAMILTON ARCHIBALD has been conducting a series of experiments on school-children with the idea of showing how much can be done in the way of teaching children by suggestion. Under the influences brought to bear large numbers of children were induced to believe (or say they believed) quinine was tasteless, eau de Cologne did not smell, and such-like absurdities. Of course, Mr. Archibald's idea was not to impress such nonsense on the young mind, but only to see how far the process could go in dealing with children. It is difficult to make out what was gained by the experiments except a demonstration of the well-known fact that the psychological attributes of a collection of individuals is not the sum of the psychological attributes of the component individuals, and of the even better known one that some children will say anything they are expected to say. It is to be sincerely hoped that such a method of instruction will find no place in our educational system. Hypnotic suggestion, or quasi-hypnotic suggestion, is likely to prove gravely deleterious to weak and unstable minds, and the object of education should be to educate, to bring forth, the powers latent in the mind, not to stuff it with suggestions good, bad, or indifferent. The only legitimate way in which suggestion may be employed is by the example of the teacher's own conduct, but to introduce even beneficial knowledge by the exercise of suggestion to enthralled children is not only deplorable in its stupidity, but positively baneful.

Voluntary Cardiac Inhibition.

THE power of directly controlling the action of the heart is a rare attainment possessed by a few individuals only. It is generally supposed that this ability is entirely dependent upon the strength of the will, the exercise of which is known to influence many of the bodily functions. Some physicians have been enabled to inhibit voluntarily their own cardiac action, but recognising that the

practice is not unattended by danger, have wisely abstained from exhibiting this strange power. The presence in this country of a certain Hindoo Mahatma, who is accredited with the power of thus directly producing complete cardiac inhibition, has naturally aroused considerable sensation in the public Press. The practice, however, is assiduously cultivated by many of the Indian jugglers and "holy men." Any power by which man is enabled to exert a mysterious influence over himself or others at once renders that individual an object of reverence to the superstitious Easterns, who believe him to be in touch with the supernatural. The effect upon the heart produced in this way is, in all probability, due to increased inhibition through the vagi. It is well known that tumours, or other morbid conditions affecting these nerves, may influence the rate of the heart-beat considerably, as in the celebrated Czermak of Prague, who, by pressing upon a cervical tumour, was able to slow his heart at will. The case of the late Lieut.-Colonel Townsend is an instance of the possession of a similar power, but he did not, according to Fothergill, kill himself by the too frequent repetition of the inhibitory process. It is far more common to meet with cases in which a slight degree of slowing of the heart's action may be observed during intense thought, the passing of a strong emotion, or the endurance of great physical pain, when the effect may be said to differ little from an ordinary reflex.

Criminals and Union Infirmaries.

WE desire to draw the attention of the public to a development under the General Prisons Board that is pregnant with evil for all union infirmaries. By a new rule, convicts who are ill, especially if near the expiration of their term of penal servitude, can be, and are, removed to union infirmaries, where five shillings a week is paid for their keep. The following example of this came before the Mountmellick Board of Guardians. On December 26th last the governor of Maryborough prison sent for the Mountmellick ambulance to convey a convict from the prison to the union infirmary, the Prison Board paying five shillings a week for his keep. This convict patient, one Costelloe, had been thirty-nine years in the U.S.A.; he was convicted of forgery committed in Wexford, he was in bed for the past year, and was within a few months of the expiry of his term. That a sick convict should get proper medical advice and medicines goes without saying, but that advice and medicine should be provided within the gaol infirmary. During the past ten years the medical profession and the public have been working harmoniously together to make the workhouse infirmary less distasteful to the poor, particularly in country places. It has been suggested to remove them from the workhouse where possible and call them district hospitals. Everybody confesses that an infirmary in each union for the treatment of accidents and infectious diseases is most desirable. The action of the Prisons Board will check this movement, and will accentuate the old objections to the infirmary.

The Non-Surgical Treatment of Floating Kidney.

WHEN the risk of surgical procedures has been so greatly reduced as it has been in the last decade or two, there is a natural temptation on the part of medical men to call in the surgeon to troublesome cases that do not yield early to medical treatment. The recognition of a movable kidney as the cause of many elusive but distressing symptoms, and the difficulty of effectively dealing with the condition when diagnosed, have led to many operations for fixing the kidney to the posterior abdominal wall by one method or another. It cannot be said that the success of these procedures has been as great as was at first anticipated, and many patients have been disappointed after having undergone a severe operation to find the old condition return again in a year or two's time. Fixing the kidney by external bands and pads is usually an unsatisfactory process; though it answers well enough in some cases, in the majority it gives but slight relief. Aaron, of Detroit, writing from an experience of 442 cases, attributes the non-success of this method to want of accuracy in the making and fixing of the belts. He maintains that the proper shape and size of the belt can only be determined by the physician, whereas in practice it is usually left to the instrument maker. He says that no trouble is too great to be taken in mapping out the position, range of movement, and relations of the kidney, and that when this is done belt after belt (if necessary) must be made till the indications are exactly fulfilled. Aaron himself inflates the colon with gas to make sure that there is no coloptosis, and even takes a model of the abdomen with pliable lead to obtain the exact shape of the lower edge of the kidney—the spot where the greatest pressure should come. By taking all these precautions and getting a band that uniformly compresses the lower abdomen, with a pad pressing the displaced organ upwards and backwards, he claims to have cured 215 cases out of 442, whilst 168 improved, and 59 were either not relieved or passed from observation. If by adopting his methods similar results are obtained, a great many disappointing operations may be avoided.

Infectivity of Acute Rheumatism.

TAKEN in connection with the recent researches of Dr. Ainsley Walker and others into the causation of acute rheumatism and the study of a supposed specific organism, it is important to note every occurrence of the disease where there appears to be a direct infection from one patient to another. Just as formerly in the case of pneumonia the apparent rarity of infection was made an argument against the doctrine of bacterial origin, so nowadays with acute rheumatism. Nevertheless, there are on record several instances of outbreaks of the disease impossible to explain by any other hypotheses. One of the best instances we have seen is that recently reported by Mr. Sydney Hawthorne, of Murree, U.S.A., (*a*) in which no less than six

(*a*) *British Medical Journal*, December 26, 1903.

members of one family were struck down one after the other by acute rheumatism. The diagnosis was not open to question, as it was made in some of the cases independently, by himself and by two other physicians. Nor was the cause apparently any common condition other than infection, such as cold or damp, since the outbreak occurred in the middle of prolonged drought. We draw attention to Mr. Hawthorne's cases because we believe that in the investigation of the etiology of disease epidemiological study must go hand in hand with bacteriological, and while the latter must remain principally in the hands of laboratory workers, the former is the special field of the general practitioner.

PERSONAL.

MRS. JANE GABRIEL has presented £1,000 to Charing Cross Hospital to endow a bed in memory of her husband, the late Mr. Arnold Gabriel.

AT the next meeting of the Royal Microscopical Society, on Wednesday, January 20th, at 8 p.m., Dr. Woodward will deliver his Presidential Address on the Evolution of Vertebrate Animals in Time.

WE regret to announce the death of Mrs. Allingham, wife of Mr. H. W. Allingham, F.R.C.S., of Grosvenor Street, W., and the Orchard, Marlow, Surgeon to His Majesty's Household, at Marlow on Wednesday last.

DR. J. W. TAYLOR, F.R.C.S., Professor of Gynæcology in the Birmingham University, has been elected President of the British Gynæcological Society. Full list of office-bearers elected on Thursday last will be found in our news columns.

DURING his recent visit to Chatsworth, His Majesty the King was attended by Dr. E. M. Wrench, of Baslow. Before leaving the district, the King called at Dr. Wrench's house, and left with him a diamond pin and other souvenirs of his Royal patient.

THE retirement is announced of Dr. J. S. Wallbridge, of the Medical Department of British Guiana, on pension after twenty-seven years' service in that Colony. His district will be taken over by Dr. J. E. A. Ferguson, who has had charge of the Belfield District.

PRINCESS CHRISTIAN (the President), accompanied by Princess Victoria of Schleswig-Holstein, visited the Royal Free Hospital, Gray's Inn Road, on Wednesday afternoon last, and distributed the presents from the Christmas tree which she had provided for the patients and nurses.

ON January 7th, at St. John's, Worcester, an illuminated congratulatory address and a silver tray were presented to Dr. and Mrs. Polson. The tray bore the inscription: "Presented to Dr. and Mrs. J. Ronald Polson upon the occasion of their marriage, February 29th, 1903, by friends and patients of Dr. Polson. 'I was sick, and ye visited me.'"

DR. F. J. WALDO, Coroner for the City of London, last Thursday delivered the first of a series of six lectures on "Medical Jurisprudence" at the Old Hall, Lincoln's Inn, under the auspices of the Council of Legal Education. The next lecture of the series, to be delivered on January 21st, will have as its subject, "Birth in Relation to Civil and Criminal Law."

WE are glad to be able to announce that the long drawn out Scotch quarry dispute has at last been settled by the reinstatement of Dr. Lachlan Grant as medical officer, and the return of the quarriers to their work. The case stands out from all others on account of the prolonged stand the men made for their medical officer and their unswerving determination never to return to their work until justice had been done to him.

Special Correspondence.

[FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

EDINBURGH ROYAL INFIRMARY.—During the year that has just gone by important changes have been made in the regulations of this institution, and in that in which we have now entered it seems as though a continuance of the reforming spirit will effect still further alterations, and indirectly may have an important influence on the University and whole medical school. Hitherto the tenure of office of the physicians and surgeons has been limited to a period of fifteen years without any age limit, and the vacancies occurring have been filled up, almost as a matter of routine, from the assistant staff. Last summer the managers decided that for this arrangement an age limit, which they fixed at sixty, should be substituted; they also arranged that the senior assistant surgeon and physician, under whose care the wards reserved for the teaching of women were placed, should henceforth rank as full surgeon and physician. The rule was passed without consultation with the staff, and called forth considerable opposition from the latter, and, as a result of the action which the staff took, the rule was so far modified that the age for retiring was fixed at sixty-five instead of sixty years. The rule applied to the assistant staff and to such of the physicians and surgeons as had not yet entered the second five years of their fifteen-year period. The University Professors, too, were exempted from the operation of the rule, and as three holders of chairs act as physicians, two as surgeons, and one as a gynæcologist, a not inconsiderable proportion of the staff are thus placed at some advantage as compared with their less fortunate colleagues. At the annual meeting of the Court of Contributors, held on January 4th, when the report of the Infirmary was submitted for approval a motion—"That in the public interest the age limit enacted by the managers for the ordinary physicians and surgeons be made to apply as well to the physicians and surgeons of the institution nominated by the University"—was carried by 46 votes against 23, in favour of remitting the question to the managers for consideration and report next year. The meetings of the Court of Contributors are usually purely formal, and not largely attended, and it was probably a surprise to many of those entitled to vote at them to learn how great the power of the Court is, for it seems that, according to the Infirmary Act of 1870, the managers are bound to give effect to their recommendations. This point, however, is somewhat uncertain, and it must be left to the lawyers to decide which of two clauses in the Act, one of which provides that the managers "may adopt" recommendations of the Court, and the other of which empowers the Court to alter or make new statutes, applies in the present instance. The Committee of the Contributors, whose duty it is to examine the managers' report and to report thereon to the adjourned meeting of the Court of Contributors to be held on the

18th inst., deal with the matter in these words:—"At the meeting of Contributors held on January 4th, a motion was carried which enacted a new rule putting the Professors who hold wards on the same footing as regards an age limit as the medical and surgical officers who would be affected by the new rule framed by the managers. That new rule, although referred to in the motion as to an age limit for Professors, and therefore possibly by implication approved of by the Court of Contributors, has not been formally sanctioned by the Court, and technically it may be open to question whether the rule as to the Professors was in order in being passed." The appointment of a Joint Committee of the managers and Contributors to consider this difficult and delicate question is suggested, its serious importance requiring ample time for deliberate consideration. In this position, therefore, the matter rests at present, and pending the decision of the adjourned meeting, its discussion may be postponed.

ANNUAL REPORT OF THE ROYAL INFIRMARY.—The total number of in-patients treated was 10,484—an increase of 523, the death-rate being 7·2 as against 8.3 last year, and the cost of maintenance per occupied bed £64 1s. 3½d., a decrease of £1 0s. 7d. The ordinary income was £32,685, an increase of £64; the ordinary expenditure £47,600, an increase of £407. The difference was met from the extraordinary income of £47,002. The bathing department was opened in February, and by September 30th, 1,636 baths of various description had been given, supplying a want long felt. Fire escape staircases had been completed in all the medical blocks, and those on the surgical side improved. One of the fire-brigade is now constantly on duty in the infirmary. The Eye and Ear and Throat pavilions are now occupied, the additional sixty beds thus afforded completing the extension scheme begun thirteen years ago. The wards set free provide additional accommodation for female cases, and a much improved skin and electric department are being arranged for. The report then states the new rules, referred to above. In the report of the Contributors on the above report the only clause of importance, apart from that dealing with the age limit, is one requesting information from the managers on the proposal to institute wards for mental cases, and hoping that the matter will be dealt with.

BELFAST.

BELFAST CORPORATION.—At a meeting of the Public Health Committee of this Corporation last week, Dr. James Graham resigned the chairmanship of the committee, which he has held for thirteen years, and also his membership of the committee. Speeches were made expressing the sorrow of his colleagues at his retirement, and referring to his genial and kindly disposition. These compliments were well deserved, but, unfortunately for the City, it is not geniality and kindness which are now required in the Public Health Department. What we badly need are the qualities that have made Lord Kitchener so successful, and until we get someone who is at least a faint likeness to that type, we must expect municipal jobbery and corruption to flourish, and with them the typhoid bacillus.

THE FOOD AND DRUGS ACT.—An interesting prosecution under this Act took place at Ballymena last week, which has attracted much notice. The defendant was nominally a tradesman in the town, but in reality the action was against a large Glasgow manufacturing firm, who supplied the article in question, known and sold as "cooking fat." This was admitted to be a manufactured article, containing about 20 per cent. cottonseed oil. The inspector of foods and drugs withdrew the "injurious to health" clause in the summons. One of the partners in the Glasgow firm testified that they had manufactured cooking fats for thirty years, and sold them under various names, and that last year they used no less than twelve thousand tons of cottonseed oil. After several experts had been heard, the Bench dismissed the case, holding that the Act had not been contravened.

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

THE HOME OFFICE AND THE MEDICAL PROFESSION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I wisn to call your attention to a recent correspondence between the Criminal Department of the Home Office and Mr. Collinson, the Secretary of the Humanitarian League, and to draw some consequences therefrom. The principles involved in the final answer of Mr. Chalmers are not new. They appeared in the *Fortnightly Review* for September, 1899, in an article evidently from the pen of an official; but as it was anonymous sufficient attention was not paid to it. The present case was as follows:—In the year 1899 an Act of Parliament was passed which rendered it illegal to sentence any child to imprisonment followed by detention in a reformatory. In 1903 the magistrates at Bishop Auckland sentenced a boy named William Ferguson to imprisonment followed by detention in a reformatory. They seem to have discovered their blunder very speedily and informed the Home Secretary, who thereupon remitted the remainder of the imprisonment (the sentence having been for a month), and directed the boy to be sent to the reformatory at once. The illegality of this sentence does not seem open to question. I do not know what term the boy actually spent in prison, but supposing it to have been forty-eight hours, a sentence of forty-eight hours' imprisonment followed by three years' detention in a reformatory would have been as illegal as that actually passed.

Mr. Collinson having called attention to the illegality—the combination of imprisonment and detention in a reformatory being illegal, irrespective of the actual duration of either or both punishments—Mr. Chalmers ultimately replied on behalf of the Home Secretary that questions of legality could only be decided in a court of law, whereas the Home Secretary's function was to advise the King with regard to the exercise of his prerogative of mercy, which prerogative had been exercised by shortening the duration of Ferguson's term of imprisonment. (Notwithstanding this shortening, the punishment which is being inflicted under the authority of the merciful Home Secretary is, as already intimated, in excess of what the law permits.)

Of course, after this, the Criminal Department of the Home Office should not be regarded as in any sense a Court of Criminal Appeal. It does not concern itself with questions of law or justice. Its function is merely—taking the sentence as it finds it, and without inquiring into the legality either of it or of the trial which resulted in it—to consider whether there are grounds for showing mercy to the prisoner and remitting the sentence, either wholly or in part. Now, this being so, of what use is legal knowledge on the part of the permanent officials? Why should they be selected (chiefly, at least) from the members of the legal profession? Questions of law are quite outside the Home Secretary's province, and, it may be added, that if any question of law did accidentally arise, there are high legal functionaries whom the Home Secretary could always consult free of charge. Knowledge of law is no guide in the exercise of mercy. But one of the strongest grounds for merciful interposition is the mental condition of the prisoner, which may vary from perfect responsibility to complete insanity (or idiocy), with a different degree of culpability at every stage. Who ought to advise the Home Secretary as to the exercise of mercy in such cases? Certainly not a barrister, who may be prejudiced in favour of the legal view of insanity which is scouted by the medical profession, or may, at least, be apprehensive of undermining this legal view by the too frequent exercise of mercy towards persons who are legally sane. The best advisers for the Home Secretary in such cases would be qualified medical gentlemen who had paid special attention to the subject of mental deficiency

and disease. And another kind of case frequently occurs in which the services of permanent medical officials would be equally valuable. Take, for example, the famous Maybrick case. We do not know what medical gentlemen the Home Secretary consulted. We do not know what statement of the case was laid before them, or whether they were left to read such newspaper reports as they happened to have in their possession; and we do not know how their opinions were divided and whether they were of a positive or of doubtful character. Now, although it would be undesirable to have such questions settled by one or more permanent officials, their services would otherwise prove of the utmost value. They would know the names of the specialists whose opinions should be obtained in such a case as that before them. They would see that a full and correct statement of the evidence bearing on the medical issues was sent to every doctor who was thus consulted. They would be able to explain the meaning of each reply received, which in some cases might contain enough technical language to puzzle the Home Secretary and his assistants; and they would also be able to point out whether any of the doctors had mistaken the evidence or based their opinion (wholly or in part) on matters which were not in evidence. The present system affords no security that any of these things will be done.

I therefore maintain that the highest officials in this department should not be barristers, but members of the medical profession. The Home Secretary is much more concerned with medical than with legal questions, and as regards the latter, he is abundantly supplied with extern assistance.

I am, Sir, yours truly,

A BARRISTER.

[The clear and powerful enunciation of our correspondent calls attention to a matter upon which the full weight of medical authority has never been adequately expressed. For centuries past law has failed to understand medicine.—ED.]

Obituary.

HENRY BOYD CARDEW, M.R.C.S., ENG., L.R.C.P. LOND.

WE regret to announce the death of Mr. Henry Boyd Cardew, of Cheltenham, at the early age of thirty-seven years, after a short illness. He was the elder son of Major-General Henry Cardew, a retired officer of the Royal Artillery. Upon leaving Cheltenham College, where his early education was received, he entered at St. Bartholomew's Hospital and eventually took the diplomas of the Royal College of Surgeons of England and the Royal College of Physicians of London in 1890. Returning to Cheltenham he commenced general practice in 1894. But he continued for several years later to hold the position of honorary medical officer to the branch dispensary of the hospital and to the Victoria Home. He was married in 1895 to Miss Agnes Moore, third daughter of the late Mr. Thomas Moore, F.R.C.S., of Blackheath, and leaves a widow and four daughters. The deceased was a well-known figure in the local athletic and social world, and his early death will be the cause of wide-spread regret.

DR. DETWEILER, OF KRÖNBERG.

A TELEGRAM from the Berlin correspondent of the *Standard*, announces the death of Privy Councillor Dr. Peter Detweiler, who died suddenly, at Krönberg, aged sixty-six. The deceased was well known in connection with his open-air treatment of tuberculosis.

DR. E. C. GARLAND.

THE sudden death was announced on the 10th instant of Dr. E. C. Garland, the Medical Officer of Health for the borough of Yeovil. He had attended a meeting of the Town Council in the afternoon, and was afterwards chatting in the Municipal Offices, when he was taken ill. He was carried home in a cab, and expired shortly afterwards. Deceased, who was sixty-nine years of age, had held the post of medical officer since 1871 or 1872, and was greatly interested in all movements for the welfare of the town. Of late years he had retired from general practice, although he continued to carry out his official duties. Deceased leaves a widow and a son and daughter, the former being Mr. C. A. S. Garland, a barrister on the Western Circuit, and Recorder of Winchester.

SIR WILLIAM RAYMOND KYNSEY, M.D., J.P., C.M.G.

SIR WILLIAM RAYMOND KYNSEY, late Principal Civil Medical Officer and Inspector General of Hospitals in Ceylon, died at his residence, Courtenay House, Horsham, on Monday week, in the sixty-fourth year of his age. Son of the late Dr. Thomas Brett Kynsey, M.D., J.P., of Athy, co. Kildare, he was born in 1840, was educated at Trinity College, Dublin, and was admitted a Licentiate of the Royal College of Surgeons, Ireland, in 1861, and of the Royal College of Physicians, Ireland, the following year. He joined the Medical Service of the Army in September, 1863, and served in the Ashantee War of 1873-4, when he was present at the capture of Coomassie, for which he had the medal. In 1875 he was placed on half-pay on appointment as Principal Civil Medical Officer in Ceylon, and in 1886 after having been admitted a member in 1880, was elected a Fellow of the Royal College of Physicians, Ireland. He held his official appointment in Ceylon until 1899, and while resident there filled various other offices, including that of a member of the Legislative Council, a Magistrate, a visitor of the gaols of the Island, and a Municipal Councillor of Colombo. He was decorated with the C.M.G. in 1888, and was Knighted in 1897. Sir W. Kynsey married, in 1866, Isobel Keith, daughter of the late Captain J. K. Jolly, of the East India Company's Service, of Farieland, Kandy, Ceylon.

LIEUTENANT J. R. WELLAND, R.A.M.C.

WE deeply regret the death of a promising member of the Royal Army Medical Corps in the recent battle at Jidballi in Somaliland briefly referred to last week. Lieutenant Welland was one of three officers killed at that engagement, and no further particulars have as yet reached home other than that he was killed by a spear thrust. Lieutenant Welland graduated in Dublin University in the year 1900, and entering the Royal Army Medical Corps was shortly after sent to Somaliland where he served with the 6th Batallion of the King's African Rifles. Last year he was invalided home, but returned again to Somaliland in the autumn. Welland was a well-known athlete during his student career in Trinity College, and stroked the Dublin University eight on many occasions, notably in their contest with the Pennsylvania crew in 1901. He leaves a widowed mother to whom we offer our deep sympathy.

Society for Relief of Widows and Orphans of Medical Men.

AT the quarterly court of the directors of this society, held on Wednesday last, the president, Mr. Christopher Heath, in the chair, three new members were elected, and the death of a member reported. There were no fresh applications for grants. It was resolved to distribute £1,315 among the 53 widows, 15 orphans, and 4 recipients from the Copeland Fund, now in receipt of grants. A sum of £580 had been given at Christmas as a present, £10 each to 53 widows, £3 each to 12 orphans, and £5 each to the 4 orphans on the Copeland Fund. The expenses of the quarter were £77 12s. 6d.

THE increasing use of oxygen for medical purposes renders it desirable for every practitioner to have an address at hand to send to in case of emergency. The well-known makers of oxygen, Messrs. Brin and Co., who may indeed, be called the pioneers of that particular trade, have issued a remarkably neat little pocket diary which contains their *new* address. Much useful information as to oxygen is appended to this handy little book.

Literature.

VON NOORDEN ON THE PATHOLOGY AND THERAPY OF DISEASES OF METABOLISM AND NUTRITION. (*a*)

THESE little monographs constitute a most welcome addition to the library of the physician. They are clearly and boldly written, are the result of prolonged scientific work and contain much that is new, and in places even revolutionary. The monograph on nephritis is, perhaps, the most interesting, and in it the writer calls in question almost all the usually accepted notions on the therapy and treatment of this serious organic disease. The translator has done his work well, although here and there the book is disfigured by mistakes. It is by no means easy to say how many of these are intentional and how many accidental. On the same line we find the two remarkable words, "edema" and "perenchymatous." It may be that both are intentional, as we understand that the new American system of orthography sanctions the use of the word "edema," while the American mode of phonation sanctions the use of the word "perenchymatous." If, however, the mispelling of these and other words is intentional, so far as the American editor is concerned, we must protest against English publishers publishing in their own name such American works as are written in Americanese without first translating them into English.

This condemnation of a practice which is becoming too common must not be read as an unfavourable criticism of these little monographs. So far from regarding their subject-matter unfavourably, we cordially recommend them to medical men, as they will enable the latter to review from an entirely new standpoint their ideas on the subjects of which the books before us treat.

MUTER'S ANALYTICAL CHEMISTRY. (*b*)

The ninth edition of this work, which must be regarded as the most valuable one of moderate price for the use of students, has been brought well up to date and will continue to be one of the most widely used books by pharmaceutical students.

It is really astonishing to note the enormous amount of information that has been collected in a book of handy size. After a detailed search we can hardly find any article of consequence on which there is not useful and up-to-date information. In addition to this, the facts dealt with are not presented in such a manner as to require isolated feats of memory, but follow in a logical and understandable manner so that the students' ideas and capacity are enlarged as he proceeds.

We can find very little that calls for criticism in the book, excepting some of the illustrations. Those which are intended to give an idea of the various urinary deposits are by no means distinct and appear to have been damaged, and the author would do well to replace them in the next edition.

The only other point to which exception can fairly be taken is the author's very brief treatment of the important subject of water analysis. Such treatment is undoubtedly likely to produce in the mind of the student an impression that the subject is one which may be mastered in a few days, and is not a subject which requires years of patient study. A little less than a page is devoted to the interpretation of results, which is so inadequate that it would have been better omitted altogether, or a statement might have been added showing the impossibility of treating the subject in the space at the author's disposal.

With this exception we have nothing for the work but unqualified praise, and feel assured that this edition will meet the success that so useful a work deserves.

(*a*) "Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition." By Dr. Carl von Noorden, Senior Physician to the City Hospital, Frankfurt. Authorised American Edition. Translated under the direction of Boardman Reed, M.D. Part I., Obesity. Part II., Nephritis. Part III., Membranous Catarrh of the Intestines. New York: E. B. Treat and Co. 1903.

(*b*) "A Short Manual of Analytical Chemistry." By Dr. J. Muter. F.I.C., F.R.S.E., &c. Pp. 250, with 56 illustrations. Demy 8vo, price 6s. net. London: Bailliere, Tindall and Cox.

HOME NURSING (*a*)

VERY appropriately, indeed, "This Book is Dedicated to all Women who are Desirous of Alleviating the Sufferings of their Fellow-Creatures." As the author tells us, the volume was "written in the hope that it may be of service in guiding an untrained nurse in her duties when administering to the sick and dear ones at home." On this account the endeavour has, of course, been made according to the author's discrimination "to state all those facts which a lay person should know if she desires to be efficient in home nursing. At the same time, care has been taken not to burden her with superfluous knowledge." It is needless to add that the author's self-imposed task is one of exceptional difficulty—one which no two members of the profession would be at all likely to carry out along strictly parallel lines; and, accordingly, one regarding the merits of whose accomplishment as now placed before all readers, no two would be likely to form opinions strictly coincident. The chapters are ten in number: "Home Nursing," "The Sick Room," "Sick-Room Régime," "Elementary Human Anatomy and Physiology," "Some Diseases and their Nursing," &c. The author writes clearly and concisely, and gives a good deal of sound common-sense advice. Needless to say that the net resultant value of the book will depend largely on the individual hands in which it is placed; on the collateral circumstances and environments, &c., &c. We think that, upon the whole, however, the author has done his part well. There are fifteen illustrations, and an index.

MANUAL OF PRACTICAL ANATOMY. (*b*)

EVEN such a finite science as anatomy undergoes a process of development, otherwise no fresh edition would be necessary, mere reprints sufficing for all requirements. On the one hand there is a process of evolution which finds expression in the elimination of unimportant details and superfluous verbiage; on the other our conceptions in regard to the anatomical relationships of tissues and viscera are modified and the text embodying those conceptions has to be remoulded. Both these processes have been at work in the gestation of the volumes now before us, with results which we doubt not will be to the advantage of the student.

It is a matter for congratulation that anatomists are getting to recognise the line of demarcation between what we may call academical anatomy and the practical details which alone are likely to prove of service to the future practitioner—physician or surgeon as it may be. The method of investigating the relationship of the internal organs by the aid of frozen sections has yielded brilliant and unexpected results, of which full advantage has been taken by the author. There too, the anatomist exercises a freer hand in describing these relations since, in respect of the hollow viscera at any rate, they vary within tolerably wide limits in the human organism in deference to physiological circumstances. and it is obviously absurd to invite the student to study one facet of the subject to the exclusion of the others, in other words, the tendency is to make anatomy a vital rather than a merely cadaveric study. In this direction radiography has contributed its quota of actual observation and is likely to extend its sphere of usefulness in the near future.

One noteworthy feature in this edition is the disappearance of many old friends in the shape of illustrations, some of which were more or less mouldy with age. Their successors are unquestionably superior from an artistic as well as from an anatomical point of view, much of the credit being due to Mr. J. T. Murray, who, as the author observes, has obtained an almost unrivalled reputation in the treatment of anatomical subjects. The result of the collaboration is a work

(*a*) "Home Nursing." By Bernard Myers, M.D., C.M., M.R.C.S., L.R.C.P.: etc, Lecturer and Surgeon to St. John Ambulance Association. London: Bailliere, Tindall and Cox. 1903. Crown 8vo., pp. 131. Price 2s. 6d. net.

(*b*) "Manual of Practical Anatomy." By D. J. Cunningham, M.D.Edin. and Dublin, D.Sc., LL.D., D.C.L.Oxon., F.R.S., Professor of Anatomy in the University of Edinburgh, &c. Third Edition, 2 vols. Edinburgh: Young J. Pentland. 1903.

which will perpetuate the fame of its author and command the attention of students.

Medical News.

Visitation at Queen's College, Galway.

A VISITATION of the Queen's College, Galway, was held on Saturday last. The visitors attending were the Right Hon. Lord Clonbrock, K.P. (in the chair); the Right Rev. the Lord Bishop of Tuam, the Right Hon. the Earl of Westmeath, Sir A. V. Macan, President of the Royal College of Physicians, Ireland; and Sir Lambert H. Ormsby, President of the Royal College of Surgeons, Ireland. The President of the College, Professor Alex. Anderson, LL.D., and other professors attended. The principal business which was brought before the visitors was an appeal by Professor Pye against the decision of the College Council in the case which he had brought forward, in that the Roman Catholic students of the College had been sent tracts by a Protestant clergyman. The College Council declined to accede to Professor Pye's request for an inquiry into the circumstances. Professor Pye, having spoken in favour of his appeal, the President said that this case had occurred in December, and that there had been no repetition of it, and that, moreover, the clergyman who had distributed the tracts had undertaken not to do so again. Under the circumstances, and after hearing the expression of disapproval from the visitors, Professor Pye withdrew his appeal for a public inquiry. We are glad that he consented to such a course. Religious animosity is quite sufficiently keen in Ireland without professional men lending themselves to its aid. We have no sympathy with or approval for any form of proselytising by any religion, but the fact cannot be overlooked that conscientious men of every religion often consider it to be their duty to attempt to proselytise. Such attempts cannot be permitted to be made on those who are, or may be, unduly prone to be affected by them, although the more strong-minded are quite capable of looking after themselves. For this reason Professor Pye's protest was most proper, though a public inquiry into such an incident would have been out of place. The visitors then proceeded to inspect the laboratory, museum, and other parts of the College. They then returned to the examination hall, when Lord Clonbrock, the chairman, said that the visitors were unanimously of opinion that everything was in extremely good working order in all the departments, considering the limited space at present available. The chairman also stated that it was the unanimous opinion of the visitors that, as their was no Chair of Pathology in the College, the council should make arrangements for the appointment of a suitable lecturer in pathology, who should devote the whole of his time to the subject.

Pharmaceutical Society of Great Britain.

AN educational meeting will be held in London in the Lecture Theatre on Wednesday, January 20th, at 3 o'clock. (I.) "University Education for Pharmacists." By Professor R. B. Wild, M.D., M.Ch. (II.) "Concurrent Curricula." By H. Whippell Gadd.

A London "Herbalist's" Business.

JETHEL LARDENT and Ada Booth were found guilty of being concerned together in performing an illegal operation on a woman named Mitchell, and were each sentenced to five years' penal servitude. The male prisoner carried on the business of a herbalist in Southwark Park Road, and it was stated that the police had received numerous complaints as to what went on at the premises. The jury recommended the prisoners to mercy on the ground that the woman upon whom the operation was performed was an accomplice.

University Candidates for the Army.

A SCHEME recommended by the Advisory Board of Military Education and approved by the Secretary of State for War has been published by the War Office regarding the appointment of candidates from the universities to commissions in the regular forces. The scheme will come into operation in September next. Its object is to attract this class of candidates into the army by doing away as far as possible with the disadvantage under which university candidates who have completed their university career by taking a degree at present labour in having to enter the army at a later stage than men who are not university graduates. The great importance of this announcement to 'varsity men is obvious.

British Gynæcological Society.

AT the annual meeting of this Society on Thursday last, January 14th, the election of the officers and council resulted in the following appointments. The asterisk indicates the new officers:—

Hon. President.—R. Barnes, M.D., F.R.C.P. (Eastbourne).

President.—*Professor J. W. Taylor, M.D., F.R.C.S. (Birmingham).

Vice-Presidents.—E. Stanmore Bishop, F.R.C.S. (Manchester), Professor Murdoch Cameron, M.D. (Glasgow), *F. B. Jessett, F.R.C.S. (London), *Sir A. V. Macan, M.D., P.R.C.P.I. (Dublin), H. Macnaughton-Jones, M.D., F.R.C.S.I. (London), J. A. Mansell-Moullin, M.A., M.B., M.R.C.P. (London), Christopher Martin, M.B., C.M., F.R.C.S. (Birmingham), F. F. Schacht, B.A., M.D. (London), Professor Alfred Smith, M.B., F.R.C.S.I. (Dublin), *Heywood Smith, M.A., M.D., M.R.C.P. (London), *W. D. Spanton, F.R.C.S. (Hanley), *W. Travers, M.D., F.R.C.S. (London).

Treasurer.—W. H. Slimon, M.D., F.F.P.S. (London).

Council.—G. R. Carter, M.R.C.P.I. (London), Eber Chambers, M.D., M.R.C.S. (London), R. J. Colenso, M.A., M.D. (London), Sir J. H. Croom, M.D., F.R.S.E., F.R.C.P., F.R.C.S.E. (Edinburgh), T. M. Dolan, M.D., F.R.C.S. (Halifax), *W. Duncan, M.D., F.R.C.S. (London), F. Edge, M.D., M.R.C.P. (Wolverhampton), *G. Elder, M.D. (Nottingham), *T. J. English, M.D. (London), Bedford Fenwick, M.D., M.R.C.P. (London), *J. Haig Ferguson, M.D., F.R.C.P. (Edinburgh), Clement Godson, M.D., M.R.C.P. (London), Arthur Helme, M.D., M.R.C.P. (Manchester), James Jardine, M.B., C.M. (Richmond), Henry Jellett, M.D., F.R.C.P.I. (Dublin), *J. MacPherson Lawrie, M.D. (Weymouth), *R. P. Ranken Lyle, M.D. (Newcastle-on-Tyne), *S. Lloyd, M.D. (London), *J. Padman, M.R.C.S. (London), Mayo Robson, F.R.C.S. (London), Charles Ryall, F.R.C.S. (London), R. T. Smith, M.D., M.R.C.P. (London), Herbert Snow, M.D. (London), *H. F. Vaughan-Jackson, M.R.C.S., L.R.C.P. (Potter's Bar).

Editor of the Journal.—J. J. Macan, M.A., M.D. (London).

Hon. Secretaries.—J. H. Swanton, M.A., M.D. (London), S. Jervois Aarons, M.D. (London.)

Auditors.—C. H. Bennett, M.D. (London), F. A. Purcell, M.D. (London.)

Trustees of the Property of the Society.—G. Granville Bantock, M.D., R. S. Fancourt Barnes, M.D., F.R.S.E., Clement Godson, M.D., M.R.C.P.

Industrial Diseases Due to Poison.

THE first of a series of lectures on "Public Health" was given in the Library of the Owens College, Public Health Laboratory, Manchester, by Professor Thomas Oliver, of Newcastle-on-Tyne. The subject was industrial diseases due to certain poisonous fumes or gases, and the lecturer dealt principally with those caused by phosphorus, bisulphide of carbon, carbon monoxide, and sulphuretted hydrogen. Dealing with phosphorus poisoning in match manufactories, he pointed out that after making extensive inquiries about six years ago he had to report to the Home Office that absolute immunity from that poisoning could not be guaranteed so long as white phosphorus was used. Such poisoning had now considerably diminished, and match making had ceased to be a dangerous trade by the substitution of a less harmful material for white phosphorus. Speaking of poisoning by sulphuretted hydrogen, he said he did not think members of the medical profession were sufficiently alive to the danger of inhaling it, and instanced several cases in which death had resulted almost instantaneously from such inhalation.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

"THE PHARMACOPŒIA DIGEST."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Kindly allow me to correct a slip in the last paragraph of your editorial appearing in your issue of January 13th, in which you refer to me as compiler of the digest recently prepared by Mr. Wm. Chattaway for the Pharmacopœia Committee of the General Medical Council. I gave Mr. Chattaway assistance in collecting and arranging references, but there my responsibility ends.

I am, yours obediently,
C. G. MOOR.

[The error on the part of the writer of the leader was obvious. He had already alluded to Mr. Chattaway as the author of the "Digest," and intended simply to mention Mr. Moor's book on "Standards" as one of the secondary sources of information.—ED. MEDICAL PRESS AND CIRCULAR.]

MR. J. S.—The X-rays are more generally employed in the treatment of disease in America than in this country, and, for example, according to one authority acne is more effectively treated by this method than by any other.

PENSATOR.—The MS. which our correspondent submits for approval, while dealing with important truths, is still, we think, more adapted for a student's journal than for our columns.

EXAMINATION FOR THE "CONJOINT."

"NAME the bones of the skull." The candidate, hesitating, stammers, "Excuse me, sir, it must be my nervousness; but for the life of me I can't remember a single one——Yet I have them all . . . in my head."

F.R.C.S.—Our correspondent's letter has been handed on to the writer of the article as requested.

MISS K. (Glasgow).—We have been unable to trace the report in our columns.

DR. S. F. W. (Paris).—The request you make is not exactly in accordance with our editorial capacity, but we have handed your letter to a practitioner who is in a more likely position to concede the favour you ask.

SMILAX (Ealing).—We hold it to be the duty of every medical man to become a member of one of the Defence Societies. The Medical Defence Union is the oldest of those admirable institutions, but the choice between that and the others must be left to your own judgment.

HOSPITAL REFORMER (Leicester).—The Hospital Sunday Fund wields a vast power over hospitals by its method of making grants, subject to certain conditions. The chief objection to this method would be removed if the reasons for the conditions were clearly stated in each individual case. At present the complaint is not infrequently made that the demands are arbitrary and indefensible. As the administrators of public charity the principles of the Sunday Fund should be clearly laid down, and, if necessary, some sort of arbitration be obtainable where the justice or expediency of its decisions is called in question.

Appointments.

BARKER, F. J., M.B., C.M.Glasg., Clinical Assistant to the Chelsea Hospital for Women.

BARWELL, HAROLD, M.B.Lond., F.R.C.S.Eng., Assistant Surgeon to the Metropolitan Ear, Nose, and Throat Hospital, Grafton Street, Fitzroy Square.

BONNEY, W. F. VICTOR, M.S., M.D.Lond., F.R.C.S.Eng., M.R.C.P. Lond., Lecturer in Practical Midwifery in the Middlesex Hospital Medical School.

CANDLER, GEORGE, B.A.Cantab., L.R.C.P.Lond., M.R.C.S., L.S.A., Medical Officer and Public Vaccinator for the Black Torrington, Bradford, and Cookbury Districts of the Holsworthy Union (Devon).

EMANUEL, J. G., M.D.Lond., M.B., Ch.B.Birm., M.R.C.P.Lond., Physician to Out-patients at the Birmingham and Midland Free Hospital for Sick Children.

GRANT, LACHLAN M.D., C.M.Edin., re-appointed Medical Officer to the Ballachulish Quarriers' Medical Club, *vice* A. Dingwall Kennedy, M.B., Ch.B.Glasg., resigned.

GREY-EDWARDS, H., M.B., B.Ch.Dub., Honorary Ophthalmic Surgeon to the Carnarvonshire and Anglesey Infirmary.

LISTER, W. T., B.A., M.B., B.C., F.R.C.S., Assistant Surgeon to the Royal London Ophthalmic Hospital, City Road, E.C.

MACKENZIE, E. G., M.B.Toronto, Clinical Assistant to the Chelsea Hospital for Women.

MILWARD, F. VICTOR, B.A., M.B., B.C Cantab., F.R.C.S.Eng., Surgeon to Out-patients to the Birmingham and Midland Free Hospital for Sick Children.

NORMAN, R. H., M.D.Lond., B.S., M.R.C.S., L.R.C.P Lond, Assistant Anæsthetist to the Great Northern Central Hospital.

PRICE, E. O., M.D., C.M.Edin., Honorary Medical Officer to the Carnarvonshire and Anglesey Infirmary.

STAMM, L. E., M.D., B.A., B.Sc.Lond., Medical Officer to the British Home and Hospital for Incurables, Streatham Common, S.W.

THORNTON, BERTRAM, M.R.C.S., L.R.C.P.Lond., J.P., Medical Officer of Health of the Borough of Margate.

Vacancies.

Bradford Poor-law Union.—Resident Assistant Medical Officer. Salary £125, with rations, apartments, and washing. Applications to Geo. M. Crowther, Clerk to the Guardians, 22 Manor Row, Bradford.

Clogher Union.—Medical Officer. Salary £70 per annum, with registration and vaccination fees; also to act as Medical Officer of Health at a salary of £10 10s. per annum. Immediate application to Thomas Turner, Clerk of Union. (See advt.)

Darenth Asylum (Training School and Industrial Colony), near Dartford, Kent.—Medical Superintendent. Salary £600 per annum, together with unfurnished house, coals, light, washing, milk, and vegetables. Applications to T. Duncombe Mann, Clerk to the Board.

Dr. Steevens' Hospital, Dublin.—Assistant Physician and an Assistant Surgeon. Applications to the Secretary. (See advt.)

Dr. Steevens' Hospital, Dublin.—Anæsthetist. Applications to the Secretary. (See advt.)

Gorey Union.—Medical Officer. Salary £120 per annum, with registration and vaccination fees; also to act as Medical Officer of Health at a salary of £15 a year. Applications to R. Creighton, Clerk of Union. (See advt.)

Liverpool Dispensaries.—Head Surgeon. Salary £300 per annum with board and apartments. Applications to Sam. B. Leicester, Secretary, 66 Vauxhall Road, Liverpool.

Locum Tenens to do duty as Dispensary Medical Officer, &c. Salary £3 3s. per week all found. Applications to Dr. M. F. Brady, Carnew, Co. Wicklow. (See advt.)

Leeds Public Dispensary.—Junior Resident Medical Officer. Salary £100 per anuum, with board and lodging. Applications to Secretary of the Faculty.

Leicester Infirmary.—Assistant House Surgeon. Salary £80 per annum, with board, apartments, and washing. Applications to the Secretary, 24 Friar Lane, Leicester.

Norfolk and Norwich Hospital.—Lady Superintendent. Salary £100 per annum, with apartments, board, and laundry. Applications to the Secretary.

Royal Buckinghamshire Hospital, Aylesbury.—Resident Surgeon. Salary £100, with board and furnished apartments. Applications to Geo. Fell, Secretary, Rickford's Hill, Aylesbury.

St. Mary's Hospital, Paddington, W.—Casualty Physician. Salary £75 per annum. Applications to Thomas Ryan, Secretary.

York County Hospital.—House Physician. Salary £100 per annum, with board, residence, and washing. Applications to Frederick Neden, Secretary and Manager, York.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JANUARY 20th.

ROYAL MICROSCOPICAL SOCIETY.—(20 Hanover Square, W.).—8 p.m. Presidential Address: On the Evolution of Vertebrate Animals in Time.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN (17, Bloomsbury Square, W.C.). 3 p.m. Educational Meeting. Papers:—Prof. R. B. Wild: University Education for Pharmacists. Mr. H. W. Gadd—Concurrent Curricula.

THURSDAY, JANUARY 21st.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. J. E. Squire—Pulmonary Cavities—II., Treatment (illustrated by cases). (Post-Graduate Course.)

FRIDAY, JANUARY 22nd.

CLINICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8 p.m. Exhibition of Clinical Cases followed by Discussion. Patients will be in attendance from 8 p.m. to 9 p.m.

MONDAY, JANUARY 25th.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN (20 Hanover Square, W.).—8 p.m. Casual Communications—Mr. Sefton Sewill, L.R.C.P., M.R.C.S., L.D.S.Eng. A paper will be read by Mr. F. J. Bennett, M.R.C.S., L.D.S.Eng.

Deaths.

MAXFIELD.—On Jan. 16th, at Ealing, Middlesex, the wife of James Morris Maxfield, Admiralty, and daughter of the late J. H. Simpson, M.D. Cantab., Pontefract.

MERRYWEATHER.—At Gorakhpur, India, of congestion of the lungs, Percy William, second son of the late Dr. Merryweather, of Guisborough, Yorkshire, age 37.

WILLIAMSON.—On Jan. 15th, at Southsea, Mary, relict of John Williamson, Esq., M.D., of Graham's Town, S. Africa.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, JANUARY 27, 1904. No. 4.

Original Communications.

NOTES ON THE APPEARANCE OF A RASH FOLLOWING THE REMOVAL OF TONSILS AND ADENOIDS.

By WYATT WINGRAVE, M.D.Durh.,

Physician to the Central London Throat and Ear Hospital; President of the British Laryngological, Rhinological, and Otological Association.

ATTENTION to the incidence of a rash following these now popular operations was first drawn by the writer in May, 1901, (*a*) when twenty-six cases were reported as having been seen during the period of seven years. The interest and importance of such a suspicious phenomenon encouraged further research as to its frequency and nature. The results of the succeeding two and a half years' observations are now given with the hope of throwing further light upon the matter.

The patients, as before, were seen on the eighth day after the operation, or, in case of non-attendance, their parents reported that they were detained at home on account of a rash which they thought "might be something catching." Whenever possible, however, the case was personally investigated. Some of the cases were brought during the first week when the rash was developing.

So far, the search has afforded thirty-five additional cases, occurring in about 2,000 operations, a proportion which fully confirms the belief originally expressed that systematic examination would probably reveal a greater frequency than was then recorded.

The following list gives a present total of 61 cases, including the original 26. In analysing it the principal features will first be discussed collectively; those cases possessing special points of interest will then be treated individually.

Age.—The youngest patient was 14 months, while the oldest was 23 years of age, the greater number being under 10 years, *viz.*, 21 under 5, and 25 between 5 and 10.

Sex.—With regard to sex, females strikingly predominated, in the proportion of 40 to 16 males, figures which do not conform to the relative numbers of the sexes operated upon.

Nature of Operation.—In 27 cases both tonsils and adenoids were removed; in 22, adenoids only; and in 12, tonsils only.

Rash.—The rash *appeared* for the most part on the second or third day (48 instances); five times it occurred on the fourth, once on the fifth, twice on the sixth, twice on the seventh, and once on the thirteenth day.

Its *duration* was generally between two and four days, the maximum being eight days, of which there were two examples.

The *character* was decidedly polymorphous in its grouping; the spots were bright red, discrete yet often crowded, with and without erythematous swelling. The parents' own descriptive words are recorded in some of the cases, and these fairly represent the appearance of those which were personally inspected. In one case only was it urticarial.

As to *distribution*, it was found chiefly upon the chest and abdomen, sometimes involving neck, face, back, and extremities—in fact, the whole body. In most cases there was considerable itching.

It terminated in every instance without any apparent desquamation.

Constitutional Signs.—Excluding the specific, all these cases which were personally inspected, or that information was given by their medical attendant, with one exception, the temperature did not exceed 101° F. at any time, and only remained up for about forty-eight hours. The majority did not exceed 99·5. There was in many an appreciable degree of malaise and irritability, some slight vomiting, a dryness of skin, and "hot head," but no marked or severe constitutional disturbance. They were generally reported as being well and lively, and but for the rash, no anxiety would have been felt.

None afforded evidence of albumin or globulin in the urine.

Bacteriological examinations were made in most of the cases, the prevailing micro-organisms proving to be diplococci, staphylococci, and streptococci, in their order of frequency, and no evidence was afforded of any specific micro-organism.

Hæmatological examinations showed a distinct leucocytosis, but not more marked than in those who were not subject to rash. The white cells rarely exceeded 10,000 per c.mm. At the early stage (fourth to eighth day after operation) the mononucleated lymphocyte type were very marked, but later on, after the first week, multinuclear leucocytes became relatively more numerous.

REMARKS ON CASES OF SPECIAL INTEREST.

No. 3.—Had a temperature of 102° F. for twelve hours, but with no other sign of constitutional disturbance.

No. 5.—Developed diphtheria.

(*a*) "Tonsillotomy Rash." By Wyatt Wingrave, M.D. *Lancet*, August 31st, 1901.

No. 8.—Was scarlet fever.

No. 11.—Patient was suffering with chronic suppuration of middle ear at the time of operation, and developed scarlet fever.

Nos. 15 and 17.—Also subjects of chronic middle ear suppuration.

No. 24.—Scarlet fever.

No. 28.—The only case of urticaria.

No. 32.—The tonsils sloughed, were very painful, and did not heal until the fifteenth day after operation.

No. 34.—Rash persisted till the fourteenth day, but patient seemed quite well in other respects and there was no "peeling."

No. 35.—Turbinotomy was performed at same time, and there was some slight febrile disturbance, temperature being 100° for two days.

Nos. 37 and 40.—Operation was followed by acute suppuration of cervical glands.

No. 43.—Developed scarlet fever.

No. 44.—Diagnosed as surgical rash by own medical attendant. Temperature 100·5° for twenty-four hours.

No. 48.—Was thought to be scarlet fever by own medical attendant, but when seen on the eighth day after operation was quite well, free from rash, and no "peeling."

No. 49.—Subject of chronic suppurating middle ear.

No. 50.—Followed by acute suppurating middle ear.

	Age.	Sex.	Nature of Operation	App. of Rash.	Dur. of Rash	Character of Rash.	District of Rash.	REMARKS.
1	5	F	T-A	2	3	rough papular	trunk and face	Severe itching and malaise.
2	6	F	A	3	3		chest	Well.
*3	6	M	T	2	2	rosy papules	face, trunk, extremities	T. 102, itching, well.
4	4	F	T	3	4	roseola	legs, face, chest	Itching, no const. dist.
*5	3	F	A	2	4		chest	Developed diphtheria.
6	4	M	A	4	3		trunk	
7	5	M	A	4	2		chest, abd.	
*8	8	F	T-A	2				Scarlatina.
9	20	F	T	3	2	roseola	chest	No const. dist.
10	14 m	F	A	3	2		chest, neck	
*11	11	M	T-A					Had ch. supp. mid. ear. Developed sc. fever.
12	5	F	T-A	3	2		chest, neck	
13	10	F	T-A	3	3		trunk	
14	13	F	A	2	2		face, neck	
*15	4	M	A	2	2		neck, trunk	Supp. cerv. glands.
16	3	F	A	2	4		whole body	
*17	4	F	A	2	3		face, body	Supp. glands.
18	3	M	A	6	4		arms	
19	12	F	A	3	3		trunk	
20	3	M	A	3	5		chest, back	Malaise.
21	5	F	T-A	2	3		chest, back, arms	
22	4	F	A	5	6		abd.	
23	23	F	T-A	2	2		chest, neck	
*24	18	F	T	4				Scarlatina.
25	6	F	T-A	2	2	roseola	neck, face, arms	
26	17	F	A	2	3		face, neck	
27	3	M	T	2	2		chest, abd., back	Convulsions.
*28	4	F	T-A	2	4	urticaria	chest, legs	Itched, wheals.
29	6	F	A	2	3	"red pin-heads."	chest, abd.	Itched.
30	6	M	T A	2	4	papular	face, neck, chest	
31	6	M	T	4	4	"red spots"	neck	
*32	6	F	T-A	3	1		arms, face	Fever, tons. sloughed, healed on 15th day.
33	3	M	T-A	3	2	papular	chest, abd., thighs	
*34	6	F	T	6	8	papular	trunk, extremities	Rash visible on legs till 14th day. No const. dist.
*35	20	F	T	3	8		chest, arms, legs	Had turbinotomy as well. T. 100.
36	3	F	T-A	2	2	small papules	chest, abd.	No. const. dist.
*37	4	F	T-A	3	2		whole body	Infl. cerv. glands, acute.
38	21	F	T-A	3	4		chest, back,	
39	6	F	T	2	2		back, arms	Convulsions.
*40	12	M	T	18	3	punctiform	chest	Acutely inflamed cerv. glands.
41	3	F	A	3	3		trunk, extremities	
42	3	F	A	2	1		trunk	
*43	16	F	T-A	2				Scarlatina.
*44	4	M	T-A	3	3	fine red spots	trunk, extremities	T. 100. Diag. as surg. rash by his med. attendant.
45	3	M	T-A	2	3	minute red spots	trunk	Itching severe.
46	10	F	T-A	2	4		chest, arms	Sc. fever 6 years ago.
47	9	F	T-A	3	4	minute red spots	arms, legs	Itched.
*48	6	F	T-A	3	4	patches of small red spots	face, arms, legs	Diag. by own doctor as scarlatina. No const. dist.
*49	8	F	T-A	2	3	pin-point spots	arms, legs	Ch. supp. mid. ear, feverish.
*50	5	F	A	3	4		abd.	Acute supp. mid. ear.
*51	9	M	T-A	3	2	pink spots	face, arms	Sc. fever 3 years previously. Slough on tonsil.
52	5	M	T-A	7	2	tiny red spots	face, arms	
53	8	F	T-A	2	1		chest, back	Had measles, itching
*54	15	F	T	4	7	few spots, jaundice	chest	No. const. dist. Severe general jaundice.
55	21	F	T	2	1	small red spots	neck	Had sc. fever.
56	5	M	A	3	3	punctiform	whole body, extremities	No const. dist., marked itching.
57	4	F	A	7	3	erythema	neck, face	Measles 12 mo. ago.
58	6	F	A	2	4		neck, back, abd.	
*59	5	F	T-A	2	5	roseolar	back, abd.	Removed to obs. ward of fever hos., suspected sc. fev., no const. signs, tonsils healed well, no desq.
60	5	F	T-A	3	4	like measles	everywhere except abd.	Slight malaise, no other const. dist., no desq.
61	4	F	A	2	6	minute papules	all over body	No const. dist.

No. 51.—The tonsils sloughed, and did not heal until fifteenth day.

No. 54.—There was severe general jaundice with slight malaise, only lasting fourteen days.

No. 59.—Removed to observation ward of fever hospital as suspected scarlet fever, but did not develop any serious constitutional signs. There was delay in tonsil healing.

It will be seen that there were four cases of unequivocal scarlet fever, one of diphtheria, and two in which scarlet fever was at first suspected but not confirmed. In these instances infection had doubtless already occurred before the operation. In one of them it was afterwards discovered that the patient's sister was also attacked at about the same time.

The occurrence of such a complication strongly suggests the expediency of allowing an interval of one or two weeks to elapse between the diagnosis and the removal of an acutely inflamed tonsil. Not that the operation itself under such conditions is necessarily associated with exceptional risk to the patient, but rather in consideration for others.

Since in most cases of adenoids and enlarged tonsils the submandibular and cervical lymphatic glands are prominent, it was not surprising that they showed further signs of activity by an increased thickening and tenderness, extending in three instances to acute suppuration.

The healing of the tonsil wounds was considerably delayed in three cases, while acute suppura-

tion of the middle ear—a by no means unusual complication when nasal douching played so conspicuous a part in the after-treatment—was present in one instance only.

While these clinical details may, perhaps, help to throw a little more light upon the pathology of the subject, it must be frankly admitted that they do not carry us much nearer a satisfactory explanation than is already embraced in the familiar term "surgical rash," and any interpretation must obviously be influenced by the particular aspect from which the *rôle* played by these lymphoid structures is viewed.

The view that this rash is solely due to bromides, salicylates, or other drugs may now justly be excluded, but the evidence strongly suggests that the lymphoid tissues of this region possess a somewhat high degree of vulnerability when disturbed, since operative treatment or any interference with the continuity of their surfaces seems to favour the entrance of bacteria or their toxins, which, in turn, give rise to a dermatitis, with or without signs of constitutional disturbance. (*a*)

Whether the invasion be due to (1) purely mechanical causes, to (2) interference with the tonsils' phagocytic duties, or (3) to inhibition of a probable alexine function, are points for consideration. It is, however, important to note that there is no suggestion of an epidemic character in the grouping of the cases, since very wide intervals of time elapsed between them. Further, there is no special reason for associating the rash with infection at the time of operation, since every reasonable precaution with regard to cleanliness of hands and instruments was employed.

That these lymphoid structures are specially prone to coincidental and sympathetic activity is well shown in the prominent part which they play in various infective fevers. This aspect has recently been emphasised by Dr. H. E. Biss (*b*) in a most suggestive article dealing with the interrelationship of tonsil inflammation, scarlet fever, and diphtheria.

Has this particular rash any relation to scarlet fever? Is it a "borderland" or modified type of scarlet fever? Unfortunately questions as to a possible immunity from scarlet fever or measles were not systematically noted. In four cases, however, there is record of the patients having suffered with scarlet fever and two from measles.

That the rash may be the result of septic absorption through the often large area of this operation wound is not at all unlikely, considering the unhygienic homes and surroundings of most of our out-patients; in fact, it is remarkable that septic complications are so few. Still the rash is not confined to such, for one occurred in our own wards, and one in private practice, where the operations and after-treatment were under the most favourable conditions.

The occurrence of so large a proportion of rash cases between the age of five and ten is doubtless due to that period being the one during which operations for adenoids and tonsils are most frequently performed.

In conclusion, it may be advanced that a rash may occur as a sequel to the removal of adenoids or tonsils; that, from the absence of signs of constitutional disturbance and from its atypical characters it may reasonably be assumed to be non-specific. But that assumption does not relieve the responsibility for taking precautions.

It may be further urged that since enlarged or inflamed tonsils may be the earliest evidence of a specific infection, their removal, unless otherwise urgent, should be postponed pending observation.

(*a*) "Drug Eruptions." Geo. Pernet, *Brit. Med. Journ.*, May, 1903. "Vaccination Rashes." Geo. Pernet, *Lancet*, January, 1903. Both valuable contributions.

(*b*) "Borderlands of Diphtheria and Scarlet Fever." By H. J. Biss, M.D. *Lancet*, November 7th, 1903.

THE MODERN SURGERY OF THE PROSTATE. (*a*)

By SIR WILLIAM MITCHELL BANKS, M.D., F.R.C.S.,

Consulting Surgeon Liverpool Royal Infirmary, &c.

THE lecturer first described a typical case of acute prostatic retention with its generally disastrous termination after the treatment in vogue when he began practice, and eulogised the work of Sir Henry Thompson, which had completely revolutionised the whole conduct of urinary surgery. Passing over Bottini's treatment by the electric cautery, as one of which we have no practical experience in this country, he recalled the work of McGill, of Leeds, with which he was well acquainted. Had not death cut short the labours of this very admirable surgeon, he would almost certainly have still further advanced the surgery of the prostate. His method of attacking the gland from above by means of suprapubic cystotomy showed a fine combination of courage and originality. The mortality from hæmorrhage and sepsis was, however, severe and the operation did not gain ground. When Freyer made public his operation it was so novel in its character and so opposed in appearance to anatomical possibilities that many persons would not believe that it could be done, and he himself was one. But he ventured frankly to say that this would not have occurred if at the outset it had been clearly pointed out that there was no comparison between the normal anatomical prostate and the pathological adenomatous prostate. But the attempt made to deprive him of the credit due to him by saying that his operation was simply that of McGill was very paltry.

The writer saw McGill's specimens and patients some fourteen years ago, and it was plain that his operation was mere nibbling in the effort to get away as much as possible of the gland, and that by means of instruments. Freyer's operation is done with the avowed object of removing the whole gland bodily by enucleating it with the finger, even if the prostatic urethra had to go too.

He referred to the magnificent specimens exhibited that night by Mr. Freyer and to his mortality of 10 per cent., a low mortality considering what was done, and the age and the condition of the patients to whom it was done.

Allusion was made to the operation of Parker Sims, by which the gland was removed by the perineal route, an operation which doubtless promised a better drainage than by the suprapubic, but which, although apparently making great way in America, had so far not been extensively used in this country.

(*a*) Abstract of brief Paper introducing discussion on the subject at the Liverpool Medical Institution, January 21st, 1904.

Coming to the question of double castration, while admitting the direct effect of the removal of the testes in diminishing the prostate, he never could bring himself to do it, and he was glad to think that its own inherent defects and Freyer's operation would, ere long, render it a thing of the past.

He regretted very much that Mr. Reginald Harrison's excellent attempt to accomplish by the safe and easy operation of vasectomy any good that had been done by castration had not proved as successful as he could have wished. With regard to his own experience in this department of surgery, it all went to show that early treatment was the real line upon which efforts should be made. So soon as a man showed any symptoms of enlarged prostate, and so soon as his surgeon found that he did not completely empty his bladder, so soon ought that man to draw off his water at night with the biggest soft catheter he could pass.

A silly phrase—"entering upon catheter life"—had done a great deal of mischief by inducing many to believe that this was entering a kind of hell upon earth, the tortures of which were brought on by the use of the catheter. The second point was the prompt use of prostatotomy in certain cases. When a man having symptoms of a big prostate suddenly gets retention, and where it is clear that instruments of any kind can only be passed with difficulty and suffering, and that the retention of a catheter cannot be tolerated, the following proceeding has been promptly adopted by the writer with the greatest success in obtaining not only a relief from the immediate danger but a complete and permanent cure.

With the patient in the lithotomy position the membranous urethra is opened. The floor of the prostatic urethra is deeply incised, and the cut should go right up into the bladder so as to split any valve-like third lobe or a cervix-like protrusion. Next the prostatic urethra should be dilated to the utmost with the finger and the biggest possible glass tube inserted and worn at least for a month.

It may be said that every surgeon in an urgent case does a urethrotomy and drains the bladder; so he does, but he does not split the lower lobe of the prostate as described, nor does he forcibly dilate the prostatic urethra and keep it dilated afterwards.

A SOURCE OF INFECTION DURING OPERATION

HITHERTO NOT SUFFICIENTLY RECOGNISED. (a)

By MENDES DE LÉON, M.A., M.D.,
of Amsterdam.

MR. PRESIDENT and GENTLEMEN,—I must begin by apologising for having to speak in a language which is not my own, and therefore not as easily and as fluently as those you are accustomed to hear. In the second place I must apologise for calling your attention to a question that is not entirely, or at all events not specially, gynæcological. Surgery has, however, nowadays taken such an important place in therapeutics, and especially so in gynæcology, that the question of antisepsis and asepsis can never be entirely devoid of interest, though it may, as you say in England, seem like carrying coals to Newcastle for a Frenchman or Dutchman to come to the land of Lister and address there a Society which counts among its members so very many distinguished surgeons whose results speak for themselves.

For years past we have sterilised our hands, our instruments, the field of operation, and everything that is necessary for its performance; new methods of sterilisation and new apparatus are being introduced nearly every day. During the last five or six years no less than thirty papers have appeared dealing merely with the way we should sterilise our hands; so it would really seem as if nothing has been left unsaid or undone as far as this question is concerned. In fact, since Robert Koch's investigations in 1878 on the etiology of wound infections, we have become thoroughly convinced that such infection occurs only from contact, and we have sterilised everything that is likely to approach the wound.

In some few publications stress has been laid on the possibility of air infection, and it has seemed sometimes as if the whole theory of the great Lister might be thrown over and forgotten. The idea that the microbes of the air might play a more important part in wound infection, than most of us were inclined to think, occurred to me by mere chance in the following way: About a year ago, while speaking to a friend who was standing with his face lit up by rays of sunlight coming through a small hole in the window curtain, I noticed that of the thousands of little particles of dust, dancing in the sunlight, the majority, while this gentleman was speaking, travelled in a direction opposite to the sunrays, that is to say, from the mouth towards the window. At first I thought that the direction given to these little particles of dust was due to merely his speaking, but on approaching him and putting my hand near his mouth I felt it moist. I therefore concluded that the phenomenon was caused by little particles of saliva projected from his mouth in the act of speaking. We know that some people, when speaking, have the very disagreeable habit of spraying saliva about from their mouth, and sometimes we can even feel it on our faces and hands; but it is easily proved that this discharge of saliva is far more common than has been recognised, that perhaps everyone in speaking emits more or less. If we place a looking-glass at a distance of 25 to 30 centimetres from the mouth, after speaking a few words in its direction we can see that the whole surface of the glass, or a great part of it, is spread over with small drops of saliva.

Now, every surgeon is obliged to speak during an operation; and it is therefore evident that drops of saliva such as I refer to must find their way into the wound when we are operating, and the question arises whether this is dangerous to the patient, and likely to cause infection of the wound.

I felt sure that this was the case and decided to investigate the matter more closely. Whilst occupied with my experiments I consulted the literature, and found the old saying true that there is nothing new under the sun. This question had been investigated by others before me, though I was not aware of it, perhaps because what had been written and said about it was in hygienic and bacteriological works, or in meetings of societies on those lines, rather than in connection with surgery or gynæcology. Flügge was the first to point out the danger of small drops of saliva sprayed into the air, which occurred to him whilst he was investigating the question of the ventilation of sick and invalid rooms, and he pointed out the risk of infection from tuberculosis and other kinds of disease in this way. Huebener, who was at that time assistant to Micholitsch, hearing of the researches of Flügge, thought the same danger might apply to operating, and by personal experiments demonstrated that in speaking many drops of saliva were projected into the air, and might easily pass into the wound during operation. Having rinsed his mouth with a culture of the *Bacillus prodigiosus*, he spoke on to agar plates prepared for the experiment, and in twenty-four to thirty-six hours a multitude of red colonies were distinctly visible upon

(a) An Address delivered before the British Gynæcological Society the Annual Meeting on January 14th, 1904.

the plates. This could not be due to anything else than the drops of saliva which had left his mouth in speaking. These experiments and researches, though important, did not seem to me to be conclusive as to the possibility of infection, because saliva might reach the wound without causing infection. I therefore wished to determine what forms of microbes leave the mouth in the saliva, and if possible what number of them. That the human mouth is a great focus of infection has been abundantly proved by hygienists, and very definitely also by members of odontological societies and dentists in England and elsewhere. Miller, one of the foremost dentists in Berlin, found twenty-two different sorts of germs or microbes in the saliva, and he and Goadby, of London, and others have traced all kinds of local diseases, even alveolar abscesses, osteitis, osteomyelitis, periostitis, fistula, and septic troubles in the lungs and digestive tract to microbes which occur in the saliva, or at any rate in the mouth. But what I wished to investigate especially was not that, but how much of the saliva leaves the mouth in speaking. My experiments were carried out in the following way. I had some agar plates prepared in Huebener's way, but instead of rinsing my mouth with the *Bacillus prodigiosus* as he had done—and I was experimenting myself before I knew of his work—I spoke on to the plate in the ordinary way. The difficulty was to shut out the microbes of the air, numbers of which we know are suspended in the air in any room, and especially in that of a laboratory. To exclude these microbes I had a box made with an opening about as large as the mouth on its upper side, and a sliding drawer at its base; having carefully sterilised the apparatus I opened this sliding drawer, put one of my agar plates upon it, and shut it immediately, so that I could be sure there were no aerial microbes in the box. I had previously got my assistant to write down all the words I had spoken at an operation these words I repeated into the box through the opening in the direction of the plate, and of these plates I now show you one. The very small colonies which you can see on the plate are streptococci, every one of them; the larger whitish ones are diplococci, and the yellow ones staphylococci. Now these plates prove that when we speak microbes are emitted from our mouths, and if we are operating those microbes will be projected into the wound. In fact, in speaking while operating we emit multitudes of most dangerous and infectious germs, which are a source of real danger. I have traced four sorts of these germs in every one of several hundred experiments I performed, that is to say, streptococci, staphylococci, diplococci, and an aerial microbe not of so much danger in wounds as the others.

Now, gentlemen, I wished to determine not only the sorts of germs emitted, but also, though mathematical accuracy was out of the question, to find out as nearly as possible how many of these germs were projected into the field of operation. I show you another of these plates on which instead of agar I spread out about half a dozen of the usual cover slips, and spoke into the box against them in the same way. On those cover slips I found a number of small drops of saliva, which I stained in the usual way and examined. Now, on a surface of about 2,000 micro-millimetres I found 140 germs of the forms already mentioned, and easily countable. One little drop of saliva measured, as near as possible, on the surface, 62,500 micro-millimetres. This multiplied by 140 and divided by 2,000 gives 4,375 microbes for one drop of saliva. In speaking 200 words you will certainly emit at least sixty drops of saliva, and I am sure, gentlemen, each of you will speak at least 200 words even in an operation lasting only a quarter of an hour. So if we multiply this number 4,375 by 60, we may assume that nearly a quarter of a million dangerous microbes fall into the wound. To meet the possible objection that these streptococci, diplococci, and staphylococci may be innocent, because we know that sometimes streptococci are not virulent at all, I thought it well to go a little further, and study the virulence of the streptococci and other microbes from my own mouth. I therefore had them cultured, and I inoculated about sixty animals —that is to say, 41 guinea-pigs, 15 white mice, and 5 rabbits. Of these, 8 guinea-pigs and 10 white mice died. The inoculations were made into the peritoneum and subcutaneously, and the sections after death showed that the animals died of peritonitis; the microbes were found in the liquid exudation from the peritoneum as well as in the liver and heart. I am, therefore, absolutely sure that the deaths were due to the inoculation. Two of the rabbits died also, but as their death occurred two months after the inoculation I did not think it right to attribute their death to that cause. From these animals I obtained pure cultures of the microbes upon gelatine, milk, potato, and blood-agar, and there was not the slightest doubt that they were the staphylococci and streptococci, the germs which cause suppuration and inflammation.

It now seemed to me proved that we are continually risking infection of wounds when we operate, and I felt it of the greatest importance to find out how we might prevent such infection. When I consulted the literature of the subject I found that in this direction nothing adequate had been attained. The most reasonable advice that had been given was, to abstain from speaking at all. But, as I have already said, this is practically impossible. Every surgeon must admit that whenever he operates he not only speaks, but speaks a good deal; some surgeons speak all the time, and often with the face very near the field of operation. It is true that sometimes the mouth is averted, but very often they speak directly into the wound. Moreover, the more difficult the operation, the more excited and agitated the operator becomes, and the more and the louder he talks, while if he have a stupid assistant or stupid nurses, or both, he cannot help talking harder and more excitedly than when everything goes smoothly and calmly. And, of course, the louder and the more rapid the talking, the greater the number of microbes which are emitted into the wound, or, at any rate, into the air round the wound. I do not, however, wish to submit to you merely my own experience. During the last six or seven operations which I have done I asked one of my assistants to note exactly how many words I had spoken and what I had said. I also asked some of my surgical friends to do the same, and six of them were kind enough to comply, and answered my questions. The first of these spoke 85 words, another 248, another 200, another 226, and another 144 words, while number six spoke 246. And we must remember, in the first place, that these numbers are minima; what the assistants said was not noted, and every assistant has occasionally to answer a question or instruction addressed to him. In the second place, many words must have been indistinctly heard or forgotten and, therefore, not noted down. In the third place, I have no doubt that some of these gentlemen, under the conditions I imposed, spoke less than they usually do. One of them was honest enough to write to me and say that it was impossible for him to continue operating in this way; being obliged to abstain from speaking was such a strain that it made him nervous; and that as a rule he spoke four times as much as when he was conducting the experiment I asked him. So the advice not to speak during an operation is all very well, but practically it would be quite impossible to carry it out. A second method suggested to prevent the infection of wounds from talking is by rinsing and so sterilising the mouth with an antiseptic. But we know that to sterilise the mouth properly we should have to use a solution of sublimate, and the buccal mucous membrane is too delicate to allow this. Many experiments indeed have been made in this direction, especially by the odontological branch of the profession, and I tried several of those which they recommend. There is a prescription by Miller of a solution containing benzoic acid and saccharine which I tried, but the only effect it had was to produce much more saliva in my mouth than under ordinary circumstances. I also experimented with my plates when using this substance, and found on them the same germs as before. The more liquid part of the saliva contains multitudes of streptococci, which are the worst of the lot. I also tried odol and other well-known washes, but none of them had

any effect at all in diminishing the number of organisms which were emitted in speaking. I therefore concluded that the only way of preventing this danger was to adopt mechanical means; that is to say, to try to prevent in a mechanical way any saliva leaving the mouth, and carrying microbes into contact with the wound. Huebener and others have employed masks with this object, and perhaps some gentlemen here present have also done so. The masks are made some of single, and others of double gauze, and I experimented with both kinds in the same way I have already described. Speaking in front of the plates with a single gauze mask on resulted in 75 colonies of microbes on the plate, among which there were 39 of streptococci; with double gauze there were 21 colonies. Of course with the double gauze masks the number of microbes which found their way outside was much less, but in both cases there were far too many. Finally, I concluded that the best way to prevent these microbes doing any harm by escaping into the air was to shut the mouth off with cotton wool, because we know that cotton wool is the most certain way of excluding microbes. The difficulty was to find means of keeping the cotton wool before the mouth while operating without causing inconvenience, but I devised this very simple little apparatus, which seems to me to answer the purpose in a very efficient way. It is a respirator, and between double metal plates, each of which is perforated with small holes, there is room for a small quantity of wadding, which is quite sufficient for the purpose. After it has been inspected I will put it on, and you will find that it does not interfere with speech, that can be easily heard, though it does prevent the exit of dangerous microbes from the mouth. I show you, moreover, one of the agar plates which has been spoken upon through this mouth-piece, and you can easily prove for yourselves that not a single colony of microbes has been developed upon it. I repeated this experiment several times, to make sure, but always with the same result. One or two colonies sometimes could be seen on the plate, but I satisfied myself that they could only have come there through air infection, for there must have been a few moments during which the slide was exposed to the air before the drawer could be pushed back again.

The conclusion which I desire to bring before you is, that where we take so much trouble in sterilising our hands, our instruments, and the whole area of operation as well as the room in which it is done, and everything which comes near the patient, we ought not to neglect this simple precaution against the risk of which I have been speaking, for I hope I have been able to convince you that it is a real danger, and it may be as great a source of infection as those which we habitually guard against.

I have to thank you, Mr. President, for allowing me the opportunity of explaining this little matter at which I have been working, and you, gentlemen, for having so kindly and attentively listened to me. I may mention that I have placed under the microscopes on the table slides containing micrococci and diplococci which I cultivated from the inoculated guinea-pigs, as well as others directly sown by speaking.

Clinical Records.

ANÆSTHESIA DURING OPERATION FOR TWO CASES OF ACUTE INTESTINAL OBSTRUCTION.—A LESSON.

By VICTOR G. L. FIELDEN, M.B.,

Senior Anæsthetist to the Royal Victoria Hospital, Belfast; Anæsthetist to the Ulster Hospital for Children and Women; and to the Belfast Ophthalmic Hospital.

THE following notes may prove instructive to anæsthetists:—

CASE I.—On April 28th, 1903, I was asked to give chloroform to a gentleman, æt. 63, who was suffering from acute intestinal obstruction. He had been brought to a private hospital that same morning, and had vomited once after admission, but the nurse assured me it was not fæcal. His general health was good. I administered chloroform, and but for a slight amount of struggling during the narcotic stage, all went well. Colotomy in the right inguinal region was being performed, and towards the close of the operation, after about twenty to thirty minutes' inhalation, a quantity of fæcal fluid was regurgitated. This occurred without any effort during absolutely quiet breathing and well contracted pupils. The face had been all through the administration turned towards the right side, but the amount of regurgitated fluid was more than enough to flow from the angle of the mouth, and a quantity of it was immediately drawn into the trachea. The face immediately turned blue, the inhalation was stopped, the head lowered, and means of resuscitation persevered with, during which the operation was completed. The pupil remained contracted until after artificial respiration was begun. Pulse and respiration failed absolutely about three-quarters of an hour after the regurgitation of the fæcal fluid, the blueness of the face having deepened as each inspiration carried the fluid into the smaller bronchioles.

This unhappy case naturally set me thinking, with a view of avoiding a repetition in any future case. *Vomiting* is frequent enough during or after the administration of an anæsthetic, but in these cases the epiglottis completely closes the respiratory tract, and the vomited matter cannot enter unless it is allowed to remain in the mouth or pharynx until the glottis opens during the next deep inspiration. *Regurgitation*, on the other hand, as happened in my case, is the passage of fluid from a more or less filled stomach without effort, and whilst the patient is breathing normally, and whilst the glottis is open. We have no means of knowing the amount of the contents of the stomach, for even if the patient has "vomited" just prior to the operation, he may not have emptied his stomach; consequently there is an unknown quantity there. Again, the necessary manipulation of the intestine increases peristalsis. (I have frequently seen a surgeon demonstrate increased peristalsis by lightly tapping with an instrument a coil of bowel which he had withdrawn through an abdominal wound.) If, then, the surgeon's handling of the bowel increases the peristaltic, or in the case of obstruction, the so-called anti-peristaltic, action more or less of the intestinal contents are returned to the stomach and the unknown quantity is increased thereby until possibly it contains such an amount that it expels more or less by the only possible route—the œsophagus.

With this reasoning I decided that it should be a routine practice for anæsthetists to wash out the stomach of intestinal obstruction cases, no matter whether the patient had recently vomited or not. Two days ago I had an opportunity of carrying out my views with the best possible results. Notes of this case I briefly record—

CASE II.—On January 10th, 1904, I was called to the Royal Victoria Hospital to anæsthetise a man, æt. 35, upon whom laparotomy was to be performed for acute intestinal obstruction. He had vomited fæcal fluid several times during the morning, but I, immediately on my arrival, set about washing out his stomach. It contained a good quantity of fæcal fluid which was syphoned off and the viscus washed out with two or three quarts of water. Half an hour or more elapsed before he was put upon the table, and although he had not vomited in the meantime, I deemed it advisable to pass the stomach-tube again, although he had been given nothing in the meantime. I was somewhat surprised to find nearly half a pint of fæcal fluid syphon over. I washed him out with a quart of water, and then proceeded to give chloroform. The operation for the relief of the obstruction was followed by appendicectomy, the duration of the administration being seventy-two minutes. Not once was there the slightest trouble, and he did not vomit again till sixteen hours later, when he brought up a little which the nurse informed me was not fæcal.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

CLINICAL EVENING HELD FRIDAY, JANUARY 22ND, 1904.

DR. FREDERICK TAYLOR, President, in the Chair.

DR. F. PARKES WEBER showed two cases of

DIFFUSE LIPOMATOSIS.

The first case was that of a single woman, æt. 34, who presented typical diffuse lipomata below the lower jaw, on the upper arms, and on each side of the front of the thorax. She had always enjoyed good health, and was not excessively fat. There was no evidence of any disease of the thoracic or abdominal viscera or of the nervous system. The thyroid gland could be felt and was apparently not abnormally small. The condition had been noticed for about two years, and was unassociated with pain. She had been treated by thyroid tabloids. The second case was that of a man, æt. 52, who was formerly a carman. The lipomatous masses, which affected the neck, arms, and pubic region, first appeared in 1868, following an injury. There had been slight general wasting, in connection with which it was suggested that there might be some cirrhotic change in the liver. The development of ascites had sometimes been observed in cases of diffuse lipoma with general wasting.

DR. A. E. GARROD exhibited a boy, æt. 10, with a

TUMOUR OF THE LIVER.

When first seen in August, 1903, he was said to have been ailing for a year, and to have had pain and swelling in the left side. The liver was then much enlarged, and reached below the umbilicus. It was firm, and not tender. One large and several smaller swellings were felt on the surface of the right lobe near the costal margin, which were hard and yielded to fluctuation. The lymphatic glands in the neck were enlarged. There was double dacryocystitis with conjunctivitis, and interstitial keratitis more marked in the left eye. There were no changes in the fundi. The teeth were badly formed, but were not characteristic of congenital syphilis. He had taken iodide of potassium almost continuously. It was thought that the tumour was probably of a gummatous nature, but the diagnosis of hydatid had also been advanced. No blood changes had been observed.

DR. G. A. SUTHERLAND thought that the hardness of the mass, as well as the presence of old keratitis, strongly suggested gummata. He inquired if mercury had been employed at all in the treatment.

THE PRESIDENT asked if there had been pyrexia at any time.

DR. GARROD replied that the boy had taken a small quantity of mercury some months previously, but that he intended to put him upon a course of the drug together with the iodide. There had never been any fever.

MR. W. H. B. BROOK (Lincoln) showed a case of

TOTAL PARAPLEGIA DUE TO CARIES OF THE MID-DORSAL VERTEBRÆ,

for which the operation of costo-transversectomy had been performed with complete recovery. The patient was a youth, æt. 18, the notes of whose case had been read before the Society in March, 1903. The fact that the patient had undertaken a railway journey of over one hundred miles was, in itself, sufficient evidence of the completeness of his recovery.

MR. LAWRIE H. MCGAVIN considered that the thanks of the Society were due to Mr. Brook for bringing the case before its notice, and congratulated him upon such a successful issue.

MR. J. R. LUNN showed (1) a case of chronic periostitis (syphilitic) in a man, æt. 28, affecting the lower ends of both femora. A skiagram was shown to illustrate the condition. (2) A case of ununited fracture of radius and ulna in a man, æt. 74, which had existed for a period of thirty-eight years. The accident was a compound one, and when first seen he was advised amputation, but he refused. (3) A boy, æt. 13, with symmetrical swellings on the lower jaw. He was also the subject of congenital syphilis.

MR. HAROLD S. BARWELL thought that the condition was one of dentigerous cysts.

MR. WALTER G. SPENCER exhibited a boy, æt. 10, with bilateral enlargement of the testicles. Both testes were swollen to about adult size, and firmly elastic, but not tender; the right was rigid and enlarged, the left less so. A sinus existed over the front of each testis which had ceased to discharge pus, and appeared to be healing. The patient did not present any further signs of past or present disease. An indefinite family history suggested both tubercle and syphilis. He had been under observation for three weeks, and was treated with mercury internally and locally, with a little iodide.

MR. ANTHONY A. BOWLBY thought that the fact of there having been previous suppuration was in favour of tubercle.

MR. RAYMOND JOHNSON said that the presence of sinuses in front of the testes suggested that the disease began in the body of the organ, which was rather more common in syphilis, but in view of the conversion of the whole gland into a hard mass, he agreed that the case was one of tubercle.

MR. PERCY PATON, in the absence of Mr. Spencer, said that he believed that the latter was inclined towards a diagnosis of tubercle.

DR. FREDERICK E. BATTEN showed a little girl, æt. 5, the subject of complete ophthalmoplegia externa with blindness of acute onset. Thirteen weeks before admission to hospital the child had whooping-cough, from which she recovered, and was well in about six weeks. Two weeks before admission the child had headache, pain in the abdomen and across the shoulders; there was no vomiting. One week before admission the mother noticed that the child could not see, and the child asked her mother to bring a candle because it was dark. At the same time it was noticed that the pupils were very large, and she could not move the eyeballs. There was no loss of consciousness, no convulsions. On admission, the child was well nourished, intelligent, and suffered no pain. There was no ptosis, but complete ophthalmoplegia, with a slight divergent strabismus. The pupils were widely dilated, and did not react to light. There was complete blindness. There was slight optic neuritis, more marked in the right eye than the left. There was no weakness of the muscles of the face, tongue, palate, or limbs. The child walked with the unsteadiness of a blind person, and there was a very slight inco-ordination of the movement of the right arm. All the deep reflexes were abolished. The superficial reflexes were present. The plantar reflex gave a variable response, sometimes definitely flexor, at other times a typical skin extensor response was elicited. Within a week after admission the movement of the eyes had greatly improved, but the pupils remained dilated, and there was no return of vision. Fourteen days after admission the movements of the eyes had become normal, the pupils were no longer so dilated, and the optic neuritis was much less. There was no return of vision, and the knee-jerks still remained absent. While in the hospital there was no rise of temperature, no headache, no vomiting, and the child was generally bright and intelligent. It was suggested that the case was one of polio-encephalitis inferior affecting the oculo-motor nuclei and the lower visual centres.

MR. LAWRIE H. MCGAVIN showed a married woman with complete absence of the phalanges of the left hand. The patient, who was the sole member of her family affected by any bodily deformity, was healthy in other respects. The skiagram showed that the whole of the phalanges had been suppressed, the metacarpal bones also revealing deformities. The case was a good example of the value of even a portion of

the thumb, as the patient had brought up a family of five children and had made all their clothes herself!

Mr. RAYMOND JOHNSON showed a man, æt. 28, with a translucent cystic swelling of root of nose. The condition was first noticed about three years ago. No cause could be assigned, and it had slowly increased without pain. The cyst gave a well-marked sense of fluctuation, and its tension appeared to be quite constant. It was possible that it was of parasitic origin.

The PRESIDENT asked what form of parasitic disease was suggested.

Mr. HORROCKS OPENSHAW considered that the condition was one of meningocele.

Mr. DOUGLAS DREW thought that an exploratory puncture of the cyst might be undertaken with aseptic precautions in order to confirm the diagnosis.

Dr. ARTHUR E. T. LONGHURST inquired what form of treatment would be adopted.

Mr. RAYMOND JOHNSON replied that the extreme translucency of the swelling rather pointed to the presence of a dermoid, and that it would be better to incise the cyst, and, if possible, remove it.

Mr. R. JOHNSON also showed a man, æt. 47, the subject of multiple aneurysm, in whom an aneurysm of the right brachial artery was removed by operation in July, 1902. Eighteen months afterwards, the other aneurysms situated on the left brachial artery, at the bend of the elbow, and on the left popliteal artery, had remained in precisely the same condition.

Dr. WILFRED HARRIS exhibited two cases of post-diphtheritic bulbar paralysis. Both the patients were young women, æt. 25 and 29 respectively. The electrical reactions showed considerable diminution to faradism in the paralysed muscles.

Mr. CHARLES R. KEYSER showed (1) a case of congenital elevation of the shoulder in a girl, æt. 9. There was no history of injury or paralysis, nor was any other member of the family affected by any bodily deformity. There was no muscular paresis, and the X-rays did not show anything abnormal. (2) A case of congenital absence of the fibulæ in a male child, æt. 2½. There was bilateral talipes valgus and only four toes on each foot.

Mr. C. GORDON WATSON exhibited two cases of osteitis deformans in a man, æt. 73, and a woman, æt. 53, respectively. In the first case, the left femur and the skull were principally affected, while in the second, the left tibia was chiefly involved.

Mr. WILLIAM H. BATTLE showed a case of fracture-dislocation of the upper cervical spine in an adult without symptoms. The patient was a man, æt. 56, who had fallen down a staircase a month before admission to hospital. A skiagraph showed a fracture of the axis with displacement forwards of the atlas and axis from the spine.

Mr. EDRED M. CORNER showed (1) a case of fracture of both pedicles of the atlas; and (2) a case of fracture of the body of the fifth cervical vertebra. In both cases a considerable interval elapsed before the patients came to the hospital, and in neither were there any paralytic or sensory symptoms. Mr. Corner considered that Mr. Battle's case and his first one might be termed reasonably frequent fractures, and that if skiagraphs of the spine were taken in all cases of severely sprained necks, a large proportion of them would, in all probability, reveal the presence of a fracture.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

MEETING HELD FRIDAY, JANUARY 15TH, 1904.

The President, DR. EARL, in the Chair.

HORSESHOE KIDNEYS.

THE PRESIDENT and Dr. TRAVERS SMITH showed tuberculous suprarenal bodies and a horse-shoe kidney, from a case of Addison's disease.

The PRESIDENT also exhibited a second horse-shoe kidney.

Prof. MCWEENEY said out of many hundreds of autopsies which he had made he found but one horse-shoe kidney, which was situated much lower down than usual; in fact, the connecting isthmus lay over the sacro-iliac synchondrosis.

DEFORMITY OF LIVER.

The PRESIDENT showed a liver with deformity, probably produced by tight lacing. A portion of the right lobe close to the right side of the gall-bladder was turned right over so as to come in contact with the upper surface of the liver.

PARAFFIN METHOD OF EMBEDDING.

Prof. MCWEENEY showed an adaptation of the paraffin method of embedding tissues suitable for class purposes. The sections were cut in chains, floated off in convenient lengths as usual, and taken up on thin sheets of mica, to which they were caused to adhere by capillary attraction. The mica sheets were cut up, and the divisions, each bearing a section, given out to the class. After removal of the paraffin as usual, the students stained and mounted the sections which adhered throughout to the mica, and were mounted in balsam along with it. Exhibitor owed his acquaintance with this useful method to his friend Professor Coffey, who had acquired it in Held's laboratory.

RINGWORM.

Prof. MCWEENEY showed sections of ringworm-hairs prepared by the paraffin method, and adapted by the mica method for distribution to a class. They showed the characters of the several forms of ringworm, especially the microsporon, and their relation to the hair shaft and root sheath. The microsporon spores in the Irish cases he had studied gave notably larger measurements than those usually recorded—4 to 6 mikra, instead of 2 to 3 mikra as generally given. He also showed young microsporon plants grown from single spores on "French proof agar," as well as in epidermic scales. The acladium form of branching and ectospore formation were well seen in the hanging-drop cultures. For staining, he had found Heidenhain's iron-hæmatoxylene after formol-vapour fixation most useful. The nuclei of the young mycelium were well seen under high powers. He had it in contemplation to undertake a comparative study of Irish skin-fungi by the methods he now outlined—*viz.*, isolation of individual spores and culture on French proof agar.

ENDOMETRITIS.

Dr. NEVILLE exhibited photographs made by Dr. Wigham of various varieties of endometritis.

CANCER OF OVARY.

Dr. NEVILLE showed macroscopic and microscopic sections of cancer of the ovary.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, JANUARY 14TH, 1904.

DR. HEYWOOD SMITH, President, in the Chair.

THIS being the Annual Meeting of the Society, in the unavoidable absence of the treasurer, Dr. William Travers, his report and balance-sheet for the year 1903 were read by the senior secretary, Dr. Swanton, and on the motion of Mr. Bowreman Jessett, seconded by Dr. George Elder, were unanimously adopted, with an expression of regret at his resignation, earnest hope for his complete recovery, and the thanks of the Society to him for his past services. The report of the Editor of the *Journal* of the Society having been read by Dr. J. J. Macan, it was adopted on the motion of Dr. Macnaughton-Jones, seconded by Dr. Macpherson Lawrie, and a vote of thanks to Dr. Macan in appreciation of the efficiency of his work was unanimously passed, together with a vote of thanks to Drs. Purcell and Bennett for their services as auditors. The officers of the Society for the current year were then elected, a complete list of which appeared in our last issue.

The PRESIDENT exhibited the modification of

BOSSI'S INSTRUMENT FOR DILATING THE CERVIX UTERI,

devised by Frommer, and demonstrated the ease with which any one or more of the eight blades could be removed, so that it was possible instead of commencing the dilatation with the finger to begin the process with three blades only and complete it with the eight. The action was controlled by a screw, and the exact amount of expansion was indicated on a dial on the handle. The risk of lacerating the cervix was materially diminished by having eight blades instead of four.

Dr. MENDES DE LÉON, of Amsterdam, then gave an address on

A SOURCE OF INFECTION DURING OPERATIONS HITHERTO NOT SUFFICIENTLY RECOGNISED,

which will be found on page 82.

After delivery of the address, the PRESIDENT said he felt sure the Fellows would wish to thank Dr. Mendes de Léon for his very valuable and interesting paper. The effect of habit and temperament in operators was very remarkable. Some went on talking nearly the whole time; others, and he thought the best operators, conducted their work without speaking at all. He thought the upshot of the author's experiments was that they should never speak at the operating table except when it was absolutely necessary. Dr. Macnaughton-Jones had recently read a paper which would be interesting to the author of the one they had just heard, as it was upon a kindred subject—the care of the mouth and teeth, a much neglected source of infection, prior to operations upon the pelvic viscera.

Dr. MACNAUGHTON-JONES, in expressing his appreciation of the interesting paper of Dr. Mendes de Léon, and the experiments with which he had illustrated it, said that he doubted if we could ever arrive at a perfectly ideal asepsis. There were so many possible sources of the admission of infective germs in the surroundings of the operation — the patient, the surgeon, the assistants, the nurses, the appliances, and the operative tract itself, before, during, and after an operation—that all we could at the best hope for was to reduce to the lowest minimum the elements of risk which must always be present, no matter what our precautions. It was this striving for perfection that afforded the best security for our patient, and no effort such as that advocated by Dr. Mendes de Léon should be ridiculed or treated lightly. Abroad in some *klíniks* linen caps were worn, and also sacs to cover the beard. As to silence, speaking for himself, nothing irritated him more than unnecessary talk during an operation, but he supposed that this tendency varied with the nationality of the operator. The great *desideratum* was silence during an operation, and only such speech as was indispensable. The demonstration which they had seen left no room for argument as to the practical consequences which resulted from speaking over the wound, but fortunately they did not seem to result in any very serious effects on the patient, seeing the immunity of our graver operative procedures. Still, if we only saved one patient in a thousand on whom we operated from any evil consequences of salivary infection, it was our duty to take every precaution to prevent that risk. He could not say how the mouth-mask shown could be worn during a prolonged operation without inconvenience to the operator, but he would himself try it in order to ascertain this.

Modification of Bossi's Instrument for Dilating the Cervix Uteri.

Dr. HERBERT SNOW had great pleasure in seconding a vote of thanks to Dr. Mendes de Léon for his most interesting account of the experiments he had carried out with such care and perseverance. All progress towards asepsis was merely relative, and whatever the danger of the emission of small particles of saliva might be, the breath passing through the nasal cavities and mouth must be extensively loaded with microbes, and he did not see how infection from that source could be possibly excluded. Drops of perspiration were another danger. As the experiments of Lockwood, among others, had shown, absolute sterilisation could not be secured. Whatever was done, some microbes would be implanted on the wound. If, however, the tissues were in anything like a healthy state, and if the number of pathogenic germs coming in contact with the wound were relatively small, there would not be any serious trouble. It would be interesting to know whether, before adopting the precautions described, Dr. de Léon had experienced disasters from undetected causes, which had not occurred since those precautions had been taken.

Dr. MACPHERSON LAWRIE expressed his sense of the great interest of the results arrived at by Dr. Mendes de Léon, but concurred with Dr. Snow in thinking that the breath of the operator might also be a fertile source of infection, and thought that the nostrils should be guarded as well as the mouth if it were desirable to cover the latter.

Dr. BEDFORD FENWICK said that the paper they had heard was of great practical as well as theoretical value, though the author had confined himself to the effects of speech. Many years ago his (Dr. Fenwick's) father made some original researches upon the effect of the saliva in health and disease, which at the time attracted attention, and in that work he had been privileged to assist. They had found that in all healthy people the saliva contained a large amount of sulphocyanide of potassium, and was therefore powerfully antiseptic. He could not therefore agree with Dr. de Léon in attributing more importance to the saliva than to the breath as a vehicle of micro-organisms, but thought, with Dr. Macpherson Lawrie, that as a source of infection the nose was as important as the mouth.

Dr. W. J. SMYLY having made a few remarks of appreciation,

Dr. MENDES DE LÉON, in reply, said that in regard to the amount of talking during operation, Dutchmen had not the same temperament as Irishmen, French, or Italians, and were generally supposed to take things very quietly; yet even men who said, "Well, my friend, I will do what you ask me, but it will be of no use, because I do not talk at all during operations," nevertheless sent him protocols of 200 to 300 words spoken over the wound. Though 300 words might seem a very large number, they might easily be said during an operation that did not take more than fifteen minutes. As a characteristic incident he might tell them that one of the best surgeons in Amsterdam, who habitually took extraordinary precautions against sepsis, noticing that an etherised patient seemed to be about to vomit, cried out with great energy, "Look out, she is going to vomit, and if you are not careful she will spit into the wound"—the very thing that he was, without knowing it, doing himself. Absolute asepsis was not, perhaps, obtainable, but every possible precaution should be taken, especially when so easy as the one he had suggested. Before he brought his mask before the profession, he had used it for several weeks during many operations, some of them lasting from an hour to an hour and a half, and he could assure Dr. Macnaughton-Jones that it did not cause the slightest discomfort. The instrument was very easily adjusted, and did not interfere with audible speech as he would

now show them (demonstration). In regard to the danger of germs being disseminated into the air from the nostrils, as insisted on by Dr. Lawrie and others, he did not deny the possibility, but was not convinced of the danger; the pathogenic germs he had demonstrated in the saliva had not been found in the healthy nose, though streptococci had no doubt in ozæna and similar inflammations been found there. He was absolutely convinced that the microbes emitted with the voice were conveyed by the saliva, and not merely by the breath, as suggested by Dr. Fenwick, for, in spite of repeated trials, he had never obtained any colonies upon his agar plates simply by breathing upon them. He had not been disappointed at this, as he knew that it was the saliva that caused peritonitis in the inoculated animals. Pathogenic germs might possibly be emitted from diseased lungs, but his experiments proved that they had been conveyed by the saliva on to the agar plates, upon which they had caused definite colonies. If every streptococcus or staphylococcus that fell into a wound caused infection, the effect of a quarter of a million of such would be terrible to contemplate; but, fortunately, this was not the case, and surgeons now had very good results, especially in gynæcology. We should, however, aim at the lowest possible mortality, and as the mysterious deaths that occasionsally occurred in the practice of even the most distinguished operators might be due to some such cause as he had pointed out, the admission of such a possibility and steps to guard against it could only be beneficial.

A cordial vote of thanks to Dr. Mendes de Léon having been carried by acclamation,

The PRESIDENT, Dr. HEYWOOD SMITH, then delivered his

VALEDICTORY ADDRESS,

reviewing the work done by the Society during his year of office. He first referred to the many interesting specimens shown, and cases narrated, and instruments exhibited. Of the many valuable papers read before the Society, of which by no means the least interesting was that brought before the Society that night by Dr. Mendes de Léon, might be mentioned the one by Dr. Macnaughton-Jones on "The Importance of Attention to the Condition of the Mouth and Teeth at Operations on the Pelvic Viscera"; on "Intestinal Obstruction After an Operation for Ectopic Gestation," by Mr. Jessett. Dr. Routh read a paper on "Some Directions and Avenues Through which Cancer may Possibly be More Successfully Treated and Perhaps Cured." Dr. Mansell Moullin read a paper on "Hæmatocolpos and Hæmatometra." Professor Taylor (the learned President-Elect) gave a valuable paper on "Lacerations of the Cervix and their Consequences." Dr. Bedford Fenwick opened an interesting discussion on "The Treatment of Stenosis by Incision"; and Dr. Mendes de Léon has given to-night a most instructive paper on "A Hitherto not Sufficiently Recognised Source of Infection During Operations." [All of these papers have appeared in the columns of THE MEDICAL PRESS AND CIRCULAR.] He next referred to the *Journal* of the Society, so ably conducted by its Editor, Dr. Macan, which contained, besides an accurate report of the Transactions, many very valuable original communications and the Summary of Gynæcology, including obstetrics, exhibiting a most painstaking and laborious effort, and keeping the gynæcologist fully up to date with the progress of the speciality all over the world. Dr. Heywood Smith next touched on the altered attitude of the Society towards the admission of medical women to the Fellowship, and on the establishment of an examination for gynæcological and maternity nurses. With regard to the former, he remarked that the Articles of Association and the by-laws of the Society were originally drawn up with the distinct view of the admission of medical women as well as medical men to the Fellowship, but a small minority of Fellows, although they joined the Society, yet were opposed to that idea, and, making their influence felt, frustrated in that direction the principles of the Society. Several important meetings on the subject, however, had been held, and he gave credit where it is due by stating that several members of the opposing minority, when they saw the manifest feeling of the Society on the subject, withdrew their opposition, and aided the Society in so altering their rules as to make the election to the Fellowship simpler, while at the same time safeguarding its interests with regard to the eligibility of any particular candidate. The establishment of a periodical examination for nurses, gynæcological and maternity, was, he remarked, fully explained in his Inaugural Address a year ago. It would suffice now to state that such examinations have been carried out by their Board of Examiners quarterly; that the examinations have consisted of written papers, the questions for which have been published from time to time in the *Journal*, and a *vivâ voce* examination, in which the examiners had been aided, as to practical work, by several matrons of hospitals, who willingly gave their help in this matter. Examiners have been well pleased with the high standard of the knowledge of their profession shown by the majority of the candidates so far as to work done during the past year. But he wished to draw attention to the cases, five in number, of sclerosis of the ovary that have been brought forward as indicating a field for further investigation and research. And, first of all, he thought the ground should be cleared as to the etiology of the disease, whether it is a "cirrhosis" or "sclerosis," and then proceed to map out the leading symptoms with the view to a correct diagnosis, and thence to the prognosis and treatment. His own view was that they represent two separate conditions; the specimens brought before the Society during the year tend to confirm this position. In *cirrhosis* we find the interstitial stroma first of all the seat of an inflammatory process and afterwards so contracting as to render the envelope convoluted, so that it presents an appearance not unlike the convolutions of the brain, whereas in *sclerosis* it is the envelope that is the chief seat of the abnormal thickening and induration, leading (as also in the case of cirrhosis) to contraction of the organ and to consequent dysmenorrhœa. Dr. Heywood Smith passed in review the deaths of Fellows during his year of office, and concluded his address by congratulating the Society on having elected as his successor so distinguished a Fellow as Dr. John William Taylor, M.Sc., Professor of Gynæcology in the University of Birmingham, and Surgeon to the Birmingham and Midland Hospital for Women. Professor Taylor, he added, was renowned not more for his operative skill than for his accuracy of diagnosis, the thoroughness of his research, and the value of his published works; and he was convinced that the Society, in thus electing him President for the ensuing year, had taken a step that could but result in the furtherance of the objects for which it was founded.

Professor JOHN W. TAYLOR, the President-Elect, said that it was to him a great pleasure to propose a vote of thanks to the President, not merely for the Valedictory Address they had just heard, but for his admirable conduct in the Chair during the past year. Of all the original Fellows of the Society he believed that none had been a more constant attendant at their meetings, or had the interests of the Society more closely at heart than Dr. Heywood Smith, and no one could fail to appreciate the patience, wisdom, and courtesy with which he had discharged the onerous duties of the office of President of the Society, while all would join in cordial wishes that he might long be spared to take part in their proceedings and give them the benefit of his presence and counsel.

The vote of thanks having been carried by acclamation, Dr. Heywood Smith, in acknowledging it, expressed the pleasure it had been to him to serve the Society.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD THURSDAY, JANUARY 21ST, 1904.

JAMES BARR, M.D., F.R.C.P., President, in the Chair.

CEREBRAL TUMOUR.—CEREBRAL THROMBOSIS.

DR. WARRINGTON read a note on a case of cerebral

thrombosis clinically characterised by total aphasia, but with retention of consciousness. The necropsy showed that the softening had occurred in the region of distribution of the middle cerebral artery, and that it was in great part limited to the lower frontal convolution, temporo-sphenoidal and angular gyrus on the left side.

Dr. WARRINGTON also gave an account of a case of cerebral tumour. The initial symptoms were loss of recollection, hallucinations of smell and attack of pallor, with erection of hair on the left side of the face. Later the classical symptoms of tumour cerebri developed, being ushered in by an apoplectiform attack in which consciousness was lost for nine days. An exploratory operation was performed by Mr. Rushton Parker, the Rolandic area was exposed, revealing œdema of the sub-arachnoid tissue and softness of the brain, but no tumour or even marked tension of the brain. The operation afforded marked though temporary relief to the patient, who died four months later. At the autopsy a tumour was found occupying the basal ganglia and hippocampus major.

Mr. RUSHTON PARKER said that the operation he performed was done chiefly with the view to relieve tension supposed to be the cause of the optic neuritis. The piece of bone removed was replaced in fragments. The wound healed by first intention, and the patient's eyesight was restored and preserved. The patient lived nearly four months after the operation, and undoubtedly his life was prolonged and the progress of the tumour found after death was greatly diminished.

Sir WILLIAM BANKS then read a paper on

THE MODERN SURGERY OF THE PROSTATE,

an abstract of which will be found on page 81.

Mr. FREYER congratulated Sir William Banks upon his essentially practical paper, and endorsed what had been said respecting the admirable work of Sir Henry Thompson, for the use of the soft rubber catheter, together with washing out of the bladder, was a very great advance in the treatment of enlarged prostate. Mr. Freyer briefly referred to the various operative procedures which had from time to time been advocated in dealing with an enlarged prostate. He particularly mentioned castration, and as illustrating the uselessness of such a procedure, exhibited a prostate which he had removed from a patient upon whom castration had been performed five years previously. Mr. Freyer then dealt with the anatomy of the prostate, which, he said, consisted of two separate portions held together by a fibrous capsule, the whole being enclosed in a sheath formed by the recto-vesical fascia, much in the same way as the rind encloses the edible portion of an orange. In enucleating a prostate the gland is shelled out of the recto-vesical sheath, and, as the prostatic plexus of veins is for the most part embedded in the recto-vesical sheath, there should not be much hæmorrhage during the operation. He laid great stress upon the importance of ascertaining as far as possible the condition of the kidneys before attempting enucleation, for in long-standing prostatic trouble there was always a danger of suppression of urine, quite apart from the result of operative interference. If cases were more carefully selected and better prepared for operation the mortality in future would be less. Mr. Freyer finally described in detail the various steps of his operation.

Mr. REGINALD HARRISON said he would confine his remarks to the influence that supra-pubic prostatectomy as illustrated by Mr. Freyer's cases would be likely to have on the operative treatment of stone in the bladder, complicated with such a degree of prostatic enlargement as to render the patient incapable of fully emptying his bladder or of doing so with a catheter. In such cases the expectancy of a recurrence of stone after its removal either by crushing or by suprapubic cystotomy was very great. In fact, under these conditions the obstructing prostate might be regarded as the principal factor in the formation or re-formation of stone. He quoted examples where, after litholapaxy had been employed on repeated occasions for recurrence of bladder stone, the concurrent removal of both stone and prostate had been followed by the complete and permanent recovery of the patient in the fullest sense of the term. He exhibited a stone and prostate which he had removed the previous day from a patient who had undergone suprapubic lithotomy six months previously. He thought there were many cases where the stone and prostate should be removed as a primary operation. In fact, he had done so in several instances with excellent results. He said this without any prejudice to litholapaxy, which he regarded as the best and safest operation in uncomplicated cases of stone or where co-existing prostatic symptoms were not pressing. He did not think the combined operation increased the risk.

Mr. ROBERT BICKERSTETH spoke of the occasional great difficulty in removing a small and hard prostate, and asked Mr. Freyer whether in his suprapubic operation he had ever failed in an attempt to enucleate one of these prostates.

Mr. NEWBOLT mentioned three cases in which he had operated by the suprapubic method, twice successfully, the third patient dying from uræmia.

Mr. DOUGLAS CRAWFORD thought that in future the operation would be performed earlier while the prostate was comparatively small. He had not been satisfied with his results from castration.

Mr. RUSHTON PARKER said he could confirm Mr. Freyer's description of the so-called third lobe, as being an integral part of one of the lateral lobes.

Mr. THELWALL THOMAS spoke in favour of the perineal route, and said when the enlargement was not very great the prostate could, after free division of the capsule, be as readily enucleated as by the suprapubic method; this latter method he considered more applicable when there was considerable prostatic enlargement.

Mr. PAUL said his experience of complete enucleation of the prostate was limited to one case, a gentleman, æt. 70. The power of urinating had subsequently been normal. He said he was a firm believer in the value of catheterism in prostatic retention. In many cases nothing more was required, but in some a period came when operative interference was necessary. As regards double castration, he congratulated Sir William Banks on never having done it. In his experience the advantages claimed for it and for vasectomy had not been fulfilled.

CORK MEDICAL AND SURGICAL SOCIETY

MEETING HELD WEDNESDAY, JANUARY 13TH, 1904.

J. COTTER, M.D., F.R.C.S.I., President, in the Chair.

THE CHAIRMAN read notes of intestinal obstruction occurring in a woman, æt. 49, the result of carcinoma of the hepatic flexure of the colon, and exhibited the growth. The growth was excised, and the free ends of the intestines sutured together, but the patient died in twenty-four hours.

Dr. T. GELSTON ATKINS showed two ovarian tumours, both occurring in patients, æt. 23, and neither of them giving rise to any symptoms whatever except some nausea, aggravated by movement, though one tumour was of considerable size. Both patients recovered. Dr. Atkins also read notes of two cases of hysterosalpingo-oöphorectomy. One patient was a married woman, æt. 35, and on vaginal examination pus was found welling from the uterus. A laparotomy was performed, and an abscess found in each ovary, probably due to puerperal infection. A peculiar feature of the case was that each abscess opened directly into the uterus, the uterus itself and the Fallopian tubes being healthy. The patient made a good recovery. The other patient was æt. 53, and suffered from carcinoma of the uterus and ovaries. The diseased organs were removed, but the patient gradually sank and died in seven days from cardiac failure. She had suffered for years from tachycardia, and her pulse before the operation was never below 150, and after the operation never below 160. The diseased organs were shown.

Dr. N. HENRY HOBART read notes of a successful case of Cæsarean section. The patient was a primipara, æt. 24; height, 4 ft. 6 in., and the subject of lateral curvature. The external conjugate diameter measured 5½ in., and the true conjugate slightly over 3 in. The child was delivered by the feet (the head being fixed), 6½ minutes from the commencement of the operation. The uterus was flushed with saline solution and then sutured. The patient made a good recovery and the child also lived.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 24th, 1904.

ACETONURIA IN CHIEDREN.

PERIODICAL vomiting in children is frequently, according to Professor Marfan, connected with acetonæmia indicating a disturbance in nutrition. A link in the chain of the oxydation of albuminoids of which the ultimate term was water and carbonic acid, acetone was accompanied by a number of other products, such as lactic acid, oxalic, acetic, formic, and butyric acids. It had been suggested, and with some reason, that acetone was produced by a disorder in the hepatic functions.

Acetonuria being remarked in diabetes and the coma of glycosuria, a considerable amount of gravity was attributed to its presence, but it existed also in auto-intoxications of intestinal origin, typhoid fever, cancer and certain cases of inanition.

In all these affections and conditions the digestive tract was compromised. In children there existed a rather rare syndroma characterised by periodic attacks of vomiting accompanied by absolute constipation in otherwise healthy children. The vomited matter contained acetone, and the breath had a special odour resembling chloroform or apples, yet the gravity of the case depended on the malady and not on the acetone; but in acute affections the convalescence should be watched, as the patient might be considered as liable to arthritism.

PHYSICOTHERAPY.

When in Paris those who are interested in physicotherapy would do well to visit the Institute of Dr. Joseph A. Rivière, No. 25 Rue des Mathurins, near the Opéra. Dr. Rivière has devoted his professional life to the improvement and development of this branch of medical science, and was the first to attempt the combination in one establishment of the latest and most perfected apparatus. Many of these are his own inventions, as may be seen from the following enumeration of the leading departments of his institute. Electrotherapy: Every model of high frequency apparatus Hydrotherapy: Nauheim baths, Rivière's massage under water, and carbonic-acid baths. Thermotherapy. Vibrotherapy. Mecanotherapy. Hydro- and aero-massotherapy. Obesity: apparatus Rivière. Phototherapy: Finsen apparatus, Rivière's electric light baths and reflecting apparatus, treatment of pulmonary tuberculosis by means of intense luminous clusters. Aerotherapy. Radiography. Radioscopy. Kinesitherapy and gynæcological electrotherapy.

It will be seen by an inspection of his institute and from the articles he has contributed to various publications, and by the reports of his addresses before medical conventions, that Dr. Rivière has anticipated many of the recent experiments in treatment of cancerous and obstinate tumours. I may mention here his paper read before the International Medical Congress of Electrology and Radiology at Paris in 1900; his communication to the Fourteenth International Medical Congress at Madrid in 1903; and his address to the Académie Nationale de Médicine, at Paris, on December 8th, 1903. In recognition of these services Dr. Rivière received last October the Chevalier decoration of the Légion d'Honneur; and on this occasion a banquet was given to him by many members of the profession, including Professor Lancereaux, President of the Academy of Medicine.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, January 23rd, 1904.

THE GENESIS OF SYPHILITIC GUMMATA.

A CASE published in the *Deut. med. Woch.* by Dr. Kulisch, of Halle, is interesting from an etiological point of view as regards the origin of gummata. In this case a gumma formed at the point when hydrarg. salicyl. was injected. In November, 1895, the patient was treated in Russia for an ulcer on the penis that healed rapidly.

As no further symptoms developed, he married in July, 1896. Soon afterwards, however, mucous plaques appeared on the palate, tongue, and lips, for which local treatment was applied, and internally potassium iodide was given and mercury salicylate by injection into both gluteal regions. In May, 1897, the patient, who was then æt. about 30, consulted the writer on account of his wife, who had given birth to a dead decomposing syphilitic fœtus at the eighth month. On examination, luetic plaques were found on both tonsils, numerous pigmented patches on the trunk, and several painless nodules in the gluteal musculature of both sides. Under a course of local nunction of four weeks, recovery took place, and another course of three weeks was carried out six months afterwards. In May, 1899, there were scaly papules on the glans penis, weeping papules on the scrotum, and large pustulous syphilides on both legs. These symptoms also disappeared under potassium iodide internally and an inunction course of several weeks. In December, 1899, the patient again came under treatment for a solitary gumma situated in the eft gluteal muscle, with commencing softening and spontaneous rupture in some spots. After a month's treatment healing took place with central funnel-shaped contraction. At the end of June, 1900, there was an ulcerating gumma on both fauces, and one on the right buttock. Both receded after a three weeks' inunction course, and potassium iodide internally, and the patient went abroad again. Ten weeks later he returned with a tumour in the same spot; the skin over the tumour was perforated in some places, and secretion was taking place. This condition also disappeared after several weeks of treatment, so far that in the circumference of a central contraction an absolutely painless tumour, the size of an apple, remained. In June, 1901, the patient returned, as the tumour had grown and had broken out in the same places. The growth was now punctured, and the mass scraped out. This was shown microscopically to be detritus and cells undergoing fatty changes, and chemically mercury was found to be present. As surgical treatment was declined on the part of the patient, specific treatment was again begun. After six weeks' treatment some induration was still present. Up to May, 1902, there was no relapse, and the patient was in good health. In the foregoing case it must be remarked that even after the lapse of five years, remains of the early hydrarg. salicyl. injection were still present in the musculature. These injections had caused inflammatory symptoms at the point of injection, and had started chronic changes in the muscular tissues that had formed the substratum for the later tertiary disease. The exciting

causes for this tertiary disease were the very late specific primary treatment and the irregular mode of life of a traveller.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, January 23rd, 1904.

STENOSIS OF THE LEFT PULMONARY ARTERY.

JELLINEK brought before the Society a patient with all the symptoms of stenosis of the left pulmonary artery. The patient, æt. 28, was taken ill in April, 1902, with inflammation in the left side, involving the diaphragm and lower part of the lung, evidently of a tuberculous nature. At present there is great shrinkage in the left side of the chest, and percussion is generally dull all over. Heart is two fingers' breadth displaced to the left; apex beats strong and a finger's breadth outside the left mammary line over the mitral and tricuspid valves. A systolic murmur was distinctly heard both in front and behind the inter-scapular space. The second sound was greatly accentuated, both to sight and touch. The radial pulse had nothing particular to note, with a tension of 110 mm. There was no positive venous pulse to be observed, nor dilatation of the heart. Examination of the sputa revealed tuberculous bacilli. The Röntgen rays confirmed the displacement to the left of the mediastinum.

The whole resembled an indurated left side pleuritis. The localisation of the loud systolic murmur and the absence of the usual phenomena were in favour of a mitral or tricuspid insufficiency. Against the possibility of aortic stenosis or aneurysm was the condition of the pulse, the appearance of the diaphragm and general percussion. The symptoms generally confirmed the diagnosis that a stenosis existed in the left pulmonary artery.

HÆMATURIA FOLLOWING ULCERATIVE TUBERCULOSIS OF THE KIDNEYS.

Schmidt exhibited a male patient, æt. 32, who was confined to his bed on November 3rd. After carrying a heavy load upstairs he suddenly complained of great pain in the right testicle, which radiated down the inside of the leg and upwards over Poupart's ligament. One hour after he urinated pure blood. According to the history nothing in the uropoietic system could account for this phenomenon as there was no previous disturbance in the emission of urine, pain in the renal region, nor any deviation in the constituents of the urine, which was normal in quantity. The objective examination was against tuberculosis, while the family history gave nothing to support that suspicion. A differential diagnosis and exploration of the blood with excessive pain in the right side of the testicle was at first assumed to be hyperæsthesia with possible right renal hæmorrhage, which was confirmed with the cystoscope. There was no tumour or enlargement to be detected, while nephrolithiasis could scarcely be entertained without some previous initial prodroma. After further exclusion it was concluded that the case was renal papillary tuberculosis of an ulcerative form. To confirm this, tuberculin of the old style was injected, commencing with 0·001 gramme without any appreciable reaction; later 0·003 was injected, which commenced to show signs of activity after twenty-four hours.

The patient was confined to bed and treated with adrenalin, tannin, &c., up to November 30th, when it was resolved to extirpate the right kidney, which was successfully accomplished.

The pathological examination of the kidney proved it to be a disseminated form of tuberculosis, where small groups of greyish tubercle was scattered throughout different parts of the cortex. There was also a caseous degeneration at the mucous orifices in the pelvis of the kidneys.

Schmidt thought this was an important case to guide us in many of those obscure and sudden attacks of hæmaturia whose etiology was doubtful and tuberculosis suspected.

Schlesinger reported another case of renal hæmorrhage for which he extirpated the left kidney, and found on examining it a small tumour not much larger than a pea, but of a carcinomatous nature.

The Operating Theatres.

LONDON HOSPITAL.

CHOLELITHIASIS.—EMPYEMA.—EXCISION OF GALL-BLADDER.—Mr. F. EVE operated on a woman, æt. 36, who had been suffering for eighteen years from attacks of so-called digestive trouble, several attacks of pain referred mainly to the epigastrium, associated with vomiting; on one occasion she was slightly jaundiced. There had been a severe attack of pain a few days before admission and pyrexia, the temperature being about 102·5, but no jaundice. There was tenderness below the ninth costal cartilage on the right side and part of the rectus on the same side was extremely contracted with resistance beneath it. Cholelithiasis and empyema of the gall-bladder was diagnosed, but Mr. Eve pointed out that it was impossible to give a definite opinion from physical examination without an anæsthetic, owing to the tonic contraction of the abdominal muscles. The resistance beneath the upper part of the right rectus was, he thought, just as likely to be a Riedel's lobe as an enlarged and thickened gall-bladder. An incision was made in the usual situation, and this exposed a Riedel's lobe extending down to midway between the costal margin and the umbilicus. On raising it the gall-bladder seemed to be situated entirely beneath it and surrounded by adhesions to the omentum and stomach. These were separated with the finger; the gall-bladder was found to be distended, and its walls much thickened. It was aspirated, and pus drawn out; it was then incised, many stones were removed, and the cystic duct appeared to be obliterated. The thickened gall-bladder was therefore removed and a ligature placed on its proximal end. The peritoneum was too thickened to allow a flap being formed to cover the stump. The operator's and assistant's hands were now cleansed before exploring the condition of the common duct. The foramen of Winslow was found to be closed by adhesions which gave way to the finger. The gastro-hepatic omentum, which was greatly thickened and shortened, was brought to the surface by the finger beneath it; a stone was felt at its upper part; this was cut down upon, excised and removed; it was found to occupy the cystic duct on its junction with the common duct, the latter being clear. The small incision was closed by suture, a drainage-tube fitted with gauze was carried downwards towards the hilum of the liver, and packed round with gauze, and the abdominal wound closed with the exception of an opening in the centre for the drainage-tube. The entire operation, which was well borne, lasted one hour. Mr. Eve said that the case emphasised many facts of clinical importance. When a patient presented herself with hepatic colic and a rounded swelling moving with respiration was felt in the region of the gall-bladder, it was usually assumed that it was the gall-bladder; in a majority of instances, however, the swelling was a Riedel's lobe, for in cholelithiasis the gall-bladder was more often

contracted than distended; the contraction of the abdominal muscles prevented a minute examination of the swelling, except under an anæsthetic. Again, pain referred to the epigastrium and sometimes to the left costal margin might lead to the diagnosis of a gastric affection, were it not borne in mind that when the stomach is adherent to the gall-bladder the pain is usually referred to the above-mentioned locality, and not to the right hypochondrium and right shoulder-blade. He believed that when the gall-bladder was greatly thickened, suppurating, and its duct probably obliterated, the organ was not only obsolete, but might prove a source of danger to the patient, and its presence retarded convalescence; he therefore removed it, provided, as in this case, there was no evidence of obstruction to the common duct, but even if there were, the common duct could be opened and drained by a tube sewn to the margin of the incision. Another point of interest in this case, he said, was the very great thickening and shortening of the gastro-hepatic omentum, which rendered the structures within it almost unrecognisable; its section was homogeneous, like brawn. These cases, he thought, almost invariably did well, owing to the fact that the "kidney pouch," in which the trouble occurs, is practically shut off from the rest of the peritoneal cavity. The complication most to be feared, he considered, was pre-operative infective cholangitis, followed by hepatic abscess. In operating on septic conditions of the abdomen, care, he pointed out, should be taken to thoroughly cleanse the hands and to obtain clean instruments before exploring any uninfected region of the abdomen within the neighbourhood, this being often necessary.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXX.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

ALDERNEY MANOR SANATORIUM, PARKSTONE, BOURNEMOUTH.

MUCH discussion has recently taken place as to the best form of sanatorium for the consumptive, and much can be said in favour of the "separate or châlet system." Dr. Johns' sanatorium is an excellent example of a small private institution worked on the "hut" method, and well exemplifies the merits and difficulties of such an arrangement.

Dr. Johns has had a comparatively extensive experience of sanatorium management in Bournemouth and its immediate neighbourhood. In 1896, he commenced "open-air" treatment at Sunny Mount, a small house at Meyrick Park. Later he transferred his patients to Stourfield Park Sanatorium, which was, as regards structure, practically a large hotel. Quite recently he has developed Alderney Manor.

The present sanatorium is well situated about three miles from Bournemouth at an elevation of 210 ft., and in open country. The site is to all intents and purposes a clearing of about 30 acres in the midst of a pine forest. The estate consists of 600 acres of pine woods and heather-covered land. Many thousands of acres of open country surround the estate. The New Forest is near at hand; the River Stour can be easily reached; and the sea is not far distant.

As already indicated, the sanatorium is laid out on the "hut system." The huts, single or double, are one-storeyed buildings throughout. Neither verandahs nor "liegehallen" are provided. An absolutely open-air existence is insisted on.

The sleeping huts are built of galvanised iron, lined with compo or match-boarding, and interlined with felt. In some cases the matching is covered with "salubra." The furniture is of the simplest and has been specially designed to be non-dust-collecting. The windows are large and numerous, and so arranged that the patient can always be provided with a thorough current of air, and yet be protected from draught.

One corridor-building containing several apartments has been reserved for ladies, and here the exposure to fresh air is not so complete, although there is still good ventilation, a window being opposite each door, and the bedrooms placed only on one side of the corridor.

The dining-room is an excellent, airy, well-lighted, and cheery room, standing by itself with windows on three sides.

Dr. Johns devotes himself entirely to the conduct of his colony. Every case receives close personal attention. The following points are particularly observed:—

1. The patient breathes fresh air at all times, day and night.

2. An abundant diet of mixed foods is provided and in some cases judicious "over-feeding" is enforced. Prizes are given to those who increase most in weight.

3. Exercise and rest are systematically regulated, according to individual necessities.

4. The patients are wholly in the charge of the doctor, supported by a staff of trained nurses. The feeding, which forms a conspicuous part of the treatment, is personally superintended by the doctor, who presides at all meals.

Dr. Johns informed us that he finds much benefit results from the judicious use of the "sun bath." An old walled-in garden forms an excellent exercise ground and an admirable "sun garden" for gentlemen. Another "sun-bath" has been formed for ladies. In these so-called "baths" patients lie completely exposed to the light and heat rays of the sun, even at such times of the year when most persons are unpacking their winter apparel.

Extensive provision is made for the comfort and amusement of the patients. There are two croquet lawns, sea-bathing may be enjoyed under medical supervision, and salmon and other fishing may be indulged in, and even a fair amount of shooting is available.

We were surprised to find a band-stand on the grounds, which we learnt was sometimes used by the musicians from a neighbouring village.

There are good stables, and patients may keep their own horses if they so desire. Arrangements have been made whereby gentlemen may gain experience in the management of landed property, and so secure knowledge which may equip them for a useful outdoor occupation.

It will perhaps be of interest to quote from a copy of the Rules as presented to every patient:—

"1. Patients are requested to expectorate only in the receptacles specially provided for the purpose. They must never spit on the ground, or in their handkerchiefs, as by these means the disease is spread. Flasks are provided for patients when out walking.

"2. As it is essential that patients should breathe only pure air continually, they should not frequent any place of public resort. Whilst under treatment they are expected to take only such exercise as is prescribed by the doctor, and they are requested not to go into the town, ride in public vehicles, or enter houses or shops without his permission.

"3. For the same reason patients are asked not to congregate in each other's rooms or huts.

"4. Patients must rest at least one hour before every meal.

"5. It is considered much better for the patients not to see visitors except very occasionally. The doctor will be obliged if patients will make this clear to their friends.

"6. The food is specially ordered to assist the cure of the patient in the shortest period. The patient should, therefore, exert every power of will to eat the quantities prescribed by the doctor.

"7. During the season shooting will be allowed in the woods, Tuesday mornings, Thursday and Saturday afternoons. Shooting will not be allowed at any other time, either in the field or near any building.

"8. Patients must be in bed by 9.30. All lights to be extinguished at 10.30."

The administrative part of the sanatorium consists of a quaint old building, the Manor House, built after the early English style, and here Dr. and Mrs. Johns and the other members of the staff reside. The bells of all the sleeping huts and from the head nurse's room ring in the doctor's bedroom.

It must be admitted that the general view of the sanatorium is peculiar and, architecturally, not altogether pleasing; but if æsthetic considerations have been sacrificed, rigorous insistence has been made on the importance of securing the maximum of exposure to open air.

The drainage system is connected with the newly-constructed main sewer. The water comes from the Poole Water Supply Company. Heating is provided for by Choubersky's stoves, which burn anthracite.

Accommodation is available for above twenty-five patients.

The fees are four guineas a week, inclusive of medical attendance, the only extras being personal laundry, wine or spirits, medicine, and special nursing.

The sanatorium is not readily accessible. It is about twenty-five minutes' walk from Constitution Hill on the Bournemouth to Poole tram route. Parkstone Station is two miles distant, while Bournemouth is three miles away. A carriage can always meet patients by appointment.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 27, 1904.

ST. BARTHOLOMEW'S HOSPITAL.

THE question of the reconstruction of St. Bartholomew's Hospital, which has been before the public for so long a time, appears to be on the point of settlement. The possibility of an extension of area on the present site has been precluded by the purchase by the Post Office of the whole of the ground rendered vacant by the removal of Christ's Hospital School to more salubrious country quarters. The authorities of the Hospital, both medical and non-medical, have agreed upon a course of action, the details to be discussed at a Mansion House meeting on the 26th. The main feature is the removal from the present site of all but strictly hospital buildings, such as the medical school, nurses' home, and other administrative and official offices, all of which would be located at a convenient distance. In this way the present site could be devoted to wards, operating theatres, out-patient rooms, clinical laboratories, and so on. This way out of the wood is fairly obvious, but surely it can be hardly less costly than would have been the prompt purchase of the vacant Christ's Hospital site. The value of the present site of St. Bartholomew's is, roughly speaking, about a million pounds. The appeal about to be made to the public is for some £500,000 for reconstruction, and to that will probably be added some £350,000 for the purchase of an auxiliary site and the construction of extra-hospital buildings. There is little doubt that the money asked for will be forthcoming, although at the same time it is equally certain that the absorption of so large a charitable public gift must necessarily temporarily diminish the resources of other medical charities. Few will dispute, however, the desirability of placing St. Bartholomew's Hospital on a level with the highest modern standards of scientific hospital construction and administration. Let St. Bartholomew's, a national institution, be second to none in its completeness of equipment on all points. The mere profusion of expenditure, it need hardly be pointed out, is by no means a necessary index to the attainment of a high ideal of perfection. In all walks of life success is most likely to result from prudent, cautious and well-informed counsel and consideration. In the steps hitherto taken with regard to St. Bartholomew's Hospital we venture to think that two defects have been conspicuous, namely, the withholding of evidence on which decisions have been made, and the strong partisan nature of conflicting proposals. The report of the first Mansion House Committee was a document unworthy of the administrators of a great public trust. The views of the medical staff of the hospital were revealed to the public by the enterprise of a private individual. The proposal of Sir Henry Burdett to build a large modern hospital has been rejected. There may be excellent grounds for all that has been done, but our contention is that the public should be fully informed of every argument "pro and con." bearing upon every fresh development and every fresh decision. From this standpoint we maintain that the question of "partial removal" has never been adequately discussed by the authorities of St. Bartholomew's. The Mansion House Committee dismissed the matter curtly and contemptuously. The medical staff, in their latest report, condemn the proposal in general terms, but a problem of that kind, although it may be thereby shelved, remains unsolved. A business man has detailed reasons for all he says and does, and there is no reason for any other attitude on the part of the business men who have been entrusted with the management of the greatest medical charity in the Kingdom. The present site could be sold for about a million, and out of the purchase money a palatial building and grounds could be secured in the suburbs of London, while enough accommodation could be left behind in Smithfield for the needs of the day population

of the City. The "Blue Coat" boys have been moved into the country for the sake of purer air. If that be desirable for schoolboys it is surely far more necessary for invalids. The tendency of medicine is to trust more and more to country air. It is questionable whether the surgeon of the future will sanction serious operations in a town environment. If all tuberculous diseases were henceforth declined at St. Bartholomew's, considerable relief to the hospital accommodation would speedily follow. Yet what conscientious surgeon would keep tuberculous patients in the City when he could send them to an airy suburb or to the country? Then, again, the London University has made a bid for the centralisation of medical teaching. Until the issue of that movement is indicated the wisdom of founding a costly medical school in the heart of London may well be questioned. It may be, as we have already said, that the balance of argument may be in favour of retention of the ancient site by St. Bartholomew's. We maintain, however, that the grounds of objection to a scheme of partial removal have never been adequately presented to the public. The demand for half a million or more should be accompanied with a minute statement as to the why and wherefore of its destination, with the fullest and most precise information as to the action of the Hospital authorities throughout the whole of the somewhat complicated recent proceedings with regard to the reconstruction proposals.

PHTHISIOPHOBIA.

DURING the last few months we have been able to furnish a series of unbiassed reports on various British sanatoria, each account being the outcome of a special visit by our Special Medical Commissioner. A study of these articles will make clear the widespread influence of, what we may speak of as, institutional effort in the arrest of pulmonary tuberculosis, and a mitigation of the evils attendant on such disease. Both public and professional attention in almost every part of the country is being focussed on this matter by the rapid uprising of extensive, and often elaborate, and sometimes even palatial, establishments for the care, and, it is to be hoped, the relative cure, of the consumptive. Public notices meet the eye at almost every turn warning of the danger which arises from the expectoration of an ignorant and neglectful consumptive. The greater the warning the more conspicuous appears the danger. The ordinary layman is oftentimes much perplexed at the seeming contradictions of medical directions, and certainly, in regard to the advice respecting tuberculosis he may well stand in perplexity and linger in doubt. Amidst conflicting voices it is hardly to be wondered at that a condition conveniently designated "phthisiophobia" is wont to be developed. The more unknown and ill-defined the danger the greater is the fear. The declarations of not a few would-be leaders of medical thought and hygienic progress have recently gone far to bring about conditions which are in imminent danger of acting prejudicially on the consumptive. We venture to think that the time has come when medical men should take a part in securing measures which may allay the alarm of the public, rather than foment a tendency to panic which must necessarily mean paralysis in action and poverty in thought. In many quarters there exists an exaggerated fear of the presence of the consumptive. This would appear to be particularly the case in certain districts of America, and has probably arisen from an ill-regulated and somewhat precipitate action of officials, whereby a declaration was recently issued stating that pulmonary tuberculosis was a dangerous contagious disease, and immigrants or aliens so afflicted must be debarred from all ports of the United States. It is to be hoped that no such reckless views will receive approval in this country until at least we have secured scientific evidence and sound clinical experience warranting such action. In the State of New York official phthisiophobia has developed to such an extent that it would now appear to be difficult to provide for the suitable establishment of sanatoria in the vicinity of a community. It is well that we should do our utmost to discourage action merely based on the selfish element of fear. Even now those engaged in the treatment of phthisis know that the development of what we may call a State phthisiophobia is in danger of staying progress. Widespread fear of consumption prevails among many, and in certain circles there is likelihood of a consumptive being shunned as a leper, and treated as an outcast from society. In the anti-tuberculosis crusade which is being so actively carried on in Europe, and particularly in this country, there is the utmost need for wise discernment, close observation, strict scientific procedure, and every movement likely to induce panic must be strenuously resisted. After close study of the expressions of recent opinion and a careful investigation into the conduct of measures designed to arrest tuberculosis, we have no hesitation in warning against the well-meant but injudicious and, we venture to add, ignorant advocacy of certain repressive procedures which have their origin in personal, public, and, we are sorry to add, professional phthisiophobia. To all such fear-fanned fanatical agitations we can only oppose the firm force of sound education.

PARATYPHOID FEVER.

IF there be one disease which, from its prevalence, its importance, and its protean character presents a host of difficulties to the physician, that disease is typhoid fever. Other diseases have their own intricacies and present their own puzzles, but none are quite so alluring and evasive as typhoid fever. Its insidious onset, its erratic course, its equivocal symptoms, its startling surprises, its high fatality, all combine to make it at once the bane, the bugbear, and the stumbling block of the practitioner of medicine. A most unfortunate change was made in the nomenclature of the disease by

the substitution of "enteric fever" for the old-time "typhoid fever"—a substitution that has, moreover, become fixed in the popular mind by repeated perusal of the casualty lists during the South African War. "Typhoid fever" may not have been good, but it was, at least, non-committal as regards the pathology of the disease, whilst "enteric fever" more than suggests that it is an affection of the alimentary tract, and of that alone. Had the nosologist waited before re-naming the disease he would have had to confess that typhoid fever is an infective process in which the specific bacilli pass into the blood-stream from the intestine and reach many of the important viscera; and, moreover, that the characteristic phenomena of the disease are due to the pathological changes thus brought about. Now this is far more than a mere academic contention. It involves the whole conception of the nature of the process which we indicate by the term typhoid fever. This process is complex, and its real complexity is only just beginning to appear. For typhoid fever is now known to comprise at least two distinct processes, and the probability is that even more may be differentiated as the study of the question progresses. The *Bacillus typhosus*, which held rank in the bacteriological hierarchy as one of the specific disease-producing bacteria, has been found not to be the causal organism in all that group of cases that now rank as typhoid fever, for in quite a number of cases recently not only has *Bacillus typhosus* not been found, but other organisms of the *Bacillus enteritidis* or Gärtner group have been discovered in such situations and in such numbers that there can be little doubt they play a leading *rôle* in the disease-process. The typhoid bacillus stands at the far end of a long series of organisms closely allied to *Bacillus coli communis*, and one or more of these intermediate forms has been demonstrated in several different cases as the predominant factor. Three interesting problems arise. First, are all the Gärtner bacilli that have been found in these cases genetically the same? Secondly, is the typhoid bacillus only a specialised Gärtner bacillus? And, thirdly, are the cases of disease in which the Gärtner bacillus occurs different in their clinical features from those in which the typhoid bacillus occurs? It is to this third, and very important, question that we address ourselves. Paratyphoid fever, as it has been called, is a disease that has many clinical features in common with typhoid fever; continued pyrexia, rose-spots, enlargement of the spleen, diarrhœa, and hæmorrhage from the bowel have all been noted. On the other hand, agglutination of cultures of typhoid bacilli does not occur when the blood serum of the patient is brought into contact with them. But—here is the important point—the blood from these cases does agglutinate various strains of Gärtner bacilli. It, therefore, contains agglutinins, not the specific agglutinins of *Bacillus typhosus*, but those of one or more varieties of *Bacillus enteritidis*. This, it cannot be denied, is strong evidence of the specific part played by *Bacillus enteritidis* in the production of the disease, and it also helps to explain why Widal's reaction is not given by all cases of (apparent) typhoid fever. The presumption is that the latter cases are not examples of typhoid fever proper, but of paratyphoid fever. Now this latter disease, closely resembling typhoid fever as it does at the bedside, is, as a rule, a milder affection, and though it may run a long course it generally tends to recovery. Moreover, attention has been directed several times lately to cases in which after death from clinical typhoid no changes have been found in the lymph-follicles of the intestine, and the suggestion has been made by Luksch that these cases belong to the "paratyphoid" group, and that not only do these cases differ from typhoid fever clinically and bacteriologically, but that they present, in some instances at all events, distinctive gross morbid phenomena. The further elucidation of these questions will be awaited with much interest, as they involve points not only of the highest scientific interest but of the greatest practical importance. If typhoid fever prove to be a name applied, not to a homogeneous disease, but to a heterogeneous collection of closely-allied diseases, the explanation of much that is at present involved in obscurity will be forthcoming. For the present it may be said with some conviction that paratyphoid fever has established its claim to recognition as a distinct entity; but that is all. What its features are, and what it may include, remain to be worked out. Perhaps one of the most striking developments will be an explanation of the relapse. We feel ourselves that no solution of this problem would be so satisfactory as that which demonstrated that the relapse in typhoid fever was due to fresh infection of the patient's tissues by a different, but closely-allied, bacillus from that which caused the original disease. The laurels of Jenner and Stewart await the investigators of paratyphoid fever.

Notes on Current Topics.

An Age-Limit to Medical Appointments.

THE Court of Contributors to the Royal Infirmary, Edinburgh, have recently very definitely asserted their authority by imposing an age-limit of sixty-five on professors in the University who have also charge of wards in the Infirmary. The decision was the natural sequence to a former decision of the Board of Management, which imposes a similar age-limit on the ordinary physicians and surgeons to the Infirmary, omitting the University professors. The new rule is bound sooner or later to give rise to difficulties, inasmuch as there is no age-limit in the University, nor any obligation to compel a professor who is retired at the Infirmary at the same time to vacate his Chair in the University. Consequently, a professor who has passed sixty-five will find himself in the position of teaching his students without the power of giving them the necessary clinical

instruction. As to the advisability of an age-limit in hospital appointments, opinions will doubtless differ. Many instances can be brought up to show the tendency of men to cling to their posts even after they are physically or mentally incapable of discharging the duties of them; and, similarly, many instances could be brought up in which compulsory retirement at a fixed age would lead to the loss of the best men. The system in vogue in many universities of electing a man for a term of years, with power to re-elect him if it is considered advisable, is, to our mind, the best method that can be obtained, as, if it is carried out as its originators intended, the man who is past his work will be as effectually removed as he would be by an age-limit, while the capable man will be left to discharge his duties. At the same time, we of course recognise the personal difficulty that often arises to the shelving of a man who may perhaps be more or less dependent on his appointment for his livelihood.

Microbes as Instruments of Warfare.

SOME interesting discussions and reminiscences have been called forth by the rumour which was current a few weeks ago that the Macedonians had decided to make use of virulent plague cultures in their fight against the Turks. It is very doubtful whether plague bacilli could be of any avail if used by the particular method suggested—infection of the water supply. The life history of the microbe in question is not yet sufficiently known to say whether plague is at all a water-borne disease, but it is unlikely to be so to such an extent as to render possible the poisoning of the water supply of a great city. It is above all things a dirt disease, but it is too soon to dogmatise regarding its methods of spreading. The use of micro-organisms in warfare, though, of course, at the present day contrary to the methods of civilised nations, has always been practised among uncivilised peoples, and still more by civilised in their attempts to exterminate uncivilised peoples. One of the commonest means of poisoning weapons was dipping their points in putrefying material with the view of producing a septic wound. In the English suppression of rebellions in Ireland in Elizabethan times thousands of the natives were swept away in epidemics accidentally introduced, and the same thing occurred at a later period among the Red Indians of North America. As late as the Napoleonic wars terror was spread through the North of France by the rumour that England was about to attempt to introduce plague to those regions. An interesting document relating to this has just seen the light in Paris. It is a circular addressed to the officials of the Channel ports by the Naval Commissary at Boulogne, stating that the English Government was about to throw upon the French coasts several hundred bales of wool collected in a country where plague was raging. It goes on to give strict directions as to the destruction of any such bales. The story had, of course, no foundation in fact, and is about as near the truth as many of the tales commonly believed in England at the same period concerning the character of Napoleon.

One-Sided Reciprocity.

THANKS to the mandamus of the Privy Council we have a reciprocity understanding with the Italian Government in virtue of which—and very much against the desire of the General Medical Council—Italian graduates are admitted to registration in this country. That formality having been complied with, at the moderate and inclusive fee of five pounds, the same as for British registrants, the Italian physician has the run of the country. He acquires a medical status in that he can sue for fees—whatever that may be worth—and can tender evidence in a court of law at the risk of being heckled by a hostile counsel, over whom, however, a foreigner has the advantage that he need not understand an embarrassing question unless convenient. In return for all these privileges, British practitioners are entitled, or are at any rate allowed, to exercise their calling in Italy. It would seem, however, from a statement made a few days ago in the Italian Chamber, that foreigners are entitled to practise only among their fellow-countrymen; in other words, the privilege conceded to them is narrowly hedged in. This is hardly reciprocity on all fours, and reciprocity, as the Irishman said, must not be all on one side. If strictly interpreted, the British practitioner would not be justified in prescribing for citizens of the United States, since they are not under the same flag, still less for a native Italian. Admitting that in all probability no British practitioner is very keen on ministering to the medical requirements of the natives, seeing that they, for the most part, pay the smallest fees, the question of principle remains. We heartily approve the idea of reciprocity: indeed, the prohibition of the foreign practitioner who only aspires to treat his own countrymen is the *reductio ad absurdam* of protectionism, and marks a big step backwards compared to the intelligent eclecticism of the Middle Ages. Nevertheless, we would urge upon the General Medical Council in future to scheme to do what it can to secure real reciprocity, and not to exchange the whole for the part.

Diphtheria Antitoxin as a Prophylactic.

IT has long been the custom with those who best know the value of antitoxin in the treatment of diphtheria to make use of the serum as a prophylactic among those exposed to the disease. For instance, most physicians, in diagnosing diphtheria in one child of a family, are in the habit of treating the other children with small doses of antitoxin, with a view to producing immunity. And when a case of diphtheria appears in a ward of a children's hospital, it is usual to adopt the same course in regard to the other children in the ward. In some hospitals it has, however, become the habit to go further, and to use antitoxin systematically on all children, whether diphtheria is known to be present or not. In particular is this the case in the Boston Children's Hospital, and the Hospital

for Sick Children in Toronto, and Dr. Graham, in a recent paper, (*a*) publishes observations of great importance made in the latter hospital. It appears that for many years this institution, which does not receive infectious diseases of any sort, was never quite free from diphtheria, and it is calculated that on an average there were annually no less than eighty-four cases. Commencing in July, 1902, 500 units of antitoxin were given regularly to each child every three weeks, with the result that during the ensuing six months there was not in the wards a single case of the disease. This record is the more remarkable since both a doctor and a nurse suffered from diphtheria, and though they went about for several days before a diagnosis was made no child became affected. Dr. Graham's production of immunity is so striking in its success that it ought to go far to establish similar methods of procedure in other hospitals for children where it is found difficult to keep free of diphtheria.

"The Mystery of Sleep."

DIVINES rush in where physiologists fear to tread, and if only physiologists were not so intent on studying the phenomena of sleep they would see that there was really no need for study at all. Everything is as clear as daylight. The Rev. Dr. Bigelow has plumbed the depths of sleep, and has initiated us into its mysteries. After reading his book no one need interest himself in such details as whether the cerebral arteries contract or dilate during sleep, why blood-pressure falls, and how it is that voluntary nervous activity passes into abeyance. Sleep has generally been assumed to be a device for giving tired Nature rest, and affording the tissues an opportunity for recuperation. This assumption, however, amounts more or less to rank blasphemy, according to Dr. Bigelow, for it suggests that the Creator has fashioned us so imperfectly that we need to make up for the deficiencies by wasting precious time in sleep. Other created bodies need no rest; the planets whirl ceaselessly in their appointed spheres, and the sun never takes a day off. No, the need of sleep is moral, not physical; slumber gives to the soul the opportunity of a little jaunt to the spirit-world. There it has the opportunity of meeting other (temporarily) disembodied souls, and also of communing with the spirits of the great dead. From this period of refreshment the soul returns rejuvenated, for do we not find the morning the time of greatest spirituality? "It is then that we feel the charms of Nature most keenly, that we are most disposed to extenuate the misconduct of friends and neighbours." Some breakfast-tables that one knows do not always exhibit these admirable traits; perhaps the souls of these families go to other than Elysian fields during the night-time. The same soul-vagaries happen in lunacy. The madman is brought to his condition by "inordinate ambition, vanity or greed," and the removal of the soul from the terrestrial husk "resembles the operation of sleep, and is a real and usually unappreciated evidence of divine mercy." Most alienists will be disposed to agree with the last statement, so far, at least, as it asserts that the mercy is unappreciated by the sufferer. It is little less than extraordinary that pseudo-philosophic froth of this kind can be stirred up by the eccentric antics of twentieth-century divines, and one feels that the reverend doctor would find his views expressed in certain papers by Lowell that are called by a name resembling Dr. Bigelow's own, in which we are told that—

> "A merciful Providence fashioned us holler
> In order we might our principles swaller."

(*a*) *Canadian Practitioner*, December, 1903.

A New "Trust."

PEOPLE are fond of sneering at medical etiquette, and the laws written and unwritten by which we bind ourselves in our relations with them and with each other. If they would only take the trouble to inquire they would find that the despised "etiquette" is framed far more in their own interests than in ours, and that the greatest sufferers, were these self-imposed restraints removed, would be themselves. Do they realise, one wonders, the abnegation that is placed on the author of a discovery in medicine by being obliged to deny himself all private property in his discovery? Musicians and writers have their copyrights; inventors their patents; business men their trade-marks; the doctor—nothing. If people wish to go into the question how this benefits them, let them pay attention to the outcry that is being raised on the other side of the Atlantic by the proposed amalgamation of three firms to form an "antitoxin trust." Commercialism rules stronger among our fellow Anglo-Saxons than it does among ourselves, and these firms see that by a judicious arrangement they may increase the profit on the sale of antitoxin, of which they have the monopoly of manufacture, by a hundred per cent. Trusts of this kind are considered legitimate commercial enterprises when they affect soap, sugar, or tooth-picks, but when they touch medicinal remedies they become "iniquitous." Now that the American public are alive to what monopolies in remedies of real value would mean to them, it may be hoped that they will be a little less inclined to favour the unblushing quackery that flourishes in their midst, to the great profit of the charlatan and the great loss of the people. One cannot refrain from quoting the following from a contemporary that writes on the antitoxin trust:—"With a cynical effrontery which would be impossible in any other country, they have announced their determination to enter on this traffic in human life without further delay." Quite so, but what is sauce for the goose is sauce for the gander, and little as one sympathises with the antitoxin trust, it will at least deal in wares that are of value and will save life, which is more than can be said for those rogues who at present fatten on the credulity of their fellows. The antitoxin trust will do nothing but good if it brings home to our trans-Atlantic cousins the danger of placing

their health requirements in the hands of selfish and irresponsible individuals.

Adrenal Hæmorrhage.

THE functions and pathology of the suprarenal capsules have long proved an attractive subject for pathological research. The connection of these glands with that mysterious malady, Addison's disease, has, no doubt, given added zest to the work, but, apart from this affection, there are other conditions of the adrenal bodies, notably hæmorrhage, the pathology of which is but little understood. Four cases of adrenal hæmorrhage have been recorded by Dr. Leonard S. Dudgeon, (*a*) in whose paper the whole subject is discussed. All the cases occurred in young children under the age of seven. Perhaps the most striking point associated with the condition is that it is seen in the most varied diseases, and this has also been noticed by other observers. Some of the cases commence acutely, simulating the onset of a specific fever, and, from the fact that purpura is sometimes met with, the question has even been raised as to whether they are not in reality an abortive, fulminating form of small-pox. The bacteriology of the affection is by no means constant, as the pneumococcus has been found in the blood and the suprarenal glands in one case, while in others septic organisms were discovered. The cause of the hæmorrhage appears to be as varied as its pathology. Some cases are definitely connected with traumatism, while others are associated with gastro-intestinal disturbances. It has also been observed in the new-born and in certain diseases of the blood. All degrees of hæmorrhage are met with in the adrenals, from the minute, punctate spots to the condition in which the glands are converted into veritable "blood-sacs." In other instances, the medulla bears the brunt of the affection, the cortical portion remaining quite normal. The relation of suprarenal hæmorrhage to Addison's disease and to purpura is not yet settled, nor are the clinical signs definite enough to render a diagnosis of the condition possible during life.

Eruptions Simulating Scarlatina.

THE short article in last week's MEDICAL PRESS AND CIRCULAR on "Erythema Scarlatiniforme" was probably of interest to many of our readers, for we have had communications that certainly lead us to conclude that cases similar to those described by Kramsztyk have occurred, and have been reported on in this country. About ten years ago there was an epidemic in the West of London which led to Dr. Robert Lee addressing a letter to the Chairman of the Sanitary Committee of the Fulham Council on the subject; and this letter was published in the *British Medical Journal* in November, 1894. The *Lancet* published an article under the title, "Scarlet Fever and its Congeners" (October 13th, 1894), in which it was stated that Dr. Lee gave "an instructive description of some cases which recently happened in that parish (Fulham), and which simulated scarlet fever." Appended to Dr. Lee's communication was a letter from Sir Samuel Wilks, and another from Sir George Johnson, which show that the subject was of interest to them. On December 12th, 1896, in the *British Medical Journal*, Dr. Lee made a further report on these cases, and others that later came under his observation. In the second report Dr. Lee gives a full account of a malady which appears to be absolutely identical with that mentioned in our article on Kramsztyk's cases, and we think that precedence must be claimed for Dr. Lee in the observation and recording of such cases, and the distinct difference between them and true scarlatina. Dr. Lee's remark "that the whole subject of the pathology of eruptions is one, however, which requires more investigation than it has yet received," will be concurred in by many; and it is certainly one of very great interest to those who are required to diagnose and notify accurately, for as we concluded our article, "the diagnosis of scarlet fever is puzzling enough without this added terror lying in wait to catch one tripping." The irritation of the skin by bacterial action, direct or indirect, is a self-evident fact, and whatever the ultimate *causâ causans* may be, Dr. Lee's clinical instinct has detected a pathological relationship of considerable suggestive value.

(*a*) *Amer. Journ. Med. Sci.*, January, 1904.

Obstructive Self-Immolation.

THE brilliant discoveries of Dr. Manson and his co-workers in the domain of the prophylaxis of malarial fever are beginning to bear fruit, and the French Government has taken steps to enforce certain measures with the object of rendering several districts of Algeria less malarial. Active opposition has been offered to the execution of the decree by several Algerian practitioners on the ground that the conclusions arrived at by Dr. Manson and his school are erroneous and only apply, at most, to one or two comparatively insignificant forms of malarial fever. Drs. Treille and Legrain have enlisted the support of the medical practitioners of a Paris society, where a vote adverse to the new departure was carried unanimously. The most remarkable feature of the discussion is that these gentlemen, strong in their scepticism, demand that the experiment of communicating malaria by mosquito bites shall first be tried on themselves, and they solemnly undertake not to take quinine or other medicament which might jeopardise the success of the experiment. To make the offer more ridiculous the editor of a local newspaper, not a medical man, seeks to attain notoriety by insisting that he also must be experimented upon, and the Paris society actually endorsed these pretensions. Of course, the offer is only a feeble imitation of the experiment carried out by the Paris practitioner who attained brief notoriety by inoculating himself with bovine tuberculosis, and it is hardly necessary to point out that one or two observations on individuals would prove nothing either way in

view of the countless experiments upon which the present teaching is founded. It is as if a practitioner declined to make use of anti-diphtheria serum until he had contracted the disease and been cured thereby. The tribe of "antis" is evidently not limited to Great Britain.

The Supply of Poisonous Alkaloids by Chemists.

AN interesting trial has just been under consideration by the Paris tribunals. A watchmaker, who narrowly escaped death in consequence of the abuse of morphine and cocaine, brought an action to recover damages from five retail chemists, who, it is alleged, supplied him without hesitation with the toxic alkaloids in powder form as well as in solution for hypodermic injection. Now, under the French law, no chemist is entitled to dispense a poisonous substance except on medical prescription, with which the plaintiff was not provided. The defence was that the substances in question were not poisons within the meaning of the law, but the expert appointed by the court easily disposed of this contention. The tribunal was urged to decide against the defendants on the ground that by acting as they had done they rendered nugatory the precautions imposed by law in favour of the public. The judges have postponed their decision, the Pharmaceutical Syndicate having asked to be heard on behalf of the defendants, but it is to be hoped that no technical objection will be invoked to perpetuate a practice which is unquestionably in opposition to the public interest.

Typhoid Fever and Water Supply.

THE connection of typhoid epidemics with contaminated water supply is so well known that it seems almost superfluous to draw attention to yet another epidemic due to this cause. But the history of a recent outbreak at Lowell, Mass., is unusually interesting, since not only the source but the actual period of contamination are accurately ascertained. Lowell, which is a manufacturing town of about one hundred thousand inhabitants, is situated on the Merrimac River, and has a double water supply. One source, used only for industrial purposes, is drawn directly from the river, which a few miles up receives the sewage of Manchester. The other, for drinking purposes, and more recently laid on, is drawn from a system of driven wells, and is of good quality. There is no connection between the two systems except at one point, where, in case the river reservoirs should be exhausted by a sudden demand in case of fire, the well water has to supply the deficiency. The connection is guarded by "flapper" valves, which are supposed to prevent any flow from the river system to the other. On July 18th, 1903, a large fire occurred, and the valves opened. Some hours after the demand ceased, it was discovered that the valves were stuck open and that the river water was passing into the well water mains. Though immediate steps were taken to remedy the defect, a certain degree of admixture had taken place. Within a few days, a large number of cases of gastro-enteritis occurred in the districts supplied by the polluted mains. Within a few weeks typhoid fever made its appearance in the same districts, and whereas only four cases were reported in July, in August there were one hundred and thirty-six, and in September thirty-eight. No immediate bacterioscopic examination of the water was made, but ten days after the pollution took place *Bacillus coli* were found in the water. The epidemic emphasises again the moral that no caution is too great in guarding against an impure water supply.

The Therapeutics of Precious Stones.

PRECIOUS stones have at all times and among all peoples been reckoned among materials to be most carefully prized and safe-guarded. The gems of primitive races seem to have been at first valued for their supposed healing and protective virtues. Civilised people, on the other hand, have used them chiefly for purposes of personal adornment. Precious stones are chiefly distinguished by their transparency, lustre, hardness, colour, specific gravity, electric properties, refractive power, and symmetrical crystal form. The more important, arranged in their order of hardness, are diamond, ruby, sapphire, chrysoberyl, topaz, spinel, emerald, zircon, garnet, cordierite, tourmaline, quartz, chalcedony, opal, turquoise, nephrite, lapis-lazuli, malachite and amber. With the results of recent investigations into radio-activity and force-rays facing us, it is of interest to inqure if, after all, precious stones may not be capable of exerting therapeutic influence. Of one thing there can be little doubt, namely, that gems now as in the past, and as in all probability will be the case throughout the future, exercise a more or less marked action in initiating and maintaining emotional conditions and directing the play of psychological processes. The astute physician need not altogether neglect the part taken by gems in the kaleidoscopic variation of human sentiments, and the evolution of personal sympathies.

The Penalties of Malpraxis in Germany.

THERE is no country in Europe where the individual enjoys so much personal freedom as in England, and we are accustomed to regard this feature of our national life as one of the greatest of our birthrights. We trust it will be long, indeed, before the individual medical man in this country will be "cribb'd, cabin'd, and confined," as he is already in some countries on the Continent. For instance, in Germany, there is by law the severest punishment for inattention to certain more or less useful rules of practice. Among these we find that in case a medical man neglects to suture a ruptured perineum, he is liable to be mulcted by the courts to the tune of nine hundred marks (about forty-five pounds

sterling), to undergo three years' imprisonment, and to pay compensation to the patient. Now there is undoubtedly a universal consensus of gynæcological opinion in favour of immediate union of ruptured perineum, and though there may be few instances where it is advisable for the surgeon to adopt other than the customary procedure in regard to a particular lesion, yet the decision must lie with himself, and his responsibility should be to his patient, to the opinion of his professional brethren, and to his own conscience. It is obvious that, if interference by the State in the details of medical treatment be permitted in one instance, there is no logical limit to such compulsion, and whatever be the merits of democratic government, discernment and wisdom in medical treatment are not likely to be among them.

Life Insurance Examination Fees.

THE general tendency to cut down medical fees has long been a growing evil in professional life. In many ways medical men are themselves to blame, because they have set the example by placing their services at the disposal of the community on a scale of remuneration that is simply degrading. The evils of rivalry in an overcrowded profession are heightened by the competition of the hospitals, and by the incessant inroads of an ever-increasing army of unqualified practitioners and quacks, whom there is no law to restrain. Some of the less important life insurance offices are now reducing their fees to half a guinea. Is it too much to hope that medical men will stand by each other and refuse this reduction? As it is, a guinea is small enough remuneration for a highly skilled and responsible medical examination, including a report of the urine. Here in the United Kingdom the insurance offices have no difficulty in obtaining the services of men of the highest skill and absolute integrity at a fee of one guinea per examination. It will be an exceedingly unwise step on the part of the offices if they invite the entry of inferior men by a reduction of the scale of fees. In the United States rumour persistently maintains that insurance frauds are connected with this class of medical examinations in a way that we are happy to think is practically non-existent among British practitioners.

The Hygiene of the Door-Ma .

UNTIL the time comes when street-mud shall be no more, so long will the door-mat continue to be a household necessity. The thoughtless individual who omits to remove the superfluous dirt from his foot-gear in the manner that custom has dictated is the terror of the careful housewife and an unconscious object of execration on the part of the domestics. We are not aware that a bacteriological examination of the dried mud obtained from a door-mat has been specially made, but from the sanitary point of view there is no doubt that this article is quite as often a cause as a preventive of disease. Cases of lead-poisoning have been traced to the dissemination of fine metallic particles emanating from the mat after long-continued friction against the boots of a pottery-worker, and this among persons in whom it was shown that infection from every other source was precluded. Tubercle and tetanus bacilli, to say nothing of the bowel-organisms of the horse, would be found in the dust thus harboured, coming, as it does, from road soil where it is known that these organisms flourish. There is one particularly objectionable practice unavoidably connected with the use of door-mats, namely, their beating or shaking in the front precincts of the house or upon the public highway. The unwholesome clouds of dust thus raised often settle again in the hall or passage, or are blown into rooms through the open windows. A worse nuisance is created when the only available space for shaking is the pavement, especially in the early morning during the busy hours of passenger traffic. Many of the Metropolitan boroughs have recognised the danger of this unwholesome practice, and have prohibited the beating of door-mats after a specified time in the morning. For the infringement of this by-law a fine of five shillings has been recently imposed at the Thames Police Court, and it would be well if the law regarding the matter were more rigorously enforced.

The Silent Operator.

THE surgeon of the future, if he is to keep in touch with the findings of bacteriology, will indeed be a strange creature. He is already clad in sterilised garments, and has his hands sterilised by minute and formal ablutions. Some operators work in sterilised gloves. Others cover their heads with caps and their beards with bags, in order to prevent the chance falling of bacteria from these hairy lurking places upon the wound. Now an Amsterdam surgeon comes along and says that every time we speak we unconsciously emit a huge spray of saliva which is charged with the harmful micro-organisms that are found in enormous numbers in every human mouth, healthy or otherwise. He more than suggests that some of the mysterious bad results of modern operative surgery may be explained in that way. The truth of his conclusions was proved experimentally by talking into a box containing prepared plates from which numerous colonies of bacteria were afterwards cultivated. Every surgeon, even the most taciturn, speaks 150 to 200 words in the course of a short operation, lasting, say, a quarter of an hour. Other surgeons, again, talk incessantly right through an operation. It would be almost impossible for a surgeon to avoid speaking during an operation. The suggested remedy is to wear a sort of cotton wool respirator which permits of audible speaking, but filters off the bacteria. At the same time, it is only fair to add that many talking surgeons have achieved a fine record of success in their operative work.

PERSONAL.

DR. JAMES MILWARD, who has been in the Poor-law Medical Service since the year 1867, has resigned his position as Medical Officer to the east district of the Cardiff Union.

DR. W. JAPP SINCLAIR, Professor of Obstetrics and Gynæcology in Owens College, Manchester, has been elected President of the North of England Obstetrical and Gynæcological Society.

DR. JAS. BARR, Physician to the Liverpool Royal Infirmary, Lecturer on Clinical Medicine in Liverpool University, has been elected President of the Liverpool Medical Institution for the current year.

ON January 21st, the Lord Rector of the University of Edinburgh, the Right Hon. Sir Robert Finlay, M.P., delivered an address to the students of the University in the M'Ewan Hall in his capacity of Lord Rector of the University.

DR. JOHN HAY, formerly Assistant Physician to the Stanley Hospital, Liverpool, has been appointed one of the Physicians of the hospital, in succession to Dr. J. Lloyd Roberts, who has been elected to a similar position at the Royal Southern Hospital.

PROFESSOR ROBERT B. WILD'S important address on "University Education for Pharmacists" appears in the current number of the *Pharmaceutical Journal*, and should receive the attention of all interested in the evolution of the pharmacist-graduate.

THE Earl of Derby, K.G., as Chancellor of the University of Liverpool, a few days ago headed a deputation to the City Council, which, in reply, granted a sum of £10,000 to the University during the year 1904, such sum to be paid out of the city rate.

ON Thursday, January 7th, a bronze statue of heroic size was unveiled of the late Hunter Holmes McGuire in the Capital Square, Richmond, Virginia, the Legislature of the Commonwealth having passed a Bill authorising its being placed there, in close proximity to that of his beloved leader, Stonewall Jackson.

THE Gloucestershire County Council has appointed Dr. J. Middleton Martin, the County Medical Officer of Health and the Medical Officer of Health of the Stroud district, Executive Officer under the Midwives Act at a salary of £105 per annum and out-of-pocket expenses.

DR. ARGYLL-RORERTSON will shortly leave Edinburgh to reside in Jersey. He was appointed Lecturer in Ophthalmic Surgery in the Edinburgh Royal Infirmary in 1890, about the period when he published his famous researches in the eye conditions in various nerve disease, notably the "Argyll-Robertson" pupil in locomotor ataxy. He graduated at St. Andrews in 1857. He has always been a notable athlete, and is a member of the Royal Bodyguard of Scottish Archers.

Cremation Statistics.

IN his report to the Municipal Council of Paris M. Ranvier states that there are twenty-eight crematoria in Italy, six in the United States, nine in Great Britain, eight in Germany, four in Switzerland, three in France, (Paris, Rheims, Rouen), and two in Sweden, while Denmark, Canada, Argentina, and Australia each possess one. France occupies the first place in the matter of cremations. From August, 1889, to the end of 1901 27,171 bodies of persons who had died in the hospitals, 2,399 private individuals, and 20,178 stillborn children were cremated. The United States comes next, with 15,986 cremations.

A MEDICAL MARTYR.

THE LATE DR. W. J. CONEYS, OF ROUNDSTONE.

IT is with deep regret that we announce the death of Dr. W. J. Coneys, medical officer of Roundstone dispensary district, Clifden No. 1 Union. This great area is worked by two medical officers, whose physical strength is taxed to the utmost in their attempts to fulfil their duties among a very poor population, the majority of whom have no idea of cleanliness, who believe that "muck is luck," and whose cabins are foci of dirt diseases. Amid such surroundings Dr. Coneys worked, and fearlessly encountered all risks. But he, no more than any other medical officer, was immune to that dreadful fever, the fear of which in the west, where it is so common, parts wife from husband and mother from child. It became Dr. Coneys' duty to visit typhus in one of those wretched hovels, in which escape from infection is impossible, and the duty was heroically undertaken and his life given for his patient.

A few days before his death he wrote to Dr. Kinkead, of Galway, a description of the duties he had to perform in this case—duties, be it noted, not obligatory to his office, but solely imposed upon him by feelings of humanity. His patient died, and, in his own words, "I could not get a man for love, whisky, or money, to help me, and I was obliged to coffin the corpse, along with the nurses and another." Dr. Coneys' sad death, following, as it does, on those of Dr. Kean, of Arran, and Dr. Conroy, of Spiddal—three deaths within three years in the county Galway alone—shows full well that great as are at times the dangers associated with a soldier's life, the dangers which surround the medical soldier, who fights disease and death, are still greater. Who can deny that the bravery shown is also greater far? There are thousands of men who will face death bravely when spurred on by the surroundings of the moment and the glamour that will always surround physical courage, but the number of men who will in cold blood shake hands with death, when it presents its dread form shorn of the trappings that serve to hide it from the excited brain, are but few, and many of them, we are glad to think, are found in the ranks of the medical profession. The question will arise, Why is it that men voluntarily undertake such risks? If they safely pass through the danger no one wots of its existence, and the thanks they receive are small. If they fall victims to their generous actions, a momentary enthusiasm is created, men congratulate one another that the world still possesses silent heroes, and that is all. No bonds of official duty can compel a man to actions such as those of Dr. Coneys and his assisting nurses, but when the silent calls of humanity hint that there is work to be done, there are few members of the medical profession, and, we are glad to think, still fewer members of the Irish Poor-law Medical Service, who do not respond. When will the public at large understand that what humanity in the abstract demands must be paid for by humanity in the concrete? Is it right, is it honest, to call for a man to take up duties such as those of the Poor-law Medical Service, duties which never end in glory, though they may often lead to the grave, only to reward him for the discharge of those duties by a miserable pittance, to refuse him the means of recovering his health from time to time, and often to leave after his death his immediate relatives in poverty? Medical men, like their fellows, have their duty to humanity to discharge, and humanity has its duties to discharge to medical men. It may seem a useless sacrifice that a living man should lose his life in order that a dead one may be buried, but such deeds serve to show to each one his duties. It may even be that they may also serve to bring out of its present seclusion into prominence that other duty to which we have referred—the duty of humanity to medical men.

Special Correspondence.

(FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

SPREAD OF SMALL-POX.—Small-pox still continues to spread in Scotland, and scarce a day passes without a case being reported in some new locality. In Glasgow on the 21st inst., there were under treatment 235 cases, the death-roll up to that date being 36. In the Coatbridge district 27 cases have broken out. A case has also been found in a lodging-house in Leith, and there the corporation took the wise step of offering 2s. 6d. to every inmate of a common lodging-house who would submit to be vaccinated. Several cases of the disease have also occurred in Edinburgh, one in the person of a Christian Scientist, who seems to have been visiting among the sick in Glasgow. He had had the disease on him for several days before being admitted to hospital, and, unfortunately, succumbed to it. The disease has also broken out in the navvy huts in connection with the construction of the Ayr and Girvan Railway, in Hamilton, in Perthshire, in Lochgelly, in Upper Renfrewshire, and in Cambuslang, Govan, Greenock, and Paisley.

EDINBURGH UNIVERSITY RECTORIAL ADDRESS.—Sir Robert Finlay, Lord Rector of the University, delivered (or attempted to deliver, for the students took good care that no single sentence of it should be audible) his Rectorial Address in the MacEwan Hall, on the 21st inst., his subject being International Arbitration. The undergraduates behaved exceedingly badly, their conduct recalling the very worst days of the era which all had hoped was ended with the birth of the Students' Representative Council. Apparently, however, the body has lost the respect of the students, or is, at least, quite incapable of dealing with such an organised exhibition of vulgar rowdyism as disgraced Thursday's meeting. Great latitude is allowed to the students on the occasion of the Rectorial Address, but their conduct on this occasion has met with universal reprobation. It is sincerely to be hoped that the Students' Representative Council, or the Senatus, will offer some apology to Sir Robert Finlay and to the Chancellor, Mr. A. J. Balfour, for the discourtesy, amounting at one part of the procedings to deliberate insult, which was shown them, and also to the people of Edinburgh for the discredit which such behaviour casts on the city. It is very generally felt that scenes like those of Thursday will make it difficult for the students to get any respectable man to occupy the post of Lord Rector, and they will certainly close the purse-strings of many who would otherwise have felt disposed to respond generously to an appeal for funds to extend the University Union which was issued broadcast only a few days before the Rectorial Address.

EDINBURGH ROYAL INFIRMARY.—The question of an age-limit, to which reference was made last week, and which was supposed to have been definitely settled by the managers, was again thrown into the melting-pot by the action of the Court of Contributors at the adjourned meeting on the 18th inst. It will be remembered that at an earlier meeting a motion extending the operation of the age-limit to the Professors holding wards was carried, while the committee of Contributors recommended to the adjourned meeting that the whole matter should be delayed. Accordingly a motion delaying approval of the new rule (*i.e.*, an age-limit for ordinary physicians and surgeons only) and remitting to a committee of the Contributors and Managers for consideration and report was carried. It will be a thousand pities if so excellent a principle as the age limit be departed from, and we sincerely hope that some agreement will be arrived at for the impartial application of the rule.

BELFAST.

THE PROPOSED CONSUMPTION SANATORIUM AT WHITEABBEY.—The proposed purchase of the Abbey, a large old country house about five miles from Belfast, on the north shore of Belfast Lough, is being vigorously protested against. At a public meeting in Whiteabbey, most of the leading residents of the neighbourhood were present. They protested on the grounds that the site was unsuitable for the purpose, being a cold clay soil, that the cost of adapting the old building to its new purpose would be so great as to add largely to the rates, and that the close proximity of the house and grounds to a large manufacturing village such as Whiteabbey is, would be a source of danger to the latter. A Local Government Board inquiry into the proposed scheme was held in Belfast last week, and at this inquiry the objectors to the scheme were strongly represented. The lands of the Abbey extend to 33 acres, and would accommodate 150 to 200 patients in huts, according to Dr. Richard Purdon, one of the physicians to the Forster Green Sanatorium, who expressed general approval of the scheme. The soil is said to be 12 to 14 inches in depth, and under it is a red retentive clay mixed with gravel. It was said that there would be no difficulty in draining it properly, but there seems little doubt that at present it is decidedly damp. Dr. McKisack, a visiting physician to the Royal Victoria Hospital, said that he had inspected the grounds and found rushes growing on the lawn, and that when he stepped from the raised avenue to the ground below he found he was walking in surface water. In two places he excavated and found red retentive clay in one at six and the other ten inches from the surface. He was of opinion that the site was most unsuitable and unhealthy for consumptives. Dr. Manley, a local practitioner, was also strongly opposed to the site, believing it to be too damp and relaxing. On the whole, the weight of medical opinion is decidedly against the scheme, but it remains to be seen what decision the Local Government Board will come to in the matter.

SMALL-POX IN BELFAST.—As predicted n this column a fortnight ago, there has been a decided increase in the number of small-pox cases. It was mentioned then that a child had been found in a crowded house in a very poor locality. The parents of that child and an old woman who nursed her have since developed the disease, and fresh cases are now occurring daily. Some of these are cases which have a clear history of having been in contact with previous cases, but others are now coming in from almost all parts of the city, showing that the infection is widely diffused.

Correspondence.

[We do not hold ourselves responsible for the opinions of our Correspondents.]

"KOPLIK'S SPOTS IN MEASLES."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an article under this heading in your issue for January 20th, 1904, you observe:—"The early diagnosis of measles, then, is a great *desideratum*. It seems curious in this connection that the lesions of the buccal mucous membrane known as Koplik's (not 'Köplik') spots should not have received wider recognition than has been accorded to them. These spots were first definitely described by Filatow in 1895, although it is possible that Flindt may have indicated the same changes in his paper published in 1880. The subject was not taken up till 1896, when Koplik, of New York, wrote, in the 'Archives of Pediatrics' an account of them which differed somewhat from that of Filatow, but was undoubtedly intended to apply to the same lesions. At all events, Koplik's name came to be associated with the discovery."

It appears to me that Koplik's "discovery" is nothing new. All close observers of measles for generations have recognised the fact that the rash of the disease shows itself as early as the second day of invasion on the palate and buccal mucous membrane. "Koplik's spots" are the papules of measles modified by their situation on a mucous membrane. Writing in 1891, five years before Koplik's "discovery," I

quoted Dr. Hilton Fagge on this point. Describing the stage of invasion of measles, I wrote as follows:—"On the second day an *efflorescence* may spread over the skin, leading to a wrong diagnosis of scarlatina. This accidental rash may also simulate urticaria because of the itchiness which accompanies it. It is, doubtless, erythematous in character. About this time, further, according to Dr. Hilton Fagge, an eruption of scattered points and spots may be seen over the mucous membrane of the soft palate."—"Eruptive and Continued Fevers." Dublin: Fannin and Co. 1892. Page 138.

In his monograph on "Measles" in the second volume of the English edition of Von Ziemssen's "Cyclopædia of the Practice of Medicine," published in 1875 (twenty-one years before Koplik's "discovery"), Thomas, of Leipzig, gives a detailed account of the appearances described by Filatow and Koplik, as he observed them on the palatal mucous membrane, the buccal mucous membrane, and the conjunctiva. While Thomas does not recognise the perfect justice of the term "exanthem of the mucous membrane," he willingly concedes that, since the peculiarities of the process upon the mucous membrane are unmistakable, one does not need to be so precise in one's application of the conception of the exanthem of measles here as upon the outer skin, since not its form, but its mere appearance at all, is of any significance in regard to a diagnosis.

I am, Sir, yours truly,
JOHN WM. MOORE, M.D.Dub., F.R.C.P.I.
40 Fitzwilliam Square West, Dublin,
January 20th, 1904.

ALOPECIA AND DENTAL CARIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—M. L. Jacquet's observations, upon which you comment in your issue of January 20th, are interesting to dental pathologists and dental surgeons. It must be always borne in mind that, once calcified, the hard tissues of the teeth—enamel and dentine—are physiologically unalterable; they can be affected only by external agents. The main predisposing cause of caries is formed by innate structural defects, especially in the enamel. Few sets of teeth in civilised man are to be discovered absolutely free from inherent weaknesses, whilst in great numbers the enamel and dentine show large areas of ill-formed tissue in many, if not all, of the members. The onset and progress of caries are governed mainly by defects of the tissues, the other chief cause being vitiation of the secretions due to neglect or disease by which acid fermentation in the *débris* lodging upon the teeth is encouraged. That caries is especially noticeable in circumstances suggestive of correlation with alopecia is certainly not my experience, nor, so far as published writings go, is it the experience of dental pathologists. Degenerate hair is not a constant accompaniment of degenerate teeth, albeit they are equally dermal appendages, and, presumably, subject to similar hypoplastic influences during development. If a patient's powers of mastication are seriously interfered with by dental caries his physiological apparatus becomes so far handicapped, and if other factors exist it is possible this may lead to a state of general malnutrition. Such debility might no doubt show itself locally in the hair follicles with resulting alopecia, and in such a case caries would certainly constitute a contributory cause; so that in some instances there might be traced between these diseases a connection hardly less close than M. Jacquet suggests, although not quite of the same kind.

I am, Sir, yours truly,
M.R.C.S., L.D.S.

January 22nd, 1904.

THE HOME OFFICE AND THE MEDICAL PROFESSION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to your comment on my previous letter, I wish to state that at one time the Home Office appears to have treated the medical profession with more deference (as regards one class of cases to which I referred) than it does now. In support of this statement I shall quote the terms of a free pardon granted to one Edward M'Quirk, in the year 1769, from the *Annual Register* of that year. M'Quirk had given a man named Clarke a blow, apparently unprovoked, during an election riot, and the main question was whether Clarke had died of the blow (I omit M'Quirk's aliases):—

"Whereas a doubt has arisen in our Royal breast concerning the evidence of the death of George Clarke, from the representations of Wm. Bromfield, Esq., surgeon, and Solomon Starling, apothecary, both of whom, as it has been represented to us attended the deceased before his death and expressed their opinions that he did not die of the blow he received at Brentford: and whereas it appears to us that neither of the said persons were produced as witnesses upon the trial, though the said Solomon Starling had been examined before the Coroner, and the only person called to prove that the death of the said George Clarke was occasioned by the said blow was John Foot, surgeon, who swore that he never saw the deceased until after his death, we thought it fit to refer the said representations, together with the report of the Recorder of our City of London of the evidence given by Richard and William Beale and the said John Foot at the trial of the said Edward M'Quirk for the murder of the said Clarke, to the master wardens and the rest of the examiners of the Surgeons' Company, commanding them likewise to take such further examination of the said persons so representing and of the said John Foot as they might think necessary, together with the premisses above-mentioned, to form and report to us their opinion whether it did or did not appear to them that the said George Clarke died in consequence of the blow which he received in the riot at Brentford on the 8th of December last. And the said Court of Examiners of the Surgeons' Company having thereupon reported to us their opinion that it did not appear to them that he did, we have thought it proper to extend our Royal mercy to him, the said Edward M'Quirk, and to grant him our free pardon for the murder of the said George Clarke, of which he has been found guilty."

Now compare this with, for instance, the well-known Maybrick case. In that case the Home Secretary is known to have taken the opinions of several medical gentlemen, but the names of those consulted and the manner in which they were divided in opinion has never been published. Further, we do not know what statement of the evidence was laid before them and whether any new facts were communicated to the Home Office as to Mr. Maybrick's habit of dosing himself or of the causes to which he himself ascribed his illness were laid before them. But perhaps the most important difference is that the Home Secretary did not consult any representative medical body or empower them to put questions to the medical witnesses which might have tended to bring out the relevant facts much more clearly than the questions put to them by counsel. In a case of this kind the weight of medical opinion received by the Home Office might very probably depend altogether on the official who selected the doctors to be consulted. The improvising of a medical Court of Appeal by the Home Secretary for the occasion is as objectionable as the improvising of a legal Court of Appeal or a Police Court of Appeal—though any of these might possibly do better than the officials if left to themselves.

I am, Sir, yours truly,
A BARRISTER.

[The moral and circumstantial, apart from the scientific, evidence in Mrs. Maybrick's case was overwhelming. The wife's intrigue, the quarrels, the purchase of the poison, the finding of arsenical papers in the bedroom, and other facts pointed to an absolutely clear conclusion.—ED.]

THE MISSING LINK.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—May I ask from any of your correspondents, so much prejudice and incredulity existing in the public mind, and more especially the clerical portion, as to the truth or otherwise of man's evolution from a lower type of animal on account of the great intellectual gap between the two—whether the idea of the origin of language (I use "language" in its broadest sense, *i.e.*, hieroglyphic or phonetic) has been advanced to account for this?

It must appear, I submit, fairly evident that language in its earliest dawn, or rudimentary stage, would or might commence so complete a change in the environment of sentient existence, owing to the creation of a medium for interchange of ideas, as in the process of time sufficiently to account for the intellectual breach between man and the anthropoids. I shall be glad, therefore, if you will allow me to submit to your readers the following considerations:—

1. It must be self-evident that the art of language did at some epoch more or less remote have a beginning, and this independent of the hypothesis whether man has from all time been a distinct and separate species.

2. It may, I think, be fairly surmised that in the most remote period of man's history, assuming him from the first a distinct species, that there need not necessarily be at the period in question any considerable degree of intellectual difference between man and a lower animal, because the means of exercising, developing, and consummating the faculties are not sufficiently advanced or properly in vogue.

3. Assuming the correctness of this surmise, it seems reasonable to suppose that the improvement between man's intellect at the present compared to his first appearance in Creation can only find its equivalent in the development of language.

4. I have already surmised that the mental faculties of man at his most remote period need not far exceed that of a lower animal; hence it would seem that the intellectual gap in *man's individual history* may be equal to the gap which now exists between man and the anthropoids.

I should be glad, therefore, to ascertain if any of your correspondents think these considerations worthy of notice, or if they carry any weight, as it appears to me that so far from the breach in intellect being a point against Darwin's theory, it is what one should expect.

I am, Sir, yours truly,

CLEMENT H. SERS.

Preston Drove, Brighton, Jan. 22nd, 1904.

DOCTORS *v.* BARRISTERS AND SOLICITORS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have often wondered why medicals are such fools in giving so much service for nothing, and in accepting as a working basis the idea that it is better "to throw a sprat to catch a mackerel" than to act in an honest businesslike way. The above views are revived by studying the Midwives Act, in which no provision whatsoever has been made for paying medicals called in; and by looking into the Poor Prisoners' Defence Act, 1903, in which Parliament has enacted as follows:—

"Section I. (1) When it appears, having regard to the nature of the defence set up by any poor prisoner . . . . that it is desirable, in the interests of justice that he should have legal aid in the preparation and conduct of his defence and that his means are insufficient to enable him to obtain such aid," the Justices, or the Judge, or the Chairman of Quarter Sessions, "may certify that the prisoner ought to have such legal aid, and thereupon the prisoner shall be entitled to have solicitor and counsel assigned to him."

Under the above Act the Secretary of State has issued the following rules:—Solicitor's fee, from £2 2s. to £5; travelling expenses (for self and clerk); counsel's fee, £1 3s. 6d. to £3 5s. 6d.

Now, Sir, we must congratulate our legal brethren for having such an Act passed. Each year the legal profession is making itself more and more felt in public importance; while the doctors—well, they can sue persons for using certain medical "titles," and allow a Midwives Act to pass without a single proviso such as is in the Poor Prisoners' Defence Act. It has been stated that about £1,000,000 per annum will be required to cover the fees under this Act. Let every medical obtain a copy, and make a close study of it. Then perhaps—I use the word perhaps—they will lay aside their petty jealousies, in tongue and backbiting, and work as men entitled to payment for services. Doctors evidently prefer "to take their licking lying down."

I am, Sir, yours truly,

ROBERT R. RENTOUL.

Liverpool.

ERYTHEMA SCARLATINIFORME.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your article on "Erythema Scarlatiniforme Desquamativum Recidivans," you make the remark that, "There has been but little attention paid to desquamative erythema in this country, and probably most medical men have not met with instances of it in their practice." May I direct your attention to a communication I made to the *British Medical Journal* in November, 1894, and to an article in the *Lancet*, "Scarlet Fever and its Congeners," October 13th, 1894; and to another communication to the *British Medical Journal*, December 12th, 1896? Copies of the two last I send you. The question of pathological interest in such cases is the depth to which the skin is affected. Why the skin should peel in some cases and only effloresce in others is an interesting one. I am glad to see that some attention is being given to this subject, though I am sorry that we wait till it comes from Germany or some other source.

You conclude your article: "It is well, however, to be on one's guard, for the diagnosis of scarlet fever is puzzling enough without this added terror lying in wait to catch one tripping"; and this confirms the opinion expressed at the end of my communication to the *British Medical Journal*: "The chief point, however, to which we ought to give attention is to be careful not to mistake this malady for either diphtheria or scarlatina, as is very liable to be done."

I am Sir, yours truly,

ROBERT LEE.

West Kensington, Jan. 21st, 1904.

[Dr. Lee's claim to originality in the interesting condition alluded to appears to rest on a solid basis. We hope to publish a short *résumé* of his work on the subject.—ED.]

ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The number of beds which the Governors wish to accommodate on the 6¼ acres available in Smithfield is about 700, at about 45 square yards per bed, whereas 100 square yards per bed is the minimum laid down by recognised authorities.

In order to contrast the value of the Governors' scheme for rebuilding on the Smithfield site with that of the alternative scheme for the suggested removal to the suburbs, the following figures will prove convincing:—

St. Bartholomew's Scheme.—The value of the 6¼ acres at present owned by the Hospital, based on the rate at which the adjoining land has lately been acquired by the General Post Office, is approximately £1,040,000.

The total cost of rebuilding on the present site, so far as can be ascertained at the present time, would be at least £500,000 for the buildings and £240,000 for the land recently acquired, making an estimated total of £740,000.

Alternative Scheme.—A perfectly equipped hospital for 700 beds, providing the necessary 100 square yards per patient, could be erected in a suitable position in the suburbs for £675,000, including the cost of land. This outlay would be met by the sale of the land in Smithfield, amounting to over a million sterling, and would leave a balance in the hands of the Governors

amounting to about £365,000, which, if properly invested at 4 per cent. would increase the revenue of the hospital by about £15,000 per annum.

It is not too late for Sir Trevor Lawrence to justify the action of the Governors in invoking such a powerful influence as the Mansion House Fund in support of their appeal for £500,000, which must have the effect of crushing the urgent appeals of poorer, if not more deserving, hospitals.

I am, Sir, yours truly,
ALBERT W. MOORE.

85, Gresham Street, London, E.C.

[The foregoing letter is reproduced from the *Daily News* of January 25th. It so strongly confirms our attitude with regard to "partial removal" that we print it *in extenso*.—ED.]

BRITISH MEDICAL ASSOCIATION REPRESENTATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to your leading article which appeared in THE MEDICAL PRESS AND CIRCULAR o January 20th, I would point out that the British Medical Association has not formulated a demand for direct representation on the General Medical Council.

At the annual representative meeting held at Swansea last year a resolution was passed by the representative meeting: "That a petition be presented to the Privy Council praying that in any future legislation the British Medical Association be directly represented on the General Medical Council in proportion to its magnitude and representative character."

This resolution was passed for reference to the divisions for their consideration.

It remains to be seen what the decision of the divisions will be, and pending such information the British Medical Association has not moved in the direction you would imply.

I am, Sir, yours truly,
(Signed) GUY ELLISTON,
General Secretary.

The British Medical Association,
429 Strand, W.C.

Literature.

VINCENT'S NUTRITION OF THE INFANT. (a)

THE literature of infant feeding grows apace. The importance of the subject cannot be over-estimated, and we feel certain that it is impossible to write too much regarding it. Consequently we hail the present work with satisfaction as it is an addition to our already too scanty knowledge of the management of infant life. The book is the outcome of the author's personal dissatisfaction with the modes of infant feeding in vogue in this country. The work has as its basis the researches of Rotch, than whom there is no greater living authority on the subject.

The opening chapter deals with the composition of human colostrum and milk. With regard to colostrum the author maintains that no great advantage is to be gained from the ingestion of colostrum, and states that many of the disturbances of digestion during the first week of life are due to the excessive amount present in the mother's milk. He states later on (p. 37) that it is a serious mistake to allow the infant to take freely of the colostrum when this is plentiful. The chemical composition of colostrum indicates that anything but a small amount seriously disturbs the infant. The author's experience does not uphold the ordinary view that early suckling aids and stimulates uterine contraction.

In dealing with the complications of lactation the writer refers to a condition which he has termed lymphangitis mammæ, in which we have an inflammatory condition of the superficial structures of the gland. It is an alarming condition, but readily yields to hot fomentations and active purgation. We are pleased to note that, in speaking of the care of the breasts during pregnancy, Dr. Vincent absolutely warns against the use of spirituous applications, which tend to cause fissures and excoriations. In this connection he refers to his own "Pregnancy Corset Belt" as being not only supporting but allowing for freedom of movement at the same time. He does not appear to favour mixed feeding in those cases where the milk supply is deficient. "In the interests of the mother it is unfair to advise her to continue nursing when evidence of the stress is present." (P. 53.)

In speaking of infant feeding by other means than that of mother's milk, the author very wisely distinguishes between what he calls "substitute" and "artificial" feeding. The former he regards as the method "by which the infant is supplied with milk from another woman, or from some other animal after modification to adapt it to the infant's digestion," the latter he defines as the mode "by which an infant is fed on preparations artificially manufactured from milk or from other products." A very interesting account is given of the laboratory methods of modifying milk in accordance with physicians' prescriptions of which a number of typical examples are supplied in the text. Artificial feeding is condemned, and the bulk of the various foods on the market are strongly depreciated. The great evil they one and all possess is their "facility for use." (P. 116.) They are also readily digested, but this is largely due to their containing so small an amount of food material. Their danger lies in the fact that disorders arising from imperfect feeding escape for a long time the notice of the parent. Such children are pallid, flabby, and listless. In other words they lack resistance against disease. The author has struck the right note here, and the sooner the profession at large realises the facts the better. The market is flooded with infants' foods, all more or less calculated to produce rickets, and other nutrition diseases, and the banishment of them from our nurseries would be an incalculable gain to the developing race.

The chapter on the heating of milk is pregnant with important facts. As Dr. Vincent points out, the prime object to be aimed at is a pure milk supply, for "milk containing pathogenic bacteria is contaminated, whether heated or unheated." (P. 132.) The objections to milk sterilisation are carefully detailed, and no one who gives this matter attention can fail to be impressed by the fact that what we want is not a sterilised milk supply at second hand, but one which is absolutely pure as drawn from the cow. This means careful feeding and housing as well as cleanly manipulation of the milk both while being drawn off and during its storage and transport.

The later chapters in the book treat of the chemistry of infantile digestion, the normal development of the infant and nutrition disorders, including rickets and scurvy. The concluding chapter gives a brief but striking account of infantile mortality as shown by the registrar's report for various large English towns. On page 286 we find the following noteworthy sentence, which we quote for the benefit of our readers: "Hospitals for the treatment of diseases of nutrition in infants need to be established in every large town or district." We heartily add our assent to these important words, and trust the day may soon come when such institutions will be an established fact.

We have read this work with pleasure and not a little profit. It covers the ground in a very interesting and yet comprehensive manner. The author's style is clear and instructive, while the numerous tables supplied will be found useful for reference, many of them, indeed, being quite inaccessible save to those who are familiar with German. The subject of infant feeding has not as yet received the attention it deserves in this country, and, accordingly we welcome this book from the pen of an English physician all the more eagerly. It deserves to be widely read by general practitioners as well as by those who make pediatrics their special study.

(a) "The Nutrition of the Infant." By Ralph Vincent, M.D., M.R.C.P., Physician to the Infants' Hospital, late Senior Resident Medical Officer, Queen Charlotte's Lying-in Hospital. Pp. 313, with 3 Illustrations. Demy 8vo, 10s. 6d. net. London: Bailliere, Tindall and Cox. 1904.

TOLDT ON HUMAN ANATOMY. (a)

WE have received the first volume of the English translation of this fine work, and are greatly pleased with the manner in which it has been reproduced. The original is a work of much value, and one which will well repay the cost of translation. Dr. Paul, who is responsible for this difficult task, has succeeded admirably, and may be said to be among the few translators who have made additions to the original without impairing the value of the book. His additions are of considerable value, especially to those who are not skilled in foreign nomenclature. As is well known, in many instances foreign nomenclature differs to a marked extent and in a very confusing manner from English nomenclature, and the translator has overcome this difficulty by placing the English term and its foreign equivalent side by side. For this reason, the book is not only an Atlas but a glossary of anatomical terms and their equivalents.

The drawing of the different bones is admirable, and leaves little to be desired save in a few instances, where a larger drawing might have been of more value, It is intended to publish the Atlas in six sections, of which the book before us is the first. If no unforeseen delay occurred, it was intended to complete the issue within the year, but as only one further instalment has so far reached us, we fear that the inevitable printer's delay has occurred. We can cordially recommend the Atlas to both students and medical men.

Obituary.

FRANKLEN GEORGE EVANS, M.R.C.S., ENG., L.S.A.

WE regret to announce the death of Mr. Franklen George Evans, on January 17th, after an attack of apoplexy in his seventy-seventh year. Deceased was the son of Edward Evans, at one time the only surgeon in Cardiff, when the population was numbered only by a few thousands. Mr. Evans received his medical education at St. Bartholomew's Hospital, and in 1849 qualified as M.R.C.S.Eng., and L.S.A. After being house surgeon to the Cardiff Infirmary, he was appointed surgeon to the Pentyrch Colliery and Ironworks, and to the Melingriffith Tinplate Works. Mr. Evans was at the time of his death chairman of the Rhymney Railway Company and a director of the Pontypridd Waterworks Company, as well as of many other large industrial concerns. Much of his spare time was devoted to the study of astronomy, and he was a Fellow of the Royal Astronomical Society. A few years ago he presented to the Cardiff Corporation a large and valuable astronomical telescope. Mr. Evans was twice married, his second wife being a grandniece of Mrs. Wyndham Lewis, who subsequently became the Countess of Beaconsfield. He retired from active practice twenty years ago.

MR. JONATHAN WILLIAMS, J.P.

THE death is announced of Mr. Jonathan Williams, J.P., of Bargoed, at the age of 66. Deceased had been engaged in practice at Bargoed for the last 30 years. He was chairman of the first Parish Council for Gelligaer, and in 1894 was placed on the Commission of the Peace for the Caerphilly Lower Division. The deceased gentleman owned a colliery at Bargoed, he was a director of the Rhymney and Aber Valleys Gas and Water Company, and chairman of the Income Tax Commissioners for the district. He leaves behind a wide circle of friends and acquaintances.

Beri-Beri at Lorenzo.

NEWS from Lorenzo Marques states that several cases of beri-beri have broken out there, seventeen negroes and three white people having already died from the terrible plague.

(a) "An Atlas of Human Anatomy for Students and Physicians." By Carl Toldt, M.D., Professor of Anatomy in the University of Vienna; assisted by Alois Dalla Rosa, M.D. Translated from the Third German Edition by M. Eden Paul, M.D.Brux., M.R.C.S.Eng., L.R.C.P.Lond. First Section: A. The Regions of the Human Body; B. Osteology. Figs. 1 to 377, and Index. London: Rebman, Ltd. 1903. Pp. 160.

Laboratory Notes.

CADBURY'S COCOA ESSENCE.

IT is many years since we analysed the various cocoas then before the public, and we think it desirable for the public health to ascertain from time to time in the laboratory whether manufacturers are keeping up to original standards. To this end we have submitted samples of this well-known cocoa to a careful analysis, with the following results:—

Moisture, 3·4; nitrogen, 3·25; albuminoids, 20·31; inorganic salts, 4·4; cold water extract, 18·4; and cocoa butter.

The inorganic salts, amounting to 4·4 per cent. on treatment with water, yields 1·4 per cent. of soluble ash, and 30 per cent. of insoluble matter. This latter contained the due proportion of alkaline salts that are found in pure cocoa that has not undergone any treatment with chemicals. The cold-water extract, 18·4, is sufficient evidence that no soluble diluent, such as sugar, has been added, and the microscopical examination proved the absence of foreign starch, which is so often added in enormous quantities in cheap cocoa. The cocoa-butter (*oleum theobromatis*) is present in due proportion. The natural bean contains something like 50 per cent. of cocoa-butter, and this quantity is too great to enable cocoa to be presented in a powdered form in the process of manufacture, therefore a part of this is removed by pressing the beans heated to a suitable temperature, and this method is much more to be commended than that of adding diluents, such as starch, sugar, or dried albuminoids from milk. The figures obtained agree well with the "Standards of Purity in Food and Drugs," recently published by Mr. C. G. Moor, M.A., F.I.C., and the aroma and flavour leave nothing to be desired.

We have pleasure in laying before our readers the foregoing evidence that the cocoa essence manufactured by Messrs. Cadbury Bros. is free from all admixtures; pure and genuine in the highest sense.

CADBURY'S MILK-CHOCOLATE.—We have also examined a sample of the milk-chocolate prepared by the same manufacturers, and find on analysis that the article is of the same excellent quality as their cocoa.

THE DETECTION OF YEAST EXTRACT AS AN ADULTERANT OF MEAT EXTRACT.

WHILE the test published in the *Pharmaceutical Journal* of October 10th gives satisfactory results in cases of substitution of yeast extract for meat extract, or gross adulteration of one with the other, it is not so suitable for the detection of *small* admixtures of the former. The author of the process above referred to has now worked out a method by which one is enabled to detect an admixture of as little as 1 per cent., and this may act as an efficient corrective to the temptation which dealers will feel to work off by degrees stocks of yeast extract masquerading as genuine meat extract, which are known to have been hurriedly withdrawn from the market since the test was published. If the sample gives doubtful or negative results by that test, but is still open to suspicion, take from 3 to 6 grammes and dissolve in 3 or 6 c.c. water (according to quantity taken); add to this sufficient spirit (methylated will answer the purpose) to throw down *all* that is insoluble in alcohol. After vigorous shaking separate the insoluble residue by decanting or filtering, dissolve this residue in 60 c.c. water, filtered if necessary and proceed as before. If yeast extract is present the characteristic bluish-white precipitate will be thrown down on boiling with the modified Fehling's solution, and may be collected and weighed.

Medical News.

Society of Members of the Royal College of Surgeons in England.

A COUNCIL meeting of this Society was held at 20, Brunswick Square, London, W.C., on January 12th, Mr. Joseph Smith being in the chair. The following resolutions were unanimously agreed to:—1. "That

this council considers the reply of the College Council to the resolutions passed at the last annual meeting of Fellows and members to be most unsatisfactory. Having regard to the repeated refusal to accede to the wishes of the members as expressed in meetings to which they have been specially summoned, this council emphatically repudiates the claim of the College Council to represent the members, and further declares its determination not to abate its efforts to obtain adequate representation for the great majority of the body corporate." 2. "That this council desires to call attention to the inexpediency of appointing a committee to deal with the relations of the medical profession to the coroners' courts composed exclusively of those who are seldom brought into contact with those courts and would suggest the addition to the committee of some Fellows or members outside the College Council having special knowledge of the matter."

Lectures in Medical Jurisprudence.

ON January 14th, Dr. F. J. Waldo, coroner for the City of London, delivered the first of a series of six lectures on medical jurisprudence at the Old Hall, Lincoln's Inn, under the auspices of the Council of Legal Education. The subject of the first lecture was "The Medical Man as Witness." At the outset the abilities and disabilities attached to the registration of medical men were dealt with. A medical man might give evidence either as a common witness to facts or as an expert in matters of deduction and experience. The why and wherefore of conflicting medical evidence were next discussed at some length and reasons were given to show how candid and skilful men could contradict each other in court without sacrifice of honesty. The illustration of this point was taken from "railway spine," cases of accidental injury in which the widest difference of opinion often prevailed. The ending of litigation was often attended by a speedy recovery on the part of the patient. Quite as great or greater differences existed amongst lawyers, as proved by the reversal of decisions, time after time, in successive courts, until the House of Lords was reached. The important question of personal privilege was discussed at considerable length and the illustrations included the recent appeal of a provincial head constable to the local medical men for information likely to identify the offender in a case of infanticide. A medical witness is bound to answer fully in a witness-box if required to do so by the court, except where by so doing he would incriminate himself. In ordinary life, however, any violation of professional secrets might involve an action at law. The unwritten law of the medical profession appeared to be that there was no obligation to reveal anything that come under their notice short of murder or the gravest criminal charges. This professional secrecy dated from the earliest times, as shown by the oath of Hippocrates, the substance of which was still adopted in the declaration of the Scotch medical graduate. The lecturer concluded with an analysis of the various kinds of medical evidence and some of the points concerned in the medical examination of prisoners.

Society for Relief of Widows and Orphans of Medical Men.

A QUARTERLY Court of the Directors of the Society was held on Wednesday, January 13th, Mr. Christopher Heath, the president, being in the chair. Three new members were elected and the death of a member reported. It was resolved to distribute £1,513 among the 53 widows, 15 orphans, and 4 recipients from the Copeland Fund, now in receipt of grants. A sum of £586 was given at Christmas as a present—£10 each to 53 widows, £3 each to 12 orphans, and £5 each to the 4 orphans of the Copeland Fund. The expenses of the quarter were £77 12s. 6d.

Royal British Nurses' Association.

A SPECIAL general meeting of this Association will be held at the rooms of the Medical Society of London, 11 Chandos Street, Cavendish Square, W., on Tuesday, February 2nd, 1904, at 4 p.m., for the purpose of considering the draft of a Bill upon the State registration of trained nurses, which will be submitted to the meeting; and any amendments that may be proposed thereon. The following resolution will be proposed:—"That the draft Bill, as amended, be approved: and that the Executive Committee be directed to take such steps as they may think necessary to have it submitted to Parliament."

City Hospital for Diseases of the Skin and Cancer, Dublin.

THE new quarters of this hospital were formally opened by the Right Hon. T. C. Harrington, M.P., Lord Mayor of Dublin, on Friday, the 22nd inst. The meeting was large and representative, and an urgent appeal for sufficient funds to allow the Governors to establish fifteen beds for acute cases was, we have reason to believe, generously responded to. The attendances registered during the year numbered 5,468, showing an increase of 1,025 over all previous years. The Light department is well equipped, and at very considerable expense. A short demonstration was given by the medical staff of the Finsen Light, X-rays, High Frequency Currents, and Radium.

Institute of Medical Sciences.—London University Appeal.

THE following letter has been addressed to the Earl of Rosebery, Chancellor of the University of London:—

MY LORD,—We have observed with satisfaction that the Senate of the University of London have lately issued an appeal for funds to build and endow an Institute of Medical Sciences under the control of the University. The positions which we severally hold in connection with the general hospitals of London and their medical schools have compelled us, especially of late, to give the proposal that the University should undertake the teaching of the preliminary scientific subjects of the medical curriculum the most serious consideration. We are convinced that the adoption of the recommendation of the Royal Commission in favour of the concentration of the teaching of these subjects in one or more centres has become a matter of urgent necessity, in the interests alike of medical education, of the hospitals, and the medical schools.

We are, my Lord, yours faithfully,

SANDHURST,
Chairman of the Weekly Board, Middlesex Hospital.
TREVOR LAWRENCE.
Treasurer, St. Bartholomew's Hospital.
H. COSMO BONSOR,
Treasurer, Guy's Hospital.
SYDNEY HOLLAND,
Chairman, London Hospital.
J. G. WAINWRIGHT,
Treasurer, St. Thomas's Hospital.
TIMOTHY HOLMES,
Treasurer, St. George's Hospital.
H. A. HARBEN,
Chairman, St. Mary's Hospital.
THOS. PERCY BORRETT,
Chairman, Charing Cross Hospital.
J. WOLFE-BARRY,
Chairman, Westminster Hospital.

A large sum is required to carry out the scheme. The Hon. Treasurers of the Appeal Fund are J. K. Fowler, Member of the Senate, and H. T. Butlin, Dean of the Faculty of Medicine, 35, Clarges Street, W.

Liverpool Medical Institution.

AT the annual meeting held on Thursday, January 14th, 1904, the following list of office bearers and members of council was adopted, viz.,—President: *James Barr. Vice-Presidents: H. Briggs, G. W. Steeves, *J. R. Logan, and *J. Wiglesworth. Treasurer: T. H. Bickerton. General Secretary: *F. C. Larkin. Secretary to the Ordinary Meetings: *R. W. Murray, Secretary to the Pathological Meetings: *W. B. Warrington. Editor of the *Journal*: *F. H. Barendt. Librarian: *A. S. Grünbaum. Council: *H. Adcock, *J. Bark, *H. A. Clarke, A. Fisher, F. T. Paul, J. Pinkerton, *W. Fingland, *A. G. Gullan, *L. Monsarrat, *J. Hay, *R. Parker, and *Edgar Stevenson. Those marked (*) did not hold the same office last year.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

MR. P. M.—Regret we are unable to accede to your request, as a like concession would be expected by the various Institutions if conceded to one.

A DISCLAIMER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Our attention has been called to a report of Police Court proceedings under the Merchandise Marks Act, in respect of adulterated soda crystals supplied by a Messrs. Burgoyne and Co., and, as we are commonly known in the trade and medical profession as Burgoyne and Co., we ask the favour of your kindly inserting this letter disclaiming any connection with the house, or proceedings in question.

Thanking you in anticipation of your compliance with this request,

We remain,

Yours faithfully,

BURGOYNE, BURBIDGES & Co.

THIRD YEAR'S STUDENT.—Yes, it is certainly the best manual of Surgery for you, but we understand there is another edition in the press and would advise you to wait for this. You will probably be able to refer to the existing edition in your college meanwhile.

Dr. J. A. S.—As you are retiring on account of ill health, there should be no difficulty in disposing of your practice. Your best plan will be to put the matter in the hands of a reliable transfer agent, who will relieve you of all trouble and anxiety. If you are not acquainted with one, the information will be found on reference to our advertisement columns.

LIEBIG'S EXTRACT: A DISCLAIMER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As makers of the greater part of the world's supply of Meat Extract, will you allow us to disclaim connection in any way with the firm which was summoned at the Liverpool City Police Court for selling Extract of Beef as Liebig's Canadian Extract of Beef, as reported in your Journal of the 13th inst.

We are the pioneers in the manufacture of Meat Extract, and Baron Justus von Liebig was the head of our Scientific Department from the inception of our Company until his death. He gave us the exclusive right to use his name on condition that the extract was prepared in accordance with certain private formulas which he passed on to us, and that every consignment of Extract was analysed, examined and approved personally by him and his successors, before it reached the public. The most eminent scientific men have carried on this control since his death: and Sir Henry Roscoe, F.R.S., Ph.D., D.C.L., is the present head of our British Scientific Department.

Every ounce of Lemco and Oxo is made under the personal supervision of our own staff and scientific advisers, from prime cattle reared mainly on our own farms, and it was to dissociate ourselves from our many imitators that we adopted the trade name "Lemco" for the only genuine Liebig Company's Extract.

Since your report has led persons to connect us with the case, we trust you will allow us to make this disclaimer.

Yours faithfully,

For Liebig's Extract of Meat Company, Limited,

R. GILLIGAN, *Secretary*.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JANUARY 27th.

HUNTERIAN SOCIETY.—(London Institution, Finsbury Circus, E.C.)—8.30 p.m. Pathological Evening.

MEDICAL GRADUATES' COLLEGE and POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. P. Paton: Clinique. (Surgical.) 5.15 p.m. Dr. W. Carr: Infant Feeding.

THURSDAY, JANUARY 28th.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos Street, Cavendish Square, W.).—8 p.m. Cases will be shown by Mr. G. W. Thompson, Mr. E. T. Collins, Mr. G. W. Roll, Mr. S. J. Taylor, Dr. L. Werner, and Dr. D. Mowat, 8.30 p.m. Papers:—Mr. A. H. Jessop: Cases of Ptosis.—Mr. G. Brooksbank-James: A Plan of Treatment in some Cases of Asthenopia.—Mr. W. M. Beaumont: A Note on the Eye Symptoms of Rheumatoid Arthritis with a Special Reference to the Field of Vision.—Major Maynard and Dr. L. Rogers: Pulsating Exophthalmos due to Dilatation and Dropsy of the Optic Nerve, accompanying Internal Hydrocephalus.—Mr. J. R. Lunn: Notes of a Case of Tuberculosis of the Choroid.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. L. Cheatle: Operations for Cancer of the Tongue and Nasolabial Regions.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. G. Johnston: Fibrosis of the Lungs, I. (with cases). (Post-Graduate Course.)

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.). 6.15 p.m. Dr. M. Dockrell: Syphilis. (Chesterfield Lecture.)

FRIDAY, JANUARY 29th.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION (11, Chandos Street, Cavendish Square, W.).—Cases will be shown by Dr. Kelson, Dr. W. Wingrave, Dr. A. Wylie, Mr. M. Collier, and Mr. Stuart-Low. The President: Annual Address. Communication—Mr. M. Collier.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Dr. H. Tilley: Clinique. (Throat.)

THURSDAY, FEBRUARY 4th.

ROENTGEN SOCIETY (20, Hanover Square).—8.30 p.m. Ordinary General Meeting. Discussion upon the "Production of Photographic Reversal through the Action of Various Radiations."

Appointments.

BOTTON, A. J. H., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Watlington District of the county of Oxford.

BUTTERWORTH, RUPERT, M.B.Cantab., House Physician to the Derbyshire Royal Infirmary.

COLERIDGE, A., M.R.C.S., L.R.C.P.Lond., Senior Resident Medical Officer at the Mount Vernon Consumption Hospital, Hampstead.

CONDELL, A. P., M.D., Clinical Assistant to the Chelsea Hospital for Women.

DONALD, C. W., M.B., F.R.C.S.Ed., Assistant Honorary Physician to the Cumberland Infirmary, Carlisle.

EVANS, J. HOWELL, M.B., M.Ch.Oxon., F.R.C.S.Eng., Registrar to the Chelsea Hospital for Women.

GOODWIN, ROBERT, M.D., Clinical Assistant to the Chelsea Hospital for Women.

HARDY, PERCY, M.R.C.S., L.R.C.P.Lond., Assistant House Surgeon to the Derbyshire Royal Infirmary.

HIGHT, JOHN, M.D. Glas., D.P.H., Medical Officer of Health of Burgh of Prestwick, Ayrshire.

JONES, H. BUCKLAND, M.B., M.Ch. Edin., Assistant Surgeon to the Metropolitan, Ear, Nose, and Throat Hospital.

KIRKBY, WALTER, L.R.C.P., L.R.C.S., L.F.P.S.Glas., Medical Examiner of Recruits for the Glamorgan Imperial Yeomanry in the Maesteg District.

MUMMERY, J. P. LOCKHART, B.C Cantab., F.R.C.S Eng., Assistant Surgeon to St. Mark's Hospital for Fistula and other Diseases of the Rectum, City Road, London, E.C.

PHILLIPS, JAMES, F.R.C.S Ed., Honorary Surgeon to the Bradford (Yorks) Children's Hospital.

ROSE, THOMAS, M.R.C.S., L.R.C.P.Lond., Resident Medical Officer to the Chelsea Hospital for Women.

Vacancies.

Corporation of Manchester.—Monsall Fever Hospital.—Fourth Medical Assistant, Salary £100 per annum, with board, lodgings, and washing. Applications to the Chairman of the Sanitary Committee, Public Health Office, Town Hall, Manchester.

Hampstead General Hospital.—Resident Medical Officer, Salary £120 per annum, with rooms, coal, and gas. Applications to George Watts, Secretary.

North Riding Infirmary, Middlesbrough, Yorkshire.—Assistant House Surgeon, Salary £75 per annum, with bed board, and washing. Applications to Angus Macpherson, Secretary.

Poplar Union.—Medical Officer, Salary £130 per annum. Applications to G. Herbert Lough, Union Offices, 45, Upper North Street, Poplar, E.

York Dispensary.—Resident Medical Officer, Salary £120 per annum, with board, lodging, and attendance. Applications to W. Draper, Esq., De Grey House, York

Births.

CHARLES.—On January 20, at Pelsall, Staffordshire, the wife of J. R. Charles, M.D., M.R.C.P., of a son.

MAY.—On January 20th, at Ivanhoe, 50, Archers Road, Southampton the wife of Henry J. May, M.B., B.C. (Cantab.), of a daughter.

WILLIAMS.—On January 19th, at Bryn Derw, Penarth, the wife of W. Williams, M.A., M.D., D.P.H., County Medical Officer, of a son.

YELD.—On January 22nd, at 15, Gloucester Road, Regent's Park, the wife of Walter H. Yeld, M.R.C.S.Eng., L.R.C.P.Lond., of a daughter.

Marriages.

TRAILL-THOMPSON—BELL.—On January 20th, at Christ Church, Lancaster Gate, W., W. D. Traill-Thompson, M.B., B.Ch., Knottsall, Wembley, second son of G. Thompson, Esq., late Inspector General of Education, C.P. India, to May, second daughter of the late C. Seymour Bell, Esq., Carlton Hall, Yorks.

Deaths.

BOULTON.—On January 20th, at Ingham, nr. Lincoln, Mary E. Boulton, wife of George S. Boulton, M.R.C.S., aged 56.

PAIN.—On December 8th, at C.M.S. Hospital, Old Cairo, Ethel Blanche, the wife of E. Maynard Pain, Esq., M.B., Ch.M.

WILLIAMSON.—On January 15th, at Southsea, Mary, relict of John Williamson, Esq., M.D., of Grahamstown, S. Africa, and third daughter of Thos. Stringer, Esq. J.P., of Sycamore Hill, Macclesfield, aged 67. South African papers, please copy.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, FEBRUARY 3, 1904. No. 5.

A Clinical Lecture
ON
SOME PNEUMONIAS,

DELIVERED AT THE WESTMINSTER HOSPITAL

By WILLIAM MURRELL, M.D., F.R.C.P.,

Physician to the Hospital, Joint Lecturer on Medicine, and Lecturer on Clinical Medicine.

ACUTE lobar pneumonia is a fairly common disease, the symptom-picture of which is readily recognised. The patient is usually a young man who gives a definite history of exposure to cold and wet. The onset is sudden, there is a rigor of some intensity, the temperature is 103° or 104°, the pulse-rate 120, whilst the frequency of respiration is notably increased. There is acute pain in the side, not from inflammation of the lung itself, but from the accompanying pleurisy. The patient feels very ill and readily takes to his bed, the face wears an anxious expression, and is flushed often only on the side corresponding to the seat of the disease. The cough is short and hard, and the expectoration, at first absent, is soon "rusty" or "greengage" in character. The skin is dry and pungent, thirst is a prominent symptom, and there are pains in the limbs. There is also a rash, the herpes labialis or herpes facialis. It is usually seen on the upper lip either at the angle of the mouth or just under one or other nostril, but it may be on the cheek, chin or jaw. It is said that the patch of herpes is on the same side as the lung involved, but this is not always the case. In double pneumonia there may be double herpes, but this is not an invariable rule. Inequality of the pupils is not uncommon in pneumonia, the dilated pupil being usually on the affected side. The dilatation of the pupil is due to irritation of that portion of the sympathetic which acts as the pupil dilator. Usually the herpes and the dilated pupil are on the same side, but here again exceptions are not uncommon. Herpes labialis is not peculiar to pneumonia, and often occurs as the result of a febrile cold or of gastric disturbance. Herpes is attended with elevation of temperature, and it is not always easy to distinguish herpetic fever from pneumonic fever. Cases are from time to time seen of reputed pneumonia without physical signs, there being a sudden onset, a sharp rise of temperature, with termination by crisis and other symptoms closely simulating pneumonia. It will be found in most of these cases that herpes labialis is present, and that they are examples of herpetic fever. It is not, however, every case of herpes which is attended with elevation of temperature. We recently had in the wards a girl, æt. 11, suffering from Todd's paralytic chorea, whose temperature taken every four hours was always normal. She developed herpes on both sides of the lower lip which lasted seven days. There was no pneumonia, and there was no disturbance of temperature. The herpes in inflammation of the lungs sometimes makes its appearance on the tonsil and pharynx, and I have known a case of this description, in a child, diagnosed as tuberculous meningitis. An attack of acute lobar pneumonia usually terminates by crisis, indicated not only by a sudden fall in temperature but by an attack of diarrhœa or profuse sweating, and a subsidence of all the acute symptoms. The critical period is said to be the fifth day, but the statistics of the Westminster Hospital show that it is commoner on the sixth day than on the fifth, and still more frequent on the seventh. As a matter of expediency it is safer to prognosticate that the crisis will be about the eighth day, beyond which it is not likely to be postponed. In termination by crisis there is not uncommonly a pseudo-crisis, or temporary fall in temperature, before the actual crisis, and a post-critical rise is frequently seen. When the termination is by lysis it is spread over a couple of days or more, usually the seventh and eighth.

With regard to the bacteriology of the disease, Fränkel's pneumococcus or diplococcus is the essential organism. It is commonly spoken of as the diplococcus pneumoniæ, but the term streptococcus lanceolatus is sometimes used. It is not always pathogenic, and is present in the saliva and nasal secretions of many healthy people. As a rule, it exerts no morbific influence, but when the resistive powers are lowered by exposure to cold and wet, or other depressing agencies, it attacks the lungs and the patient gets pneumonia. The microscopical examination of sputum for determining the diagnosis of suspected pneumonia is not absolutely certain, for the observation is complicated by the fact that diplococci are frequently present in the mouth in large numbers. When pneumococci are obtained from the mouths of healthy individuals the virulence is not so high, nor can it be so easily increased as when they are derived from pathological lesions. A more trustworthy test is that afforded by inoculation, for the oral diplococci, if present, are usually too few or not sufficiently virulent to produce effects. Moreover, diplococci are not uncommonly found in the lungs of healthy persons. Fränkel's pneumococcus is responsible for a good many morbid manifestations. In addition to acute lobar pneumonia, it may give rise to pneumococcic arthritis, often mistaken for acute rheumatism, to pleurisy and empyema, endocarditis and pericarditis, salpingitis and peritonitis, otitis media with cellulitis and the formation of multiple abscesses, meningitis, and many other forms of disease. Pneumococcic tonsilitis is a condition often accompanied by rusty expectoration, a point worth remembering in connection with diagnosis. The pleurisy which accompanies pneumonia is pneumococcic in origin. It is now recognised that the diplococcus may enter through the lungs and produce remote effects without causing pneumonia. Friedländer's pneumobacillus is not the essential cause of pneumonia, although frequently found in connection with it. It does not stand in the same relation to pneumonia that the tubercle bacillus does to phthisis, although in some cases of pneumonia Friedländer's bacillus is present whilst Fränkel's pneumococcus is absent.

Weichselbaum, of Vienna, as a result of an examination of 129 cases of pneumonia, found Fränkel's diplococcus in 94 and Friedländer's pneumococcus in only 9. It is probable that several varieties of pneumococcus exist. Foà described two distinct varieties. One he calls simply the pneumococcus, whilst the other he names meningococcus. He found that rabbits

immunised against the pneumococcus were not immunised against the meningococcus, and *vice versâ*. Various strains of pneumococci differ much in their virulence. Certain lesions will occur with some varieties and not with others; for example, with some broncho-pneumonia is produced, whilst with others acute lobar pneumonia.

There is often a mixed infection, and in some cases classed as pneumonia, streptococcus pyogenes and staphylococcus pyogenes aureus have been the prevalent organisms. Other organisms found in connection with pneumonia are those characteristic of influenza, enteric fever, and diphtheria. In an outbreak of epidemic pneumonia at Middlesbrough, Klein was unable to discover either the diplococcus of Fränkel or the pneumococcus of Friedländer, but found instead a distinctive bacillus, a mobile rod-shaped microbe. It is clear that whilst one organism is most frequently found associated with pneumonia there are others capable of producing a closely allied if not identical condition. If is often said "no pneumococci no pneumonia," but it is doubtful if this statement is correct. In an apparently typical case of acute lobar pneumonia recently in the wards, the rusty, viscid expectoration was examined many times, but no diplococci were found. It is possible that cocci may have been present in some of the expectoration, but they were absent in the specimen examined. A similar experience is met with in phthisis, for although there may be abundance of bacilli in the lungs the specimen examined may have come from the larynx or nasal passages.

The treatment of asthenic pneumonia presents many points of interest. The patient is knocked down by the severity of the blow, and readily takes to his bed, it being rare to meet with "ambulatory" cases, such as are seen in enteric fever. If the tongue is foul it is a good plan to begin with a dose of calomel, three grains for a private patient and ten grains in hospital practice. The diet should consist of three pints of milk—five ounces every alternate hour—or two pints of milk and one of beef-tea in the twenty-four hours. If there is no expectoration, or if it is scanty and viscid, three drops of antimonial wine may be given every two or three hours. The antimonial treatment is indicated chiefly in the very early stage of the disease, when the skin is hot and dry and the expectoration tenacious. After the first twenty-four hours five grains of carbonate of ammonium may be given in milk every four hours. In cases of delayed resolution, five grains of carbonate of ammonium, ten grains of chloride of ammonium, and five of iodide of potassium every four hours in an ounce of water flavoured with a drachm of liquid extract of liquorice and fifteen minims of spirits of chloroform, will be found useful. If the pain in the side is acute, linseed meal poultices, hot fomentations, equal parts of extract of belladonna and glycerin, iodine, or a chloroform poultice may be applied. If the heart shows signs of failing, two drachms of freshly prepared infusion of digitalis every four hours, or a hypodermic injection of 1-20th grain of strychnine will do good. When there is much dyspnœa with commencing cyanosis, copious inhalations of oxygen usually afford temporary relief. If the crisis is unduly delayed, a single dose of an ounce of Warburg's tincture, either by mouth or rectum, may determine it. Stimulants usually have to be given freely, and old liqueur brandy will be found the best, the ordinary "three star" being of little value for this purpose. Very old brandy, which consists of various forms of ether and is of comparatively low alcoholic strength, commands a high price, and the 1823 and 1821 vintages are not readily obtainable. Champagne is another good form of stimulant, but it must be of some age and standing, for immature wine is of little value. Delbeck 1893 is a light champagne, and I often have given a bottle in the twenty-four hours when the pulse is weak and running. The ordinary half-bottle of champagne holds 13 oz.

The treatment of pneumonia by means of an anti-pneumoccocic serum hardly falls within the range of practical therapeutics. The late Dr. J. W. Washbourn was the first to immunise a horse, and to obtain sufficient serum for the treatment of cases of pneumonia. The serum was of such potency that 0·03 cc., when mixed with ten lethal doses of living pneumococci and the mixture injected into the peritoneal cavity of a rabbit, prevented death. Several cases of pneumonia were treated with the serum with satisfactory results, but subsequent observations showed that clinically it was of little value. Mennes obtained a protective serum from horses and Pane one from donkeys, but they have not come into general use. It is probable that they are antibacterial, but not antitoxic.

SECONDARY OR INTERCURRENT PNEUMONIA engrafted on some other pre-existing disease is more common than the acute lobar form. It may supervene insidiously on various disorders, such as influenza, diphtheria, enteric fever, small-pox, erysipelas, and puerperal septicæmia. In these cases the symptoms are but slightly pronounced and the inflammation steals upon the lung and does irrevocable injury without giving any notice of its presence except such as may be gathered by a careful and systematic examination of the chest. It is not a common accompaniment of bronchitis, phthisis, or pleurisy, but it frequently ends the scene in carcinoma and chronic affections of the kidneys and of the nervous system. Influenza in some epidemics is commonly accompanied by pneumonia, and this was the case in the outbreak in 1889-90. The soil of the influenza bacillus appears to be favourable to the growth of the pneumococcus. Pfeiffer's bacillus may be found alone or in association with pneumococcus or streptococcus pyogenes or both. The type of influenzal pneumonia is broncho-pneumonic with acute interstitial changes. There is no initial rigor, and expectoration may be absent, or, if present, of the muco-purulent rather than the rusty variety. The physical signs may not be detected for some days, and the dulness is usually patchy or scrapy, and not confined to the base or to one lobe. Not uncommonly there is a gradual diffusion of the inflammation throughout the whole of one or both lungs. These cases are prolonged and tend to terminate by lysis, rather than by crisis. Prostration is a prominent feature, and alcoholic stimulants have to be administered freely. Death not infrequently supervenes at an early stage of the disease. Enteric pneumonia is another common form of secondary pneumonia. In every case of pneumonia it is necessary to consider whether the disease is primary or secondary, and if secondary if the primary disease is enteric. It makes all the difference not only in prognosis but in treatment. I have known a patient treated for acute lobar pneumonia for days without the slightest suspicion that it was secondary to typhoid fever, and that at a stage when there was a characteristic roseolar rash on the abdomen. The patient had been fed on chops and steaks, and died of perforation. Some cases of enteric fever practically begin with pneumonia; that is, the symptoms from the first are those of inflammation of the lungs, and it is not until later that the true nature of the disease is suspected. In case of doubt it is essential to diet the patient on the supposition that he has enteric. An acute pneumonia will do well on three pints of milk a day, whilst an enteric case will certainly do badly on a solid dietary. In many cases of enteric the symptoms of pneumonia are not observed until the second or third week, and even then the pain and rusty expectoration are commonly absent. Frequently the complication is recognised only by the dyspnœa, the increased elevation of temperature, and the by no means pronounced physical signs. In the majority of cases the pneumonia is pneumococcic in origin, but in others the enteric bacillus is detected in the expectoration, and sometimes in addition streptococci are found. The term "typhoid pneumonia" is frequently applied to patients who present a "typhoid" condition, and it must not be regarded as synonymous with enteric pneumonia. Diphtheritic, plague, and erysipelatous pneumonias are well-known varieties of the disease. The usual

complication of diphtheria in this connection is broncho-pneumonia, due not to the Klebs-Löffler bacillus but to pyogenic cocci taken in during respiration. Erysipelatous pneumonia may occur in the course of erysipelas migrans, the inflammation affecting first the skin, then the mucous membranes, and finally spreading to the lungs. It is a good example of migratory or wandering pneumonia. Convalescence is likely to be prolonged and attended with much prostration. Pneumonia may occur in connection with pulmonary aspergillosis, although the pulmonary symptoms are usually more closely allied to tuberculosis. In actinomycosis, portions of the lung are converted into tough fibrous material having an irregular interlobular distribution. In pulmonary anthrax there is a condition allied to pneumonia, the lungs on section being congested and œdematous with large extravasations of blood.

It is probable that in the majority of cases secondary pneumonia is a purely local inflammation due to the action of the specific poison, and not differing essentially from inflammation of other organs and structures due to the same cause.

Latent or Asthenic Pneumonia.—These are cases in which the characteristic symptoms of the disease are absent or are masked by other clinical phenomena. In elderly people there is no initial rigor, and the presence of the disease may be revealed only by the prostration, headache and delirium, none of the usual symptoms of invasion being observed. The cough and expectoration may be absent, and the latter, if present, may fail to present the characteristic appearance and may be simply viscid or puriform. The flushed face is not common and the face is commonly pale and sunken. Fever is present, but is rarely high. This elevation of temperature, however, is sufficient to put the observer on his guard, for pneumonia is one of the few febrile disorders from which old people suffer. Most cases of secondary pneumonia tend to assume an asthenic type. There is intense prostration with great depression of the nervous centres. This variety is often met with in people who are alcoholic, and in them the prognosis is grave. Death may occur early, and in cases of recovery convalescence is prolonged. Cheyne-Stokes respiration is a bad sign, and marks the beginning of the end. Stimulants are indicated, and it is in this variety that musk is most likely to do good. It should be administered in four-grain doses in pill every four hours. It is an expensive remedy, and at one time cost 2s. 6d. a grain, but is now cheaper. Sumbul has been proposed as a substitute, but has not the same therapeutical action.

Cardiac Pneumonia is a common disease, although some writers seem to doubt its existence, and speak of it as a condition of hyperæmia or congestion. It is a not uncommon complication of mitral stenosis, pericarditis, and fatty degeneration. The temperature rises suddenly, there is a short, dry, hacking cough, the expectoration is rusty, and fine crepitation is heard over one or both lungs. At the autopsy, in addition to pulmonary infarcts, hæmorrhage, extravasation, and hepatisation are found. A girl, æt. 20, was recently admitted with acute rheumatism followed by endocarditis (mitral regurgitation) and pericarditis with effusion. A week later there was a sudden rise of temperature, and the patient was found to have fine crepitation at the base of both lungs posteriorly, more marked on the right than on the left. There was no rigor, the cough was slight and hacking, whilst the expectoration was rusty and streaked with blood. No tubercle bacilli were present, and the organisms, which were not numerous, consisted for the most part of short, thick bacilli, and of cocci in pairs, but not resembling the diplococcus pneumoniæ. There was a crisis on the seventh day, but the patient died a month after admission of acute endocarditis not septic in origin. The treatment of these cases in which there is a damaged heart as the result of rheumatic fever requires much care. Antimonial wine may be useful, but ten or fifteen minims of solution of hydrochlorate of apomorphine by mouth every three hours gives better results, chiefly by promoting expectoration. Counter-irritation over both bases should not be neglected. Stimulants, especially in the form of champagne and old brandy, are indispensable, and when the heart shows signs of failure and the pulse is frequent, irregular and intermittent, half-ounce doses of freshly prepared infusion of digitalis every three hours, with hypodermic injection of 1-20th grain of strychnine, are useful.

Traumatic and Contusion Pneumonia.—Traumatic pneumonia is the natural sequence of penetrating wounds of the lung. It differs from idiopathic pneumonia in exhibiting very little tendency to diffuse itself through the lung. It shows no predilection for the base, and as a rule is strictly localised. It is asthenic in type, and is accompanied by active febrile disturbance. It may terminate in abscess, but usually the lung exhibits a remarkable power of recovery from even extensive injury.

Contusion pneumonia may follow blows on the chest-wall or falls. It was at one time considered doubtful whether external violence, short of lung laceration, was capable of producing pneumonia, but the fact is now established that inflammation of the lung having all the characters of acute lobar pneumonia may ensue. This is a matter of importance in connection with claims against accident insurance companies. If a person meets with an accident and subsequently dies of pneumonia it is not always easy to say whether the condition of the lungs is primary or secondary to the injury. It is probable that in some cases a blow on the chest lowers the vitality of the subjacent portion of the lung, whilst a subsequent exposure to cold or wet determines the onset of the disease. A street scavenger, æt. 31, was admitted to the hospital having been knocked down by a hansom cab, the wheel of which passed diagonally over the lumbar region and the left side of the chest. On admission, he was not collapsed, and there was no evidence of fracture of the ribs or injury to the liver. The urine was smoky in appearance, and as the patient had been in South Africa it was examined for bilharzia, but nothing was found. On the day following the injury a patch of fine crepitation was detected near the angle of the scapula on the injured side. There was no rigor and no elevation of temperature. The same night the patient commenced coughing, and the expectoration was rusty in character. The crepitation persisted for some days. There was no herpes, and no pleuritic effusion, and the patient made a good recovery.

Septic or Streptococcic Pneumonia.—The term "septic" is sometimes applied to cases of pneumonia originating in bad sanitary conditions, especially exposure to sewer gas. A true septic pneumonia may arise in connection with a wound or trivial abrasion, and the entrance into the system of either streptococci or staphylococci or both. A patient admitted for pneumonia is found to have an abrasion on the finger. There is no tenderness of the lymphatics, and there are no enlarged glands in the axilla. There is no cough or expectoration, the physical signs are not those of acute lobar pneumonia, and there is no crisis. The condition of the lung is apparently secondary, but there is nothing to connect it with the wound. The temperature is high, but not hectic in type. Anti-streptococcic serum does no good, and anti-staphylococcic serum is equally inefficacious. There are frequent shiverings, a very rapid and feeble pulse, with profuse perspirations, and death ensues by asthenia. At the autopsy a general pyæmic condition is found, and cultures show a mixed infection, probably having its origin in the wound. These cases are often extremely puzzling. Some writers limit the term septic to post-operation pneumonias in which there is absorption of septic material from open wounds. Cases of parturient pneumonia come within this category. Septic pneumonia following pregnancy is not especially fatal, but the prognosis of idiopathic pneumonia both in pregnant and parturient women is extremely bad. In many cases of septic pneumonia both pneumococci and streptococci are found in the expectoration. When the streptococcus infection predominates the onset is less

abrupt than in the pneumococcic form, but the fever is of a hectic type, and there may be a succession of rigors. The physical signs are usually few and doubtful, and there may be little or no dulness on percussion. If the inflamed lobules are near the surface moist sounds may be audible. The most notable feature is the long duration, with the shifting character of the physical signs. Termination is usually by lysis, and convalescence is as prolonged as in enteric fever.

ANÆSTHETIC PNEUMONIA.—This occurs most frequently after the administration of ether, but is occasionally seen after chloroform. Ether pneumonia may be due to the irritation produced by the anæsthetic itself, by exposure of the patient to cold, especially in abdominal explorations, and possibly in some cases from the use of a contaminated mouth-piece. It has been suggested that prior to the administration of the anæsthetic the mouth, throat, and nasal passages should be rendered aseptic by the use of a mouth-wash and gargle. The symptoms of pneumonia may make their appearance in from five to seven hours after the operation, or they may be postponed for some days. The mortality in cases of ether pneumonia is said to be about 50 per cent., whilst in chloroform pneumonia it is higher.

THE DIAGNOSIS AND INDICATIONS FOR OPERATION IN ACUTE APPENDICITIS. (*a*)

By W. RUSSELL, M.D.Ed., F.R.C.P.,
Assistant Physician, Royal Infirmary, Edinburgh, &c.

IN his introductory remarks Dr. Russell alluded to the seeming paradox that, while each of us relied in practice on his individual experience, this individual experience was of little value as compared with collective experience. For twenty-one years the appendix vermiformis had been recognised as the great cause of trouble in the cæcal region, and concomitantly therewith the terms perityphlitis and typhlitis had almost dropped entirely into disuse, some, indeed, being inclined to deny that such conditions existed. Nevertheless, Dr. Russell thought that in a small percentage of cases the cæcum was primarily at fault. He had three bad cases of perforation of a fæcal ulcer of the cæcum, and one of perityphlitic abscess, in which there was proof that the vermiform appendix was not involved. In approaching the question of diagnosis, it was necessary to have a clear conception of the conditions which favour the occurrence of the disease, and the essential points in its varying intensity. He thought that the anatomical conditions of the appendix, especially the length of the mesocolon, were of importance in predisposing to the disease. The mesocolon contained the vessels of the appendix, though in women there was an additional vascular supply (which might account for the lesser frequency of appendicitis in females), so that its length might have some effect on the ease with which the blood supply was interfered with. Again, variations in the length and position of the appendix, and variations in the ratio of its calibre and length to the lumen of the cæcum, might make some appendices more liable than others to defective drainage. Appendicitis—catarrhal, ulcerative, perforative, or gangrenous—was most likely to occur when the organ was sickle-shaped, and had a short mesentery. Some persons, in fact, had appendices which, from their anatomical peculiarities, were bound to give trouble, sooner or later. Interference with the drainage of the appendix played an important part in determining inflammation. The bacillus coli, though not the only organism, was that usually present in appendicitis, and its virulence varied greatly in different cases. It was exalted by any morbid condition of the intestine—diarrhœa, constipation, or obstruction. It must be remembered that the drainage of the appendix could be interfered with by its being blocked by a catarrh of the cæcum, or the blockage might be wholly or partially due to fæcal concretions, which were especially frequent in the fulminating types. In very rare cases appendicitis had been caused by a gall-stone occluding the appendix. Before discussing the symptomatology of an acute attack, the speaker referred to "appendicular colic," in which transitory symptoms of appendicitis recurred at intervals, but no local signs could ever be made out. He thought that such a condition must be recognised; it seemed to be due to the engagement of a fæcal mass in the mouth of the appendix, and disappeared after a dose of castor oil. This appendicular colic may, or may not, go on to appendicitis. The symptoms of such appendicitis were common to other diseases. As to *pain*, he thought that too much stress might be laid on its seat; it was often general, around the umbilicus, or referred, and was, especially when associated with cutaneous hyperæsthesia, very often misleading. *Deeply-seated tenderness*, on the contrary, was the key to all abdominal diagnosis, and though the tension of the abdominal muscles might make it difficult to elicit, careful deep palpation would overcome this, and enable us to detect the painful diseased appendix. Sometimes it could be most readily made out by rectal examination, when it dipped down into the pelvis instead of being an abdominal organ. He did not dwell on the other symptoms of appendicitis—the vomiting, muscular rigidity, pulse rate, temperature, appearance of shock, &c. The diagnosis depended upon individual skill in eliciting the essential, and distinguishing it from the non-essential. Deep-seated tenderness was, he repeated, the safest guide.

Indications for Operation.—At the outset of this consideration, two schools had to be faced—the radical school, represented in America and France; the conservative school, represented in Britain, France and Germany. If Lequen's aphorism, "toute appendicite doit être operée à temps," were accepted, the position was simple, and there was nothing to discuss. The chief argument of those who held the radical view was that in every case there was great danger of perforation, and that this danger could never be foreseen. The opinions of the conservative school, as represented by Treves, Talamon, Hawkins, and Nothnagel, were then quoted. Statistics showed that about 90 or 95 per cent. of cases of acute appendicitis recovered. Thus Fürbinger had had 120 cases with a mortality of 1; Guttmann, a recovery-rate of 91-92 per cent.; Curschmann, a recovery-rate of 96 per cent.; Sahli had had a series of 453 cases with a mortality of 4·5 per cent., and only nine cases treated surgically. In another series of 7,213 cases, of which over 6,000 were operated upon, about 8 per cent. died. In the Edinburgh Royal Infirmary, of

(*a*) Abstract of Paper to introduce discussion on subject at the Edinburgh Medico-Chirurgical Society, January 20th, 1904.

268 consecutive cases treated in the medical wards, 169 were cured, 7 relieved, 29 died, and the rest were transferred to the surgeons. The supreme question at the outset of every case was: Is the appendix rapidly about to perforate or to become rapidly gangrenous? The chance was about nine to one against this, but the responsibility of deciding which was the one case out of every ten that would require operation was none the less, perhaps more, onerous on this account. He had come to the following conclusions as to operation:—(1) In an acute attack which has been preceded by one or two mild ones immediate operation should be advised, because probably the anatomical condition of the appendix was such as to render it liable to become inflamed. (2) Cases in which there was an early rigor should be operated on at once. (3) Fulminating cases of course required immediate operation. There remained over, however, the great balance of acute cases; in these medical treatment might first be adopted. Purgatives he never now ventured to give. Pain should be relieved by heat or an ice-bag. The question of giving opium arose; Nothnagel thought it should only be administered to relieve pain, and that a call for its continued use indicated operation. He knew that it masked symptoms to some extent, but not so much, he thought, as to forbid its use absolutely. He preferred belladonna, however, which only alleviated the spasm. He was inclined to commend lavage of the bowel, as advised by Bourget, of Lausanne. How long should medication be continued, and what are the indications for operation? As to this, he thought that (1) continued pain was an indication, as it pointed to a severe inflammation and blocking; (2) a recurrent spasmodic pain showed that the appendix was not draining itself, and should be removed; (3) if the pain is severe, but the other symptoms mild, we should be on our guard; (4) the leucocyte count gave little help in cases of gangrene; here deep palpation was of great value; (5) in less acute cases increasing temperature, pulse, and leucocytosis indicated operation; (6) obvious evidence of peritoneal infection was also an indication. He summarised his paper as follows:—Bear in mind variations in the anatomy of the appendix. Consider the question of drainage of the appendix into the cæcum. Appendicular colic is a danger signal. Deep palpation is of paramount importance in all abdominal diseases, and the site of pain as shown by it out best guide. From statistics, it seems that 95 per cent. of patients recover. All cases beginning with rigors should be operated upon; also all second attacks. Fulminating cases have only deep tenderness, little local reaction. Medical treatment should not be continued for more than twenty-four to forty-eight hours, unless there is improvement. Continuance of symptoms and increasing leucocytosis indicate operation.

PROFESSOR HOWARD MARSH, F.R.C.S., delivered his inaugural lecture as Professor of Surgery at the University of Cambridge last Friday, and met with a most cordial reception in the anatomical lecture-room.

THE new Anglo-American hospital at Ghezireh, Egypt, was opened last week by Lady Cromer. The sum of £10,700 has been subscribed for the erection of the building, the principal donor being Sir Ernest Cassel, who contributed £5,000.

MODERN PHYSICAL THERAPEUTICS. (a)

By W. S. HEDLEY, M.D.,

Physician in charge of the Electrical Department, London Hospital.

HE first referred to Professor Dewar's discovering the presence of helium when examining the gases collected over the King's Bath at Bath, and to the fact that Sir W. Ramsay and Mr. Soddy had seen the spectrum of helium develop in a vacuum tube into which nothing but the radiation and "emanation" of radium had been admitted. In other words, radium develops helium by a spontaneous change. Thus a sample of the deposit from the Royal Bath was found to contain radium in appreciable quantity. It therefore seemed possible that a substance undergoing such constant change and disintegration as does an atom of radium might fling off from itself something that might endow the water with therapeutic value. Such substance being in a "nascent" form might help to explain the comparative inefficacy of the waters of certain springs when removed from their source; and the same fact might, perhaps, supply a reason for the recognised difficulty of making successful artificial imitations of the waters of mineral springs. The radiations of radium were then considered, the "Alpha" rays being shown on the spinthariscope, and those from polonium on the zinc screen. The bactericidal properties and therapeutic applications of radio-active substances were then considered, and "applicators" for throat, nose and gynæcological work were shown, as well as thorium, pitchblende, and other plasters, kindly made up by Mr. Martindale for the occasion. The "N" or Blondlot rays were then discussed, their place in the scale being apparently between the infra-red and the shortest wave length of the Hertsian waves. They seem to bridge the gap between electrical action and radiant energy. Professor Charpentin had shown that these rays are emitted from nervous tissue in proportion to its quantity, its physiological activity, or its injury. It would seem that destructive decomposition of the tissue, whether physiological, as in generation of nervous energy, or what may be called pathological, as in the case of herring brine, is a source of "N" rays. It is rumoured that radium is soon to find a rival in the destructive distillation of herring brine; at least, this and guano are now being experimented upon as a source of radio-activity.

The therapeutic action of heat was then dealt with, as well as light of various colours, and the necessity for the use of the actinometer to secure definite and accurate dosage. The importance of measurement of the quality and quantity of X-rays was also insisted upon, and a new method was demonstrated of ascertaining by measuring this on a milliamperemeter, the rectified current passing through a focus tube; also by the radio-chronometer. High frequency currents were considered, and a tendency noticed to desert the methods of the condensation couch and auto-conduction for bipolar effluvation—the latter being demonstrated. The fatal effects of high-frequency currents on the lower animals was then referred to.

(a) Abstract of Paper read before the Balneological Society, January 20th, 1904.

THE CLINICAL IMPORTANCE OF THE LYMPHATIC GLANDS CONTAINED IN THE THICKNESS OF THE CHEEK.

By M. TRENDEL, M.D.,

Professor at the University of Tubingen.

THE existence of lymphatic glands in the thickness of the cheek was shown some time since by Poncet, of Lyons, who demonstrated their frequent existence and described their exact situation. Briefly stated, these glands may be divided into three groups—(1) a maxillary or supra-mandibular group, consisting of one or two glands which lie between the facial artery and vein at the anterior margin of the masseter muscle; (2) a buccinator group, situated on the external surface of the buccinator muscle, more rarely in its thickness, or even between the muscle and the buccal mucous membrane, just below the level of a line drawn from the labial commissure to the lobule of the ear. This group may be subdivided into two, an anterior group situated a finger's breadth from the labial commissure (commissural glands) between the artery and the vein, and a posterior group behind the vein, at the front of the masseter, not far removed from the meatus of Steno's duct; (3) a superior maxillary group of less frequent occurrence, consisting in glands included in the naso-labial fold on a level with the lower border of the orbit at the internal palpebral angle.

The anatomical accuracy of this distribution is confirmed by clinical observation. I have notes of seventeen observations (two of them already published by Küttner) from von Bruns' clinic; in nine of these the supra-mandibular glands were involved, and in eight the buccinator glands, the lesion being cancerous in twelve and tuberculous in the others.

As a matter of fact chronic adenitis is usually due to cancer or tuberculosis, and even acute suppurating adenitis is, in many cases, tuberculous, though sometimes consequent upon infection from carious teeth, tonsillitis, erysipelas, &c.

Out of eighty-four cases which I have found in the literature of the subject, in twenty-five the initial lesion was cancer (cancer of the nose, lower lip, cheek, temple, parotid or superior maxillary alveolus), while in fifty-nine the *point de départ* was an acute or chronic inflammatory lesion of the face. I may add that the buccinator glands were involved in forty-six (nine cancer, thirty-seven tuberculous, or simple inflammatory lesions); the supra-mandibular glands in thirty-seven (sixteen cancers, twenty-one inflammatory affections), and once the sub-orbital glands, following facial erysipelas.

These figures suffice to prove that adenitis of the cheek is not merely a pathological curiosity, and that it is worthy of being looked for even though it never results in the formation of large tumours or chains of enlarged glands, such as we meet with in the neck and submaxillary region. Cheek adenitis rarely exceeds the size of a pea, or at most of a nut. Its consistence and mobility vary according to circumstances, *e.g.*, its situation and its period of evolution. Cancerous and tuberculous glands in the cheek may remain for a long time as hard indolent nodules, perceptible on pinching up the thickness of the cheek between the fingers. To make sure of finding them when present, it is desirable to carry out the exploration with one finger inside the mouth, and in every case of epithelioma of the face this method should be resorted to, carrying the search into the submaxillary and submental zones, as well as the cheek.

Later, the tuberculous gland, sometimes also the neoplastic gland, spreads, becomes adherent, invades the skin and ulcerates. In acute adenitis the suppurating gland soon opens externally, and is accompanied by very considerable tumefaction of the cheek. These inflamed glands almost invariably open on the external surface of the cheek, and in the rare instances of an opening through the buccal mucous membrane, the glands affected are those exceptionally situated on the buccal surface of the buccinator muscle.

When it has reached this stage the diagnosis presents some difficulty. It is highly probable that many so-called scrofulous or tuberculous ulcerations of the cheek were originally of the nature of adenitis. We cannot be sure thereof unless, indeed, we discover the remains of glandular structure on the walls of the excised abscess, an observation by no means easy to make. Certain fistulæ of the cheek surrounded by a skin, dull violet in hue, and presenting a close resemblance to a tuberculous lesion, may be simply due to dental lesions, as, for example, necrosis of a stump in the upper jaw. In such event it is obvious that curettage or excision will be useless, and if the carious stump be removed the fistula will heal by itself.

The treatment of adenitis of the cheek, properly so-called, is simple enough. Adeno-phlegmons should be opened through the cheek except in the rare instances of a submucous collection of pus. If tuberculous they should be scraped or removed *in toto*. Lastly, cancerous glands should be removed at the same time as the original growth if we wish to do a complete operation, and for this purpose the exploration of the cheek should never be omitted in presence of facial epithelioma. The removal of these glands should be effected through incisions as short as possible, and made horizontally in order to avoid wounding branches of the facial artery or damaging Steno's duct.

The Out-Patient Departments.

GREAT NORTHERN CENTRAL HOSPITAL.

MEDICAL CASES

Under the care of Dr. H. W. SYERS.

Case I.—A man, æt. 55, suffering from a general eruption, especially marked on the face. The first glance at the patient gave the impression that he was suffering from variola. The forehead was covered with papules of the size, shape, and colour of those usually characteristic of small-pox. The whole body was more or less covered with similar spots, which were also well developed on both wrists. It was clear that the case was one of very severe secondary syphilis, for further examination revealed the fact that the patient was suffering from a chancre, and also that the rash was, to a certain extent, polymorphic, erythema, staining.

and some pustulation being present contemporaneously with the papular rash.

Dr. Syers observed that he had known cases in which this form of secondary syphilis had been diagnosed as small-pox. He also remarked that, in his opinion, this cutaneous syphilide was always indicative of a very severe, even malignant, clinical type of the disease. In the present case this was so, for the general health of the patient was gravely impaired, and he was much emaciated.

Case II.—A girl, æt. 17. This case was diagnosed as one of diabetes mellitus from the facial aspect and general condition of the patient. There was no obvious cause for the disease, which had manifested itself eight months previously, the symptoms first noticed being inordinate thirst and diuresis. Physical examination revealed the fact that latent phthisis was present; in the left supra-scapular region the note on percussion was high-pitched, and on auscultation a few crackles were present immediately after the patient coughed.

Dr. Syers called attention to the latency of the pulmonary condition; there was no cough or other symptom of the disease. This is not unusual in cases of diabetes. The physiognomy was strongly suggestive of diabetes, the face was thin and the features themselves sharp, the complexion rather yellow and inclined to duskiness, and there was a faint acetone odour in the breath. The muscles of the upper part of the chest were somewhat wasted, the clavicles and the ribs being unduly prominent. Dr. Syers remarked that the prognosis of the disease in young people was very unfavourable, diabetic coma nearly always supervening at a comparatively early stage of the illness.

Case III.—A middle-aged man came complaining of pain and tenderness of the soles of the feet, but worse in the left foot.

The left sole was found to be the seat of a perforating ulcer in a somewhat advanced stage; it was situated over the metatarsal bones and was as large as a half-crown. The ulcer on the right sole was in a less advanced condition. Symptoms had existed for some months before the patient was seen.

Dr. Syers pointed out that in all probability the case was one of locomotor ataxy; no knee-jerk could be elicited on either side, the pupils reacted to accommodation, but not to light, and on standing with the feet together the patient at once began to sway, and would have fallen had he not been supported. There were no lightning-pains in the limbs, and no inco-ordination of movement of the upper extremities could be made out.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXXI.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, VENTNOR, ISLE OF WIGHT.

The Royal National Hospital for Consumption and Diseases of the Chest was founded mainly through the exertions of the late Dr. Arthur Hill Hassall in 1867. The original block, accommodating twelve patients, was opened in 1869. The last of the eleven blocks, of which the institution at present consists, contains rooms for twenty-one cases, and was completed in 1889. The hospital now forms an imposing series of houses, and affords accommodation for 154 patients, ninety-two bedrooms being available for men and sixty-two for women.

The hospital is admirably situated in the sheltered and beautiful Undercliff, about a mile west of Ventnor, and overlooking the English Channel. This district of the Isle of Wight has long been noted for its suitability for many chest cases, and although recent experience of sanatorium life in various parts of the British Isles has gone far to modify opinion on the special advantages of particular climates in the management of phthisical cases, it must be admitted that the Ventnor district presents not a few advantages. The hospital is well protected on the north by trees, a well-wooded slope, green sand cliffs and lofty chalk downs; it is also sheltered to some extent on the east and west, but to the south it lies open. It is only some three hundred yards from the sea, and its elevation is but eighty feet. The soil is mainly sandy. There are about twenty-two acres of ground. Generally speaking, the climatic conditions may be characterised as mild and humid, with considerable sun and a comparatively small amount of rainfall. Many find the place relaxing. Some consider the district unsatisfactory for throat cases.

The institution, although it still retains its name of "hospital," has for long occupied a prominent position among pioneers in the application of hygienic methods. As far as possible it is conducted on modern sanatorium lines. For many years great insistence has been made on open-air procedures. The hospital has been designed and constructed on the separate principle; each patient is supplied with a sleeping apartment. There are eleven blocks; most of them have been erected by private friends, and practically form separate and complete houses; each bears a distinct name, usually that of the donor or some relative whose name is associated therewith "in memoriam." All the blocks are connected by a spacious subway. Each block is well constructed of brick and stone and is slated. There is a covered verandah along the ground-floor, and covered wooden balconies to all but the topmost storeys. The patients' apartments are all on the south. The ground-floor is used for day rooms. The administrative block is No. 9, and has a large and elegant dining-hall, pleasantly decorated and well lighted, and with a convenient stage for entertainments. There is also a large orchestron and portrait of Dr. Hassall, the founder of the hospital. The men and women dine together, but at separate tables, and it is only in the dining-hall or at chapel that the sexes are supposed to have any opportunity of communication. In the grounds there is a sharply-defined dividing line. No. 9 block contains consulting rooms, dispensary, board room, medical officers' quarters and kitchen. The newest portion of the hospital is the Battenberg block, No. 11, which is thoroughly modern, with its teak floors and staircases, walls of Parian cement and rounded angles, well-designed doors and windows and wide balconies of iron sufficiently wide to allow a bed to be wheeled out on to them.

Nowadays the open-air method is strictly carried out. There are, however, elaborate arrangements for the collection of impure air and the admission of warmer air. Heating is by steam pipes and radiators. Electric lighting is employed in all parts.

The following are among the rules:—

"Patients shall rise at 8 a.m., and go to bed at 9 p.m., lights to be all extinguished half an hour after retiring.

"The hours for meals are: Breakfast, 8.30 a.m.; dinner, 1 p.m.; tea, 5 p.m.; supper, 8 p.m. These hours must be punctually observed, and no one must be absent from any meal without the sanction of the resident medical officer.

"Patients are strictly forbidden to enter public houses, or other places where intoxicating liquors are sold, or to partake of any liquor not ordered and provided by the hospital authorities. Summary dismissal will be incurred by infringement of this rule.

"Patients are prohibited from bringing into the hospital, or receiving from without, any article of food or drink.

"Smoking is permitted in the lower terraces and in the shelter provided there, also on the walks, but only at times sanctioned by the resident medical officer.

"Card-playing and gambling of every description is strictly prohibited."

Open-air treatment is systematically enforced. Strict hygienic precautions are taken; and as far as possible, the patients are instructed in the conduct of a healthy life. Baths are employed, and those in the newer blocks are good. Various drugs are employed as required. There is a good dispensary and a very capable

lady dispenser, who also acts as recorder of the meteorological observations. There is a general superintendent and a chaplain, who are non-resident, and a resident medical officer and three assistant medical officers, a matron, and staff of eighteen nurses. The honorary medical staff consists of five consulting physicians, four "physicians in London," three "physicians in Ventnor," one local surgeon, and there are also two analysts.

The institution is directed by a somewhat complicated series of committees, which meet in London and Ventnor.

The hospital opens its doors to all applicants without distinction of creed or sect. Cases are received from all parts of the United Kingdom. Over 19,000 patients have been admitted. Cases eligible for admission are those which are in an incipient or early stage of disease or arrested if in the later stages. Patients must be necessitous, and not in a position to defray the entire cost of maintenance and medical treatment, but not in receipt of parochial relief. Applicants for admission must be provided with a letter of recommendation from a governor and a medical certificate, and if admitted will be required to pay ten shillings a week. We recommend a careful study of the last, or thirty-fourth, annual report, which contains much matter of interest, including a valuable report on the mortality in England and Wales from pulmonary phthisis and other diseases of the respiratory system, by Dr. John Tatham, of the Registrar-General's Office, Somerset House. The report is well illustrated, and we commend its perusal to all medical men who desire to send cases to the Royal National at Ventnor.

Transactions of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD JANUARY 20TH, 1904.

MR. CHIENE, President, in the Chair.

THE meeting was devoted to a discussion on the

DIAGNOSIS AND INDICATIONS FOR OPERATION IN ACUTE APPENDICITIS,

which was opened by a paper by Dr. W. RUSSELL, an abstract of which will be found on page 112.

Mr. J. M. COTTERILL, speaking from the surgical standpoint, said that the difficulty was to diagnose the exact condition of the appendix, the possibilities being so many, and often complicating one another. The three cardinal symptoms were pain, tenderness, and rigidity of the abdominal walls. Pain was usually first in the right iliac fossa, then umbilical, and in a few hours appendicular once more. Pain increasing after thirty-six hours indicated blockage, perforation or gangrene. He deprecated the use of opium; pain so severe as to require a narcotic was a reason for surgical intervention. Gradual diminution of pain generally meant improvement; its sudden disappearance, gangrene, especially if the other symptoms continued, in which case a cessation of pain was a very bad sign. Pain associated with frequency of micturition generally indicated that the appendix was in the pelvis. As to deep tenderness, care must be exercised in palpation lest rupture be caused. Rigidity of the right lower quadrant of the abdomen was usually progressive; it was not, however, a very early symptom. Spread of rigidity was a sign of peritonitis. Vomiting was a very common initial symptom; if it continued after the first twelve hours that was a bad sign. While constipation was the rule, uncontrollable diarrhœa might be met with. Along with vomiting, diarrhœa was unfavourable. If obstruction and tympanitis were present the case was usually past surgical measures. A moderate temperature of 102° or 103°, falling on the third or fourth day, was favourable; a fall with a rapid pulse was the reverse, while a high, remitting temperature usually indicated sepsis. He looked on the pulse and the nature of the vomiting as the most trustworthy signs; early rigors meant gangrene or perforation; leucocytosis was suggestive, but not conclusive. The facies was also a help. It was quite impossible to foretell rupture, since all the bad symptoms developed after and in consequence of rupture or gangrene. The chief indications for operation were: (1) fulminating cases, which, however, were rare; (2) in acute cases—vomiting after the first twelve hours, pulse of 100 or over, falling temperature without general improvement, sudden cessation of pain. Delay might be safe in cases of gradual onset, with tumour, and with slow pulse. The mortality in surgical cases was 25 per cent. The most important question was whether all cases should not be operated on within twenty-four or thirty-six hours, irrespective of their severity. This could only be decided by a statistical determination of the risks attending early operation, for which materials were as yet wanting. If the mortality was no higher than by the expectant method, then undoubtedly all cases should be treated surgically.

Dr. HALDANE discussed the medical treatment shortly. He advised calomel and salol as an intestinal antiseptic in the early stages. Leeches relieved the pain effectually, and so did hypodermic injections of strychnine.

Mr. CRAWFORD RENTON (Glasgow) divided acute appendicitis into three groups of cases:—(1) Ordinary catarrhal, unaccompanied by swelling; (2) acute cases with swelling, which might resolve or suppurate; (3) perforating cases. Catarrhal cases might about the fifth or sixth day give rise to exudation or become gangreneous, therefore the risk of this happening was greater when catarrhal cases were allowed to go over the third day. Ought this risk to be run? Personally, Mr. Renton inclined to remove the appendix early, even in catarrhal cases; if they were not seen till after the third day, failing urgent symptoms, he preferred waiting till the quiescent period. It was most important to watch the pulse and temperature, especially about the fifth and sixth day, when perforation or suppuration was most likely to occur. When a patient once had an attack of catarrhal appendicitis he thought he ought never to be allowed out of bed without being operated on. Leucocytosis he thought a valuable addition to the other signs.

Dr. JAMES RITCHIE said that, apart from cases he had had operated on, he had only had one death, so that his views as to the severity of the disease must be different from a surgeon's, who saw only the worst cases. Appendicular colic was in reality often a catarrh of the colon or cæcum. The diagnosis of appendicitis might be very easy or very difficult; it was very essential to examine the whole of the abdomen. As diagnostic difficulties, he mentioned cases of colitis, gastric catarrh with rheumatism of the abdominal parietes, and perforation of the stomach with passage of the gastric contents into the pelvis. Fulminating cases, and cases attended with sudden pain and shock, should certainly be operated on; quiescence of the symptoms was often very deceptive. Opiates ought only to be given after a definite decision as to whether or not operation was required had been come to. After recovery, if there was absolutely no tenderness remaining, he did not think operation was indicated.

Mr. CAIRD thought they could best understand the symptoms of appendicitis by comparing them with affections of other parts of the intestine. They were very much the same as that following strangulation of a knuckle of colon, involving only a part of its circumference, and not causing mechanical obstruction. In the same way other cases of appendicitis might be compared with partial occlusions of the intestine by swelling and the presence of a foreign body. In any case, whether the affection was of the appendix or of another part of the intestine, the result was a localised paralysis of the bowel which gave rise to the symptoms. The diarrhœa which was sometimes met with was comparable to that accompanying strangulated hernia, and was due to the emptying of the bowel below the lesion. Pain referred to the urethra, with

frequency of micturition, was probably as a rule reflex, though it might be due in some cases to the appendix dipping down into the pelvis. As to the question of operation, he pointed out that recovery always meant a damaged appendix, though, to be sure, dense adhesions might to some extent protect against future perforation. He gave details of several cases illustrating the principles of operation. As to the question of early operation in all attacks, the point on which information was needed was, How many patients have one attack, and no more?

Dr. Burn Murdoch gave a synopsis of the symptoms on which he relied for diagnosis, and alluded especially to the difficulty in distinguishing appendicitis from ovaritis in some cases. He thought there could be no doubt that perityphlitis and typhlitis existed. As to the indications for operation, he could only say that he had never had a case treated surgically but that he was glad afterwards for having done so, while he had often regretted delaying operation. Speaking generally, he was becoming more and more favourable to early operation as years went on. In his own experience single attacks were rare, and relapses common.

Mr. Stiles said he proposed to limit his remarks to appendicitis in children. He very seldom had operated on young patients in the intervals, for, as a rule, the first attack was very serious. His rule was always to operate in a definite acute appendicitis in a child. Fulminating and acute cases, the latter rapidly going on to suppuration, were relatively very common in children, catarrhal appendicitis being much rarer. The chief guide was *suddenness of onset*. Pain in the abdomen and vomiting, and especially persistence of vomiting, were most important indications. Next to them he placed the pulse, not so much its rate, which was usually over 120, as its character. The temperature was little guide. As to the examination of the abdomen, pain and resistance were difficult to estimate, so the examination should be carried out under an anæsthetic. The conditions usually mistaken for each other were intussusception and appendicitis, but the symptoms were really different; in intussusception the patient was quiet and happy in the intervals, but in appendicitis miserable the whole time. Examination under chloroform would never fail to reveal the tumour in intussusception, while in appendicitis fulness could usually be made out *per rectum*. In children early operation within twenty-four hours was imperative; by forty-eight hours the case was often hopeless. His rule was to operate on every case with an acute onset in which *any symptom persisted*. The disease was rare in the period of first dentition. As to differential diagnosis, the conditions which were most likely to give rise to error were peritonitis from rupture of caseous tuberculous glands, abdominal tubercle with an acute exacerbation of some kind, inflammatory conditions of the base of the right lung and pleura, pneumococcal peritonitis, and strangulation of a Meckel's diverticulum.

Dr. Affleck reminded the Society of a discussion on appendicitis which had taken place there eleven years ago. The diagnosis was not always easy; in his opinion the two principal causes of fallacy were enteric fever and tuberculous peritonitis. He had seen many cases with quite latent symptoms in which the patients had walked about for several days after the onset of symptoms. The worst case he had ever seen recover had been of this nature, the appendix being gangrenous and the abdomen full of pus at the time of the operation, which was succeeded first by pneumonia, and thereafter by general septicæmia.

Dr. Gulland referred to the value of the glycogen reaction as a guide to the occurrence of suppuration.

Dr. Russell replied to the discussion.

The Duke of Marlborough has consented to take the chair at a meeting at the West India Committee Rooms, on Tuesday, March 8th, at 3.45, when a paper, illustrated by limelight lantern, on "Tropical Diseases" will be read by Sir Patrick Manson.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Clinical Meeting held Friday, January 8th, 1904.

The President, Dr. Seymour Taylor, in the Chair.

Dr. Leonard C. Dobson showed a case of

LYMPHO-SARCOMA.

The patient, a man, æt. 44, had suffered a year from severe pains in the left occipital region, followed by enlargement of the cervical glands on the same side, those on the right side becoming enlarged some three months later. Three months after he complained of a bloody discharge from the pharynx accompanied by some "fleshy lumps," and rapidly lost weight. He attended the out-patient throat department of the hospital in November, 1903. Up to that time the glands were more than twice their present size, and he had a large, soft growth occupying the position of Luschka's tonsil, which bled profusely on examination, and broke down on the slightest pressure. There was no history of syphilis, and no other glands in the body were enlarged. The case was referred to Mr. Chisholm Williams for treatment, and under two exposures to the X-rays weekly had improved considerably. The diagnosis had at first been lymph-adenoma with lymphoid growth in the pharynx, but the fact that there were no other enlarged glands in the body, the persistent loss of weight, and the nature of the pharyngeal tumour seemed to point to lympho-sarcoma as the true solution.

Mr. E. Percy Paton considered it unfortunate, though unavoidable, that no microscopical examination had been possible to determine the nature of the growth in the pharynx. Should it be really lympho-sarcoma, it should not be forgotten that in such cases, quite apart from treatment, there was frequently great variation from time to time in the size of the growths.

Mr. G. A. Garry Simpson showed a patient in whom he had ligatured the internal saphenous vein for old-standing varix complicated by thrombosis. The vein was ligatured close to the saphenous opening, and in addition two masses of thrombosed veins were tied above and below without removal of the intervening portion. The result has been highly satisfactory.

Mr. McAdam Eccles congratulated Mr. Garry Simpson on the eminently satisfactory result in his case. He considered that in cases of venous thrombosis the vein at the actual site of the phlebitis should not be disturbed, but ligature of the internal saphena close to the saphenous opening was quite justifiable, especially with a view to the prevention of detachment and movement of clot.

Mr. E. Percy Paton thought that the course followed by Mr. Garry Simpson was clearly justified by the result.

The President showed a case of

SARCOMATOSIS CUTIS

in a man, æt. 32. The patient complained chiefly of cough, which was not accompanied by expectoration or night sweats. On further examination, tracheal stridor was noted, and the cough had the brassy character associated with pressure on the respiratory tract. On physical examination of his chest nothing further than distinct increase of the breath sounds and vocal fremitus and resonance on the right side could be detected. Laryngoscopic examination showed nothing abnormal. On the trunk numerous tumours—upwards of forty—were to be seen. They varied in size from that of a pea to that of a small orange, most being about the size of a small walnut. The smallest were not adherent to the skin, but very soon the cutaneous structures appeared to be involved, and a few of the larger had come to the surface and presented a granular dull red surface, dry and free from any exudation or discharge. The head, neck, and limbs were free from growths. The diagnosis lay between mycosis fungoides and multiple sarcoma of the skin, but in view of the fact that there has been no antecedent skin disease as, *e.g.*, eczema, Dr. Taylor was inclined to the latter opinion. No primary source other than the

probable intrathoracic new growth had been discovered.

Mr. E. PERCY PATON referred to three similar cases which he had seen. In each of these the primary growth appeared to be in the testis, and in each extraordinary rapid increase in size of the skin tumours was a marked feature.

Dr. ARTHUR WHITFIELD believed that the case was not one of mycosis fungoides. He thought it probable that the case was one of primary sarcomatosis cutis, a very rare disorder, but that all possible situations for a primary growth should nevertheless be investigated, as he remembered a case in which somewhat similar growths were proved after death to be metastases from an insignificant prostatic tumour of carcinomatous type.

The PRESIDENT showed a girl, æt. 19, who had been under his care in hospital for eight weeks. She was sent in as a case of advanced phthisis, and was extremely emaciated on admission, her weight being just over four stones. No evidence of tuberculosis or other organic affection was discovered, and the case was recognised to be one of anorexia nervosa as described and figured by Gull and others. The treatment consisted of careful dieting, at first by means of the nasal tube, as food was systematically refused, and later by giving small, easily digestible meals at frequent intervals. In addition, cod-liver oil was given in teaspoonful doses thrice daily. Improvement was steady and continuous, and when she left hospital she had improved immensely in appearance and in general strength, and had gained very considerably in weight.

Dr. RICE OXLEY referred to several similar cases which had been under his care. They were all of a distinctly "nervous" type; they all ran a long course; and in all careful dieting, together with massage and electricity, eventually effected a cure.

Dr. LEONARD C. DOBSON suggested the use of high-frequency electrical currents in the treatment of this and similar cases, especially if skilled massage were unavailable.

Mr. A. V. HAMILTON (for Mr. C. B. Keetley) showed a child with tuberculous disease of the spine, presenting two foci of disease with angular curvature—one in the cervical and the other in the dorso-lumbar region.

THE LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, JANUARY 15TH, 1904.

The President, DR. P. MCBRIDE, in the Chair.

DR. W. H. KELSON showed (1) a case of deformity of fauces in a woman; (2) a case of epithelioma in the cricoid plate region in a woman, æt. 30.

Dr. A. LOGAN TURNER showed a case of affection of the palate and larynx in a man. The patient suffered from œdema and infiltration of the uvula, left half of the soft palate and left lateral wall of the pharynx. There was infiltration of the epiglottis and both arytænoid regions. He considered the condition analogous to certain cases which Sir Felix Semon had shown at the previous meeting.

The case was discussed by Dr. P. McBride, Sir Felix Semon, and Dr. Dundas Grant.

Mr. ATWOOD THORNE showed a case of malignant disease of the nose in a man, æt. 70.

Mr. H. B. ROBINSON showed (1) a case of syphilitic necrosis of the sphenoid bone; (2) a case of left abductor paralysis in a male, æt. 31; (3) a case of syphilis of the posterior part of the tongue and posterior pharyngeal wall.

Dr. L. H. PEGLER showed a case of crumpled septum in which he had erased the hard structures four years ago, and in which the intact mucous perichondrium remained unstiffened.

Mr. P. DE SANTI showed (1) a case of laryngeal vertigo; (2) a man with tertiary syphilis of the larynx causing stenosis, on whom thyrotomy had been performed four years ago with satisfactory results.

Dr. STCLAIR THOMSON showed (1) a case of complete paralysis of the left vocal cord in a woman, æt. 36; (2) and (3) cases of bleeding polypus of the septum.

Mr. H. T. BUTLIN showed a specimen of EPITHELIOMA OF THE CRICOID PLATE AND OF THE ŒSOPHAGUS removed by operation. The patient was a man, æt. 44, with a large smooth red tumour at the back of the larynx, almost confined to the left side, involving the whole of the ary-epiglottic fold, but not encroaching to any extent on the interior of the larynx. There was a very large mass of glands on the left side of the neck so intimately associated with the sterno-mastoid that their removal could only be carried out by removing almost the whole of the muscle. The disease had started ten months previously as a curious catch in speaking. For four months there was a difficulty in swallowing, and when first seen by Dr. Butlin the patient could only swallow with pain, and the voice had just become husky. The age and immense strength of the patient, and the fact that Professor Gluck's successful operations for what would have appeared to be hopeless conditions of malignant disease of throat and neck, induced him to put the matter before the patient, who decided in favour of operation. An extremely extensive operation had to be performed, necessitating removal of the whole internal jugular vein, the glands of the neck, and the whole of the sterno-mastoid muscle on that side. The patient made an excellent recovery, but within two months the disease had recurred. He had operated on another case of the same sort, but within a week the patient died suddenly from profuse hæmorrhage, probably from the carotid.

The case was discussed by Dr. McBride, Sir Felix Semon, and Dr. Watson Williams.

Mr. F. C. SHRUBSHALL (for Dr. P. Kidd) showed a patient suffering from a tuberculous outgrowth from the anterior end of the left vocal cord.

Dr. DUNDAS GRANT showed (1) a case of sessile fibromata at the anterior extremity of the left vocal cord partially removed by means of forceps and completely extirpated by the galvano-cautery; (2) a case of atrophy and collapse of alæ nasi treated by means of a subcutaneous injection of paraffin. A note of warning was sounded by some speakers as to the dangers that might accrue after the injection of paraffin; (3) photographs of a case of flat and sunken nose treated by paraffin injections.

Mr. HUNTER TOD showed a case of soft fibroma of the left vocal cord in a woman, æt. 31; (2) a case of sarcoma of the post-nasal space probably involving the ethmoidal region, with enlargement of the cervical glands on the right side in a man, æt. 51. The general expression of opinion was that operation was impracticable.

Dr. WATSON WILLIAMS showed a man, æt. 42, with an interlaryngeal new growth.

THE SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD JANUARY 15TH, 1904,

DR. PORTER PARKINSON in the Chair.

DR. ERIC PRITCHARD showed a case of transposition of the viscera in a girl, æt. 12. The heart, liver, stomach, and spleen were transposed. The child had been delicate since birth, and had at one time been treated for enlargement of the spleen, owing to the liver having been mistaken for that organ. In reply to questions, Dr. Pritchard said the girl was undoubtedly deficient mentally, and that he would have a skiagram taken to see whether the aortic arch was on the right side.

DR. PRITCHARD also showed a case of congenital absence of the left arm in a girl, æt. 15. The stump ended about two inches below the elbow in a small excrescence, which presented the appearance of a rudimentary thumb provided with a nail. He regarded the case as one of arrested growth during an early stage of development by a fibrous band which partially strangulated the growing extremity.

Dr. HAWTHORNE said that there were many cases which presented processes in the stump; he had seen at least two in which there were processes that might

be claimed to be digits. In one of these there were five processes.

Mr. A. H. TUBBY showed a case of sarcoma with secondary deposits in a boy, æt. 2¾. Seven weeks previously the child received a knock on the left leg, and soon afterwards the mother noticed a swelling there, which was poulticed. Three weeks ago he was again struck on the same leg, and also fell, striking his head. He now presented a definite tumour over the left leg, attached to the fibula, and a smaller tumour over the right parietal bone. The left inguinal and iliac glands formed a large adherent mass, but were not tender. In 1889 Mr. Tubby, in a paper published in the *Lancet*, had pointed out the direct relation of traumatism to sarcoma of bone, and he thought this was now generally accepted. The growths on the leg and head both followed a direct injury. He thought they might be looked on as separate local outbreaks of a specific disorder. The occurrence of pyrexial attacks was not unknown in cases of rapidly-growing sarcoma, and might complicate the diagnosis. He had seen a case of sarcoma of the lower end of the femur in a girl, æt. 13, where the temperature reached 102° F., and led a colleague to believe that it was a case of acute periostitis. This was disproved by incision. In the present case operative treatment was not available owing to the implication of the glands.

Mr. LOCKHART MUMMERY suggested that the primary growth might have been in the glands of the pelvis without giving any external signs.

Mr. TUBBY also showed a case of congenital dislocation of the fifth cervical vertebra in an infant of three months. The deformity was noticed the day after a normal birth. No symptoms had been observed until a week ago, when vomiting occurred several times a day. At the base of the neck there was a sharp bony prominence, which corresponded to the fifth cervical vertebra. The summit of this process was formed by the left articular process, and the spinous process could be felt to the right of it. On pharyngeal examination, a depression could be felt on the left side of the affected vertebra. There was also congenital scoliosis, the curve being to the right in the dorsal region, and to the left in the lumbar. Another congenital deformity present was the absence of the costal cartilages of the fifth to the eighth ribs on the right side of the chest. There were no evidences of paralysis. Mr. Tubby regarded the case as one of dislocation of the vertebra.

Dr. ERIC PRITCHARD showed a specimen of congenital malformation of the heart.

Dr. T. M. FORTESCUE BRICKDALE (Bristol) showed the following specimens:—(1) Two examples of congenital dilatation of the ureters and hydronephrotic kidneys, with hypertrophy of the bladder; and (2) two specimens of tuberculous ulceration of the stomach.

Dr. GEORGE CARPENTER showed a specimen of congenital cysts of the lung.

Mr. T HOWELL EVANS read a paper on the relation of

CERTAIN EXTRA- AND INTRA-CRANIAL HÆMORRHAGES IN THE NEW-BORN.

He considered that these hæmorrhages were dependent on the following factors:—(1) Irregularity in the moulding of the fœtal head; (2) this irregularity arises from the presence of accessory sutures in the situations where certain extracranial vessels anastomose with the intracranial vessels; and (3) the rise of blood pressure which occurs during the reactionary period, when the child is recovering from the birth trauma. In support of these views, he noted the facts that these hæmorrhages occur in non-instrumental labours, and as frequently in breech as in vertex presentations, and with approximately the same frequency as the accessory sutures referred to. In a normal fœtal skull the anastomosing occipital and meningeal vessels are secure from injury, but when the accessory sutures are present irregular moulding occurs at them and the vessels are lacerated. The author illustrated these anatomical irregularities and the allied conditions in anthropoid apes by a series of lantern slides.

Dr. SUTHERLAND said that this subject was of extreme interest to physicians and surgeons, and that he considered Mr. Evans' paper was a most suggestive one. They met with cases described as birth palsies, in which the labour was normal, neither too prolonged nor too rapid, and it was difficult to understand how such cases were explained by the ordinary pressure theory.

Dr. HAWTHORNE said that any theory which was to account for these cases of intracranial hæmorrhages must take cognisance of the fact that they occurred in cases which had not been subjected to any undue pressure, some cases occurring in infants born at the seventh month.

Dr. W. C. CHAFFEY (Brighton) read a paper on

THE SEQUEL OF A CASE OF EXTREME WASTING,

shown at a meeting in July last. The patient was a boy, æt. 10, who was extremely wasted, refused all solid food, but drank two and a half pints of milk daily, and presented no objective signs of cerebral disease. The case had been regarded by most of the members as one of hysteria. In October he developed bedsores, had attacks of headache with screaming, and tonic contractions appeared in the extremities. These and other symptoms led to a diagnosis of tumour cerebri or meningitis. At the necropsy there was found to be chronic meningitis, chronic hydrocephalus, and an endothelial tumour about the size of a walnut attached lightly to the posterior aspect of the right optic thalamus.

Dr. CARPENTER said he believed that not only might new growths be started by traumatism, but also other diseases, such as tuberculous meningitis, pneumonia, and pleurisy.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY.

AN Ordinary Meeting was held at 20 Hanover Square, W., on Wednesday, January 20th, at 8.30 p.m., the President, Dr. ALFRED STREET, in the Chair.

A paper was read and a demonstration given by Dr. W. S. HEDLEY on "Physical Therapeutics," an abstract of which will be found on page 113.

The PRESIDENT said he was particularly struck by the judicial moderation of the claims put forward, and inquired whether investigation had yet been made of the radio-activity of sea-water, and why the healing of an ulceration caused by radium sometimes took so long as six months. He asked for information as to the activity, applicability, and mode of using the plasters containing thorium and pitchblende, which were shown by Dr. Hedley.

Dr. SYMES-THOMPSON drew attention to the value of the instruments described, by which the quantity and quality of the forces evolved were estimated as likely to add greatly to the precision of X-ray therapeutics.

Dr. SANSOM narrated his experience of the high frequency current at Aix, and how a great authority there thought little of them. We ought to be very careful to differentiate between the subjective and the objective. There was much of glamour about electricity, but the radium discovery was very potent for good and taught us that there was much yet to learn.

Dr. HERSCHELL said that he could not agree with Dr. Sansom that the results of high frequency applications were mainly due to suggestion. In addition to the effect upon the metabolism of the body, which might be disputed, if we administered the current from the small solenoid with a spark gap in the circuit we should obtain muscular contractions equalling those produced by the induced current or by the Morton current. There could be no suggestion about that. The effect upon hæmorrhoids also was a visible one; if we saw a pile of an inch in diameter shrink to half the size as the result of two or three applications of a condensor electrode we must perforce credit the evidence of our own senses. And it was difficult to understand how such a result could be brought about in any other way than by the direct action of the current upon the tissues.

Dr. GROVES (Carisbrooke) said he had gathered that

the X-ray and high frequency currents were powerful and dangerous agents, about the action of which very little was actually known by some of those who practise this form of therapeutics. He thought that careful experiments should be made in public institutions by scientific men, and any positive results obtained by them given to the profession.

Dr. BRAITHWAITE wished to know whether the effect of high frequency currents in rheumatoid arthritis is due to general tonic effect on the patient or to an effect on the specific cause of rheumatoid arthritis.

Dr. SEPTIMUS SUNDERLAND asked what effect was produced on cheloid growth in scar-tissue by the X-rays, Finsen light, and radium.

Dr. Leonard Williams and Dr. Gage Brown made remarks.

In reply, Dr. HEDLEY could not refer to any experiments demonstrating the radio-activity of sea-water. He thought the ulceration produced by radio-active bodies was the same in its clinical character and pathology as that of X-ray burns. The therapeutic uses of high frequency currents had never been tested under really experimental conditions, but there was no possible doubt as to their physiological effects upon the "respiratory combustions," urine, blood, and blood pressure, &c.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

AT the conclusion of the annual meeting for the election of office-bearers, held in Owens College, Manchester,

Dr. A. STOKES read the notes of a case of eclampsia, with fatal result.

A discussion followed, in which the President, Drs. Briggs, Martin, Croft, Nesfield and J. Garner took part, after which Dr. STOKES replied.

Dr. A. DONALD (Manchester) read a paper on—

CHRONIC ENDOMETRITIS AND CHRONIC METRITIS IN VIRGINS.

He dealt with affections of the endometrium and mesometrium occurring apart from the usual infective causes (sepsis, gonorrhœa, &c.). The paper was based on a series of forty cases which had been carefully observed. Attention was specially directed to one group of cases, which were characterised by the association of these three conditions:—(1) Small or infantile cervix; (2) acute flexion, forwards or backwards; (3) enlargement of the uterine body. The symptoms in these cases were, in the order of frequency: (1) pain or dragging sensation in one or both iliac regions, or pain generally in the lower zone of the abdomen (in thirty-six out of forty cases); (2) dysmenorrhœa (in thirty-three out of forty cases); (3) leucorrhœa (in thirty-one out of forty cases); (4) menorrhagia or metrorrhagia (in sixteen out of forty cases); and (5) remote or nervous symptoms. In a large proportion of the cases the uterine mucosa was much thickened. The uterine cavity showed an increase in length of from a quarter to one and three-quarter inch, and the mesometrium was sometimes considerably thickened. Microscopic examination of the mucous membrane removed showed great increase in glands or in inter-glandular stroma, or both. Remarks were made as to the etiology and treatment of the condition.

The paper was discussed by Drs. Lloyd Roberts, Arnold Lee, W. E. Fothergill, Stokes, Richardson, and the President.

Dr. DONALD replied.

The list of office-bearers elected at this meeting will be found under the heading of "Medical News."

ULSTER MEDICAL SOCIETY.

MEETING HELD IN THE MEDICAL INSTITUTE, BELFAST, JANUARY 21ST, 1904.

DR. JOHN CAMPBELL, F.R.C.S., President, in the Chair.

THE QUESTION OF SMOKING AT MEETINGS.

IT was proposed by Dr. A. B. MITCHELL, and seconded by Professor LINDSAY, that the practice of smoking at the general meetings of the Society be discontinued. After an amusing debate, in which the painful symptoms induced in some of the weaker brethren by an evening spent at a meeting where many men were smoking were vividly described, the motion was passed by a fair majority.

Dr. W. B. MCQUITLY showed a case of muscular dystrophy, and

Dr. FULLERTON an anomalous case of the same disease affecting one arm only.

Dr. ROBERT CAMPBELL showed two cases illustrating the effect of surgical treatment in obstetrical paralysis.

Dr. H. L. MCKISACK showed films from the urine of a case of tuberculosis of the kidney, showing casts of tubercle bacilli.

Dr. R. J. JOHNSTON read a paper on

NORMAL AND ABNORMAL MOBILITY OF THE KIDNEY,

based on an examination of the mobility or otherwise in a series of about 250 gynæcological cases, in which he had studied this point.

The paper, which led to an interesting discussion, will be published later.

Dr. Thos. Carnwath and Dr. Robert Watson, both of Belfast, were elected members of the Society at this meeting.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, January 31st, 1904.

PNEUMONIA IN CHILDREN.

NOTHING is generally more difficult, said M. Variot, than the diagnosis of pneumonia in children. The classics say that it is a rare affection, that broncho-pneumonia was more generally observed. The fact was true for broncho-pneumonia, but not absolutely exact as regarded pneumonia, which often passed unperceived.

A child, æt. 10, entered the hospital for supposed typhoid fever; high temperature, prostration, loaded tongue, diarrhœa; the symptoms were all those of typhoid. Examination of the lungs revealed sub-crepitant *râles* at the base. However, by percussion M. Variot discovered a dull zone at the apex of the right lung and behind which awakened his attention; nevertheless, the treatment ordered was that of typhoid fever: baths at 86° every three hours as long as the temperature remained above 102°, and quinine given by the mouth.

On the sixth day the fever fell suddenly, and at the same time the signs of pneumonia became evident, souffle and fine sub-crepitant *râles*.

In commenting on the case, Dr. Variot said that in such cases the signs afforded by auscultation were very uncertain; pneumonia in children attacked the centre of the lung, and as a large layer of healthy tissue separated it from the ear, nothing very abnormal could be heard. Weyle, of Lyons, claimed he had discovered a new sign of pneumonia: absence of expansion of the chest in inspiration on the affected side; but that sign was inconstant and could be found in other affections. The radioscope constituted a much better means of diagnosis, as the diseased part was represented by a shadow on the screen.

Practitioners, in presence of pneumonia in children, should eliminate from their mind, by careful and repeated percussion of the lung, the idea of typhoid fever. The same prudence should be observed with meningitis, a malady which naturally threw a family into despair. It was true that meningitis could succeed pneumonia as purulent pneumococcic meningitis, but it was a very rare affection, and was always fatal. On the other hand, pneumonia was a very benign affection in children.

Antisyphilitic Injections.

Huile grise:
Purified mercury, 40 grammes;
Lanoline (sterilised), 12 grammes;
Vaseline (sterilised), 13 grammes;
Oil of vaseline, 35 grammes.

Shake the mixture before using; two drops injected every six or eight days.

Abuse of Vaginal Injections.

Professor Lucas-Championniere has for many years protested against the abuse of vaginal injections. In a normal confinement, when the uterine wound and the vagina have been properly disinfected, further injections were needless. Ordinary leucorrhœa was not septic; it resulted only from uterine congestion, which was frequently cured by scarification of the os and the administration of iodide of potassium.

During pregnancy, vaginal injections might provoke miscarriage, while at the time of delivery the professor admitted only one injection of a strong solution of phenic acid. After delivery the patient should not be touched. In gynæcology M. Championnière criticised also the abuse of injections which irritate the nerve plexus. Among the agents used he preferred solutions of phenic acid, oxygen water (3 or 4 volumes), permanganate of potash, 1-2,000, alkaline solutions, astringents (camomile, walnut leaves, oak bark, tannin, &c.).

In the healthy woman no injection should be used; they were an obstacle to impregnation. Against leucorrhœa, alkaline injections to correct the acidity should be prescribed.

In conclusion, M. Lucas-Championnière said that vaginal injections should be regarded as a medical treatment, and never become a part of the toilette of a woman.

Anæsthesia by Cocaine and Adrenalin.

One of the most useful applications of the extract of the suprarenal capsules, says M. Foisy, consists in the possibility of obtaining anæsthesia and absence of hæmorrhage by its association with cocaine as follows:—

Solution of cocaine (1-200), 10 grammes.
Solution of hydrochl. of adrenalin (1-1,000) 10 drops.

In the case of large incisions (anthrax, suppurating adenomata) the entire following mixture may be employed:—

Solution of cocaine (1-200), 20 grammes.
Solution of adrenalin (1-1,000), 3 drops.

For a whitlow or boil:—

Solution of cocaine (1-100), 1 gramme.
Solution of adrenalin, 4 drops.

To avoid any accident it is necessary to place the patient in the horizontal position. The first injection should be made in the line of the incision and into the skin. One or two Pravaz syringes suffice. The needle is withdrawn and inserted more deeply, and three or four syringes may be necessary for the infiltration of the cellular tissue, and finally, one or two syringes are injected into the abscess.

As effect of the injection, the redness of the skin disappears very rapidly, a well-marked whiteness taking its place. In three or four minutes the anæsthesia is complete. The incision should be made layer by layer; transfixion with the bistoury should be rejected. As the incision is almost bloodless, care should be taken to ascertain if any vessel needs pinching up, otherwise secondary hæmorrhage might occur. To avoid such accidents as pallor, vertigo, or syncope it is prudent to make the patient keep the recumbent position several hours after the operation.

By anæsthesia, adds M. Foisy, obtained by this method one can operate without pain on whitlows, boils, anthrax, abscesses, anal fistula, &c.

Germany.

[from our own correspondent.]

Berlin, January 31st, 1904.

The Treatment of Epilepsy with Bromide of Sodium and Withdrawal of Chloride of Sodium.

A notice of a paper on this subject by C. Madien appears in the *Deut. med. Zeitung* of January 18th. This form of treatment has now been carried out in different institutions for two or three years, and the mode is based on the assumption adopted by Toulouse and Richet, that a much larger quantity of common salt is used than is required by the system, and that the excess prevents the due sedative action of the bromine salt so that unnecessarily large doses of the latter have to be given to produce a decided effect. It is claimed that only about two grammes of the sodium salt are required daily in place of the fourteen grammes usually made use of. In the case of twenty epileptics who, in spite of bromine treatment, had attacks almost daily, experiments were made. They each received 100 grm. milk, 300 grm. of meat, 300 grm. of potatoes, 200 grm. of flour, 2 eggs, 50 grm. of sugar, 10 of coffee, and 40 of butter. The nutrient value of the diet was 2,700 calorics. It was well borne for months. Besides this, 4 grm. (later 2) of bromide of sodium were given. It is stated that the results corresponded to the hypothesis, the attacks diminishing both in number and severity. The special diet without the bromine, however, showed no beneficial influence. Balirit also made experiments. He left out the meat, and replaced the sodium chloride of the bread by sodium bromide, a change which was well borne by the patients; 3 grm. of sodium bromide were added to 300 to 400 grm. of bread. The results in twenty-eight persons were remarkable; 86 per cent. of them lost their attacks completely, and in the remainder they were fewer and less severe.

The writer gave a modified Balirit diet—141½ litres of milk, 40 to 50 grm. of butter, 300 to 400 of bread and fruit of a nutritive value of 2,300 to 2,400 calorics. This was given to eighteen patients with slight modifications with good effects. In order to suit various appetites and to vary the dose of bromide, three sorts of bread were baked, one containing ¼ grm. of bromide to the 100 grm. of bread, one with ½ grm., and one with 1 grm. As, however, the diet could not be carried out strictly for months together, one consisting mainly of vegetables and with very little meat was adopted, and without harm to the treatment. As regarded results, a much more intensive action of the bromide was visible, a much smaller dose was required than formerly, and the undesirable bye-effects were avoided. The action on the disease also was more favourable. Patients who before had a monthly attack remained quite free after six months. He considers that the treatment, which, however, can only be properly and thoroughly carried out in an institution, has much to recommend it.

At the Medical Society, Hr. Plehn showed a case of

Leucæmia.

The patient was admitted into the City Hospital on October 30th, for a pain in the left leg that he had had for ten days. He had ascites, swelling of the liver and spleen, slight glandular enlargement, gingivitis, retinal hæmorrhage, and leucæmic changes in the blood; besides this, he had a rather large retro-peritoneal hæmaturia. After getting worse at first, he soon improved. The original myelogenous mixed-celled leucæmia improved, so that at the time only slight blood changes remained. All the changes in the organs had disappeared except a slight remaining enlargement of

the spleen. Such remissions in the course of the disease were very rare. The treatment made use of—injection of arsenic—he did not think responsible for them.

Hr. Kohn had seen such remissions twice, and did not think they were due to treatment. In one case the remission lasted six months, and then the disease proved rapidly fatal. In another case the improvement lasted ten years, but the latter was a chronic case.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, January 31st, 1904.

ANEURYSMA SPURIUM.

STUTZER showed pathological preparations to the Gesellschaft der Aerzte, where an exostosis from the femur led to a false diagnosis.

Wernlechner related a similar experience where a coagulum in the vessel over the exostosis compelled him to amputate the limb. In the early part of treatment the aneurysm was perfectly distinct, but when the blood coagulated in the cavity the whole vessel solidified, closing up the arterial circulation. No pulsation could be detected, and from the hardness of the neoplasm it was concluded that an osteo-sarcoma was the cause of the obliteration.

CEREBRAL ANGIO-SARCOMA.

Moszkowicz followed with a few cases of some interest to the Society. The first was a joiner, æt. 28, from whom he had removed an angio-sarcoma from the cerebrum, leaving an opening in the frontal bone of 6 by 7 centimetres, which he had covered with a celluloid plate.

He exhibited a tailor, æt. 39, whom he had resected at the first and fourth rib on the left side for peripleuritis.

He next showed a test tube for centrifugal work in securing sediment by means of attaching two drainage-tubes.

CHLOROMA.

Hitschmann reported the history of a case of chloroma affecting the skin and buccal region. From the right tonsil spread a neoplasm having all the appearance of a sarcoma. Immediately after this a few disseminated patches appeared on the body, first on the breast, next on the face, and subsequently on the extremities. These patches were of an efflorescent green colour, and were observed on the conjunctiva of the eye as well as the bulbus itself.

A careful examination of the blood showed an increase in the number of the leucocytes; at a later period lymphæmia poikilocytosis and polychromophilia.

The post-mortem revealed a large accumulation of a greenish deposit diffused over the body, which seemingly had taken its origin in the tonsils, as it was found under the mucous membrane of the fauces, nose, throat and bronchi. The glands of the neck and mediastinum were as green as grass by infiltration.

CANITIES PREMATURA ET ALOPECIA AREATA CURED BY RÖNTGEN RAYS.

Karl Ullmann showed two patients whom he had successfully treated for premature grey hair or poliosis, which is supposed to be more correctly described under the term canities, which is simply an atrophy of the hair pigment.

The first was a young man, æt. 28, who had always been healthy, but ten years ago, when only eighteen, he found himself becoming grey-haired, although the growth was of the usual or normal thickness. About the beginning of 1903 the hair began to fall out in great quantities without any attributable cause. This denudation confined itself to the middle of the head. As an experiment the Röntgen rays were applied for fifteen minutes on two occasions within a week, but to the horror of the patient this seemed to aggravate the disease, as another denudation occurred, leaving the patient's head as bare as the palm of the hand.

A few weeks after the hair had all fallen off, a fine, soft crop of black hair commenced to appear, and by June he had a profuse head of hair. Ullmann concluded that there was no doubt about the efficacy of the rays in stimulating the growth of hair as well as inducing the formation of pigment, which he endeavoured to prove by another case of alopecia areata.

BILATERAL TUBAL PREGNANCY.

Emerich Ullmann related the history of a patient, æt. 29, who on February 26th, 1903, was operated on for tubal pregnancy on the left side.

In July, 1903, symptoms again showed that tubal pregnancy had occurred on the right side. By the end of September this suspicion was confirmed and an operation performed, removing both uterus and right ovarian tube with the fœtus. The patient is now well.

GROWTHS IN FRONTAL AND MAXILLARY SINUSES.

Weil showed Röntgen photograms of the maxillary and frontal sinuses, both before and after treatment with sulphate of lead. He first fills the sinus with the powder, which prevents further thickening of the mucous membrane or increase of any growth present, which he contends is the most simple and conservative way of treating these cavities and thus obviating a radical operation.

Chiari observed that he recently treated an empyema of the maxillary sinus with an iodoform plug, with an excellent result. The progress of the disease and treatment was watched with the Röntgen rays.

ENTEROSTOMY.

Eiselsberg gave the Society a detailed history of 52 cases of lateral anastomosis of the bowel with 13 deaths; 8 of the cases were unilateral with one death; and 14 were total "Auschaltung" of the bowel with 3 deaths. Of 39 cases with lateral anastomosis 14 died within a year after the operation; 4 cases are still under observation, and two have quite disappeared. The remainder range from one to four years, three of whom were certainly carcinomatous. The operations were performed on account of neoplasms in 35 cases; acute ileus in 8 cases; tuberculosis, 21; acute appendicitis, 4; and 8 times for fistula. In summing up his results he said inoperable cases where anus præternaturalis is necessary, later entero-anastomosis is the best. It is also preferable where an antecedent operation is necessary in cases of fistula. The unilateral operation is usually more severe and more prolonged than the lateral operation, neither does it give the freedom desirable. When the bowel is fully separated most satisfaction will be obtained, although this is the longest and most severe of all the performances, but is the sovereign remedy for such affections.

In the discussion Schnitzler said that he always performed the lateral anastomosis by using one of Mosetig's double closing tubes, which was a protection for the contents of the bowel in the separated portions. He related another case of obliteration between ileum and cæcum from tuberculous ulceration. After the operation the pain was very great, which necessitated another operation to resect the obstruction which appeared to be the cause of the pain, owing to the peristaltic action dragging on the affected part. After resection the patient was quite well.

Ullmann said he had performed the total operation five times with disastrous results, not one of the patients surviving. They either died through the operation or from the disease.

Eiselsberg said he had not confirmed nor seen Mosetig's method tried on animals.

The Operating Theatres.

GUY'S HOSPITAL.

Excision of Large Vascular Tumours.—Mr. Clement Lucas operated on a female child, æt. seven months, who had been admitted for a swelling on the right side of the head. The patient was a healthy-looking baby who had enjoyed good health from its birth. When the child was born she had a red mark on the same side of the head, and in the same place. It was then as large as a sixpence; it was not raised above the skin, but the hair on it did not grow. The parents had brought her to the hospital when she was five weeks old, when the red mark was burnt out and the wound strapped up. When the strapping was removed, the place looked sore; this soreness gradually disappeared, but afterwards the place looked the same as before, and the red mark got gradually larger and became raised from the surrounding skin; it continued to swell and extend till about four months before the present time. On examination, the swelling was now about an inch and three-quarters long and an inch in breadth, and was situated over the parietal region; it was soft and fluctuating, and its edges were definite, there being a red mark in its centre; its surface was shiny and dry-looking, and no pain was felt on its being manipulated. The patient having been anæsthetised with chloroform, an elliptical incision was made surrounding the coloured area. The skin was dissected backwards for some distance on either side over the cavernous part of the nævus until well beyond its margin. In this way, there being often a kind of fibrous limitation to a cavernous nævus, fewer vessels, Mr. Lucas pointed out, are met with than if the nævus is by accident encroached upon by incision. The feeding vessels can very readily be controlled by finger pressure against the bone till their ends are secured by forceps and ligatured. The nævus being isolated on all sides was finally dissected up from its attachment to the pericranium and removed. Having completely controlled the hæmorrhage, Mr. Lucas brought together the scalp, but only with considerable difficulty, owing to the large surface removed. In order to render the scalp more movable, it was detached still further from the subjacent parts, and it was then found that with the aid of strong salmon-gut ligatures the edges could be approximated.

The second case was that of a rapidly spreading nævus of the scalp, eyelid, ear and face, where it was absolutely necessary to do something to prevent its rapid growth. The patient was a male child, æt. six months, who had been born with a red mark on its forehead about the size of a pea; the mark was situated to the right of the anterior fontanelle. It spread rapidly, soon reaching to the back of the ear and down over the right eye, on to the cheek, and also towards the nose, and across the middle line of the forehead. A place on the back started at the same time, and was at first the size of a pin's head, but this also spread rapidly, so that now it is six inches from above downwards and about five inches at its base; it is situated over the scapular region. The little patient was perfectly healthy in all other respects. In these cases Mr. Lucas relies on galvanic cautery puncture as a primary measure to prevent the spreading. The patient being under an anæsthetic, a series of deep punctures were made along the margin of the growth about an eighth of an inch apart; they were carried through the cellular tissue down to the deep fascia. Any tendency to bleed was stopped by reducing the heat of the cautery so as to make a black eschar. The apertures thus made along the margin of the growth were then filled in with iodoform powder, dry, antiseptic gauze being applied over. In this way, Mr. Lucas said, suppuration is reduced to a minimum.

He remarked that these two methods—excision and cautery—he entirely relies upon for the cure of all nævi. Although he considered the galvanic wire cautery to be the more convenient, yet a pointed Paquelin's cautery is often more easy to carry about, and when neither of these is available the homely skewer heated in the fire serves equally well for cautery puncture, or even a straight paper file will serve the purpose heated in the fire, the wooden handle of which protects the surgeon's hand from injury. He pointed out also that there was still hesitation among many in employing excisions for the very largest nævi, some of which may occupy a large part of the cellular tissue of a limb; in these cases he himself operates successively on considerable portions, leaving each successive part to heal before subjecting the patient to a second, third, fourth, or fifth operation. He mentioned a recent case which had just left the hospital, in which he excised in three operations a large subcutaneous nævus affecting the lower eyelid, nose and cheek; the first operation was carried out in a vertical direction, leaving the scar on the side of the nose; the second and third were carried out horizontally on the eyelid and cheek, so as to leave the scars corresponding to the upper margin of the superior maxilla. The result was very satisfactory, the scarring following these lines not being very noticeable, whilst, on the other hand, the nævus before removal was most disfiguring. Again, in a case which he completed last autumn, he removed by excision in seven operations an enormous nævo-lipoma of a pendulous character extending from the buttocks to the foot, completely curing the patient of a tremendous disfigurement. He remarked that the cautery was of chief use in the red capillary nævi, which are apt to spread rapidly, whereas excision is more applicable to the subcutaneous cavernous form or to the mixed form.

CHELSEA HOSPITAL FOR WOMEN.

Abdominal Hysterectomy for Myoma.—Dr. Arthur Giles operated on a single woman, æt. 30, who had been under the care of Dr. Gordon Hull. Her principal symptoms were weight in lower part of the abdomen, severe pain in the left iliac region, and irritability of the bladder, causing frequency of micturition. She was unable, in consequence of these disturbances, to follow her occupation. There had been no alteration in the characters of menstruation except that the pain on the left side was then aggravated. On examination, a hard, rounded tumour was felt, which appeared to involve the left side of the uterus; the uterine cavity was deflected towards the right. The patient was very anxious to be relieved of her tumour, and an operation was undertaken accordingly. On opening the abdomen it was found that the tumour originated in the left cornu of the uterus, displacing the left Fallopian tube to a considerable extent. It was the size of a large orange. The rest of the uterus was not affected, and the right tube and ovary were normal. A supra-vaginal hysterectomy was performed. The operation presented no special difficulties, and the abdominal wound was closed in the usual way. Dr. Giles remarked that pain was not a conspicuous symptom of uterine fibroids; when present it was due either to pressure or to some complication, such as

localised peritonitis or disease of the appendages. In this case the pain was due to compression of the left ovary between the tumour and the wall of the pelvis. The bladder irritation arose from the fact that the tumour had developed anteriorly as well as laterally. It was a case in which the choice in the matter of operation lay between hysterectomy and myomectomy. The latter procedure was best adapted for tumours situated on the anterior or posterior walls of the uterus; it was not usually suitable for tumours arising in the cornua, because removal of a tumour in this position left the uterus greatly distorted. On this account hysterectomy was performed in this case. It had been shown by the statistics of a former registrar, Dr. Crewdson Thomas, that there was a very definite advantage obtained by leaving one or both ovaries in a young woman, as the disadvantages of an artificial menopause were thereby lessened. In the case of a patient, æt. 45 or more, the removal of both ovaries made comparatively but little difference in the convalescence. In the present instance it was possible to leave the right ovary. The left appendages, although healthy, had to be removed owing to their position, as they virtually arose from the tumour.

The patient made an uneventful recovery, and left the hospital on the seventeenth day after operation.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 3, 1904.

RADIUM AND CANCER.

THE importation of radio-active forces into modern medicine constitutes one of the most recent as well as one of the most fascinating chapters of modern science. The discovery of the Röntgen rays placed in the hands of surgeons and of physicians a powerful additional weapon of exact diagnosis. Before long it was discovered that the emanations from the active Crookes' tube used to produce the X-rays were possessed of therapeutic properties. So far as malignant growths are concerned exposures to the live focus tubes are found to promote healing of ulcerating carcinomatous surfaces and to relieve pain, although they do not cure the disease. Applied to recurrent nodules after operation numerous cases have been recorded in which the secondary local recurrences have disappeared and sometimes been warded off indefinitely. Many cures of superficial epitheliomata have been reported, as well as of rodent ulcers. The usefulness of the X-ray tube in malignant growths, then, appears to be distinctly limited. A field of richer promise, however, is to be found in radium, that wonderful radio-active substance whose therapeutic properties, as yet in their infancy, are being investigated by many eager inquirers in various parts of the world. A few weeks since news came from Vienna that an epithelioma inside the cheek had been cured by the application of radium. Before that time, so long back, indeed, as May, 1903, brilliant results had been attained in our own country by Mr. Mackenzie Davidson, the well-known inventor of an exact system of X-ray localisation. In the year mentioned, by the application of radium he succeeded in curing several cases. The first, one of external rodent ulcer of the nose, healed up in about a couple of months, and showed no signs of recurrence five months later. The second case was a patch, the size of a sixpence, of verrucose tuberculosis of the skin of the hand. The lesion disappeared after seven applications of radium, and with one slight recurrence was completely cured. The third patient suffered from "rodent cancer" of the nose, and was cured with nine applications. The most brilliant of Mr. Davidson's cases was that of an extensive epithelioma of the face. The whole of one cheek was destroyed, the tongue and teeth being bare, the lips partially gone, the tongue foul and discharging, the hard and soft palates invaded. After several months' treatment, the discharge has been rendered inoffensive and sterile, speech has been recovered, and extensive cicatrisation has taken place. The patient appeared to be on the high road to recovery, but in any event it is clear that the course of the epitheliomatous process was profoundly modified, if not finally arrested. That result is sufficiently encouraging to instil fresh hopefulness into the energy of the many workers who are in quest of the key to that most baffling of all medical problems, namely, the etiology and the cure of malignant new growths. One suggestion thrown out by Mr. Mackenzie Davidson is worthy of careful consideration. Twice during the treatment of the last mentioned of the above cases a more than usually prolonged application of the radium was followed by a kind of erysipelatous rash, and a "reaction" temperature running up as high as 105° F. In the remission following each of these reactionary periods there was a distinct improvement of the local condition. Mr. Davidson, in an article published in the *British Medical Journal*, observes:—"It seems fairly clear that the radium radiations produce profound changes in rodent cancer, and that absorption of the altered products leads to the blush that so often follows the application of radium in this disease; and, if the exposure has been too long, then the blush may be succeeded by a severe inflammation resembling erysipelas. There seems a possibility that the products

absorbed may act as antitoxins. There is no evidence, meantime, that this is so. It is obvious that with a large surface care must be taken not to over-expose the parts to radium, otherwise serious constitutional disturbances may be produced." Radium appears to have little or no effect when applied to carcinoma through the unbroken skin. That it is capable of exercising a profound effect upon some of the morbid cell processes in malignant neoplasms can no longer be doubted. Modern science travels fast, and it may reasonably be hoped that the glimmering nescience of to-day will be replaced by the brilliant and adequate knowledge of to-morrow. Meanwhile the thanks of the community are due to the patient and devoted labours of those who, like Mr. Mackenzie Davidson, throw the search-light of scientific method into the dark recesses of the unknown.

THE PRODROMATA OF THE PSYCHOSES AND THEIR MEANING.

To the psychiatrist and neurologist, as well as to the general practitioner, any authoritative statement bringing fresh evidence in support of ascertained facts on psychiatry cannot fail to be welcome. The importance of a knowledge of the prodromata of so serious an event as an attack of insanity cannot be too assiduously pointed out. This we are constantly reminded of by the asylum physician, as doubtless in numerous cases which finally find their way to our asylums, if the recognition and importance of the prodromata were sufficiently recognised, the mental attack might often be prevented. A most interesting and important paper by Dr. Clouston was read on this subject at the last meeting of the Scottish Division of the Medico-Psychological Association, in which the author urges the importance of recognising that attacks of mental disease have early symptoms which are often not mental in character; and that it is equally true that in neurology the fact has not attracted sufficient attention; that all sorts of sensory, vasomotor and motor symptoms may be the mere preludes to an attack of insanity and not of themselves the real disease. He also points out that the neurologist who is called in to see a woman suffering from an unusual form of headache, with anorexia, insomnia, and obscure paræsthetic sensations, often misses the real point of the case because he does not realise that such symptoms are, in this particular patient, higher-cortical in origin, and may mean an attack of acute mania in a week, if nothing can be done to arrest their course. Discussing sensory symptoms, he holds that in addition to the various forms of headaches which are most commonly met with among women, there are other sensory symptoms of pain or of paræsthesia not confined to the head, namely, spinal pains and visceral pains, which frequently precede attacks of insanity; also that the sensory prodromata of mental disease may take the form of disturbance of special sense functions, which he attributes to a failure of nutritive and dynamic energising of the higher cortical cells. If the sensory system is hereditarily weak, or exhausted, or starved, or poisoned, then the mental centres that it keeps going must soon exhibit disturbance. Hence the common sequence of sensory neuroses and melancholia. Among the motor disturbances discussed are general convulsions, followed by attacks of acute insanity; localised twitchings are common, but the most marked and characteristic motor prodromata of insanity consist of changes in the facial and eye expressions. Among the other disturbances enumerated are insomnia, circulatory, nutritive and digestive disturbances, and menstrual derangements, and Dr. Clouston contends that a general consideration of the character and frequency of such facts from the physiological and pathological, as well as from the clinical, point of view leads to the inevitable conclusion that an attack of mental disease is commonly not a simple or localised phenomenon, but that they show the solidarity of action of the whole brain and of the whole of the nerve centres in the cord, and the special ganglia of the organic systems of the body, that they seem to point to the fact that the lower parts of the sensory apparatus very often break down before the mental apparatus in the highest regions, and prove the mental cortex to be the centre of the organism and teleologically its end, and that the whole class of "mental disease" should be regarded and treated, not as local disturbances, but as widespread departures from the normal physiological condition of the whole organism. Space fails us in referring further to Dr. Clouston's paper, which contains many other interesting points not here touched on. It gives a fresh impetus to the study of the pathology of mental disease, and demonstrates the importance of a careful study of all the organs as well as the brain and spinal cord, and also of bacteriology, in connection with mental disease. Dr. Clouston has on many former occasions emphasised the relation of phthisis and other physical diseases to insanity, and there is no doubt that certain disturbances of one or other of the systems mentioned by Dr. Clouston, most frequently the alimentary, exist prior to the development of the mental symptoms, although often most difficult to elicit, as the relatives and even the family physician constantly incline to view the mental as wholly apart from any physical symptoms the patient may have exhibited prior to the development of mental symptoms.

TUBERCULOSIS IN IRELAND.

It has nowadays become a truism that the battle with consumption is one quite as much for the layman as for the medical man. The function of the latter is chiefly advisory, both as regards his particular patient, and more generally as regards the health of the community. It is the physician's duty to instruct the public in

hygienic matters, and in the case of tuberculosis, at any rate, it is satisfactory that the intelligent interest of the public has been aroused. Under the circumstances the struggle against the disease has become a prolonged campaign, and, as often happens when but little apparent progress is being made, a certain weariness of conflict appears. So much is being said and written, both in lay and medical papers, that it is often with something approaching a sense of duty rather than real interest one returns to the subject. This being so, it is with a peculiar pleasure that one finds any contribution to the literature, where either through intrinsic importance of the views held, or because of some freshness of utterance, the reader is at once interested in spite of himself. On both these points we commend the paper contributed to the current number of *Tuberculosis*, by Dr. Alfred Boyd, the Honorary Secretary of the Dublin Branch of the National Association for the Prevention of Tuberculosis. In discussing the present position of the problem in Ireland, he states, as tersely as it is possible to do, the facts and figures of the past few years, contrasting the rates of incidence and mortality with those of England and Scotland. It is discouraging to those particularly interested in the Irish aspect of the question to find that while the death-rates from tuberculous diseases in England and Scotland have during the past forty years been reduced by about one-half and one-third respectively, the death-rate in Ireland shows a slight increase. It is curious that whereas the Irish rate is now the highest, in 1864 it was by far the lowest. In an agricultural population, such as in the main is that of Ireland, it ought to be easier to arrange life on hygienic principles than in an industrial population. But we must bear in mind the fact that in the Irish peasant's cabin over-crowding is the rule, and ventilation, once the door has been shut for the night, is unknown. If anything will counteract the evils of such habits, and tend to ameliorate the sanitary conditions of the people, it is the persistence of such efforts as Dr. Boyd tells us are now being made under the auspices of his Branch. "Much is being done to educate the people in matters of general hygiene. This subject is now taught in the Roman Catholic Theological College at Maynooth, and in several of the Training Colleges for National School Teachers; the influence of such teaching on the students in these colleges should in time show itself in an improvement in the hygienic state of the towns and villages, in the life of which the clergy and teachers are so important a factor. Hygiene is also being taught by the itinerant lecturers under the Technical Instruction branch of the Department of Agriculture and Technical Instruction." As regards the treatment of the disease itself, we find that in seventy-two Union infirmaries—nearly half the total number—there is now separate accommodation for cases of consumption, and it is likely that much greater enterprise will soon be shown by the Poor-law authorities. In Dublin itself, much remains to be done. The question of making phthisis a notifiable disease is still under discussion, and though it has been stated that it is at present optionally notifiable, no step has ever been taken by the sanitary authority to invite the co-operation of the profession in Dublin. No attempts are made to prevent spitting in the streets, and but little in public conveyances. The Medical Officer of Health has again and again urged the advisability of providing bacteriological examination at public expense, but the Corporation remains inert. The existing institutions for the treatment of consumption in Dublin, while doing admirable work as far as their resources permit, are quite insufficient. In fact, for the very poor there is at present practically no provision outside the Union infirmaries. While the position in Ireland is still very grave, yet there are undoubted hopeful signs in the awakening of public opinion and the enlightened action of many public bodies. With determined reform along the lines laid down by Dr. Boyd, there is no reason why the death-rate from tuberculosis in Ireland should not be materially reduced in the next few years.

Notes on Current Topics.

St. Bartholomew's Hospital.

THE meeting of the Governors of St. Bartholomew's Hospital at the Mansion House last week in furtherance of the appeal for funds for rebuilding on the present site resulted in a preliminary subscription list of £40,000. There is reason for congratulation on this result, as showing the practical sympathy of the public for this ancient and noble charity. At the same time it cannot be said that any of the speeches advanced any conclusive grounds against the adoption of a partial removal scheme, whereby the necessity of an appeal to the public would have been rendered unnecessary. The sale of the present site would have enabled the authorities concerned to have built a palatial hospital in a healthy suburb, and at the same time to have left behind ample out-patient, casualty, and medical school accommodation. The arguments advanced by speakers were founded mainly on sentiment. Sir Trevor Lawrence remarked that removal would not only make a great difficulty in the treatment of patients, but it would absolutely destroy the medical school. Why it should be more difficult to treat a sick patient at Hampstead, say, than in Smithfield is not clear, remembering that the great majority of St. Bartholomew's patients are drawn from the provinces and from outlying London. If the medical school be threatened by removal of the hospital wards, it is well to bear in mind the infinitely greater jeopardy arising from the centralising proposals of the University of London. The Bishop of London observed that the proposal to remove the hospital would be supported by some people just as would a similar suggestion with regard to St. Paul's Cathedral. The analogy, however, is hardly sound. St. Paul's is built for healthy citizens, and St. Bartholomew's for the sick and ailing. Moreover,

many City churches are deserted, and have plainly outlived their function, while others have been removed into the country. In short, the Bishop could not have advanced an apter illustration of the desirability of sacrificing sentiment to reason as regards the retention of effete institutions on the site of their former usefulness instead of removing them to fresh centres of activity. Mr. John Tweedy said removal of St. Bartholomew's would be not only a calamity but a disgrace to the City of London. Dr. Gee argued that if the Governors listened to critics who put forward ignorant schemes the result would be the disintegration and destruction of the Hospital. We venture to think, however, that strong expressions of opinion of that kind cannot take the place of convincing argument in so important a matter. Several London daily newspapers have made a strong stand in favour of a more economical scheme of partial removal. Some pointed questions bearing upon the point were raised by a Governor, and inadequately answered.

Notifications and Erroneous Diagnoses.

The action recently tried before Mr. Justice Grantham, in which Dr. William Gould was sued for damages for certifying a child as having small-pox, when it was really suffering from chicken-pox, should encourage practitioners to have the courage of their opinions. The plaintiff was a dressmaker and she claimed that her business had been ruined by the report that she had had a case of small-pox in the house. No one can help sympathising with a person placed in this unfortunate position, but the blame must be placed on the state of the law and an unhappy conjunction of circumstances, not on the doctor. Dr. Gould is to be heartily congratulated on having come scathless out of the trial, and secured a verdict exonerating him from any suspicion of blame. We are all fallible, and the power of making a correct diagnosis does not always lie within human capacity; the best a man can do is to arrive at the decision that seems to best accord with the phenomena that he observes. Having done this, he has no option in the case of infectious disease; he is bound to notify the case, whether he wishes to or not. The responsibility entailed by his decision passes out of his hands. In the case under notice Dr. Gould admitted in his pleadings that his diagnosis had not been confirmed by the subsequent progress of the case, but that he had performed his duty when he informed the sanitary authorities of his diagnosis. A medical man in one of the large towns was lately prosecuted and fined for failing to notify a case of infectious disease with regard to which he denied that he had made up his mind, but of which he had spoken to the relatives as being possibly one of scarlet fever. With the hard legal obligation laid on him the practitioner has no alternative but to notify to the best of his ability, and it will be well for people to grasp the fact that it is they who make the laws of the land, and that any disabilities that they suffer through its being carried into effect, however hardly they may press in individual cases, are such as they themselves are responsible for. There will always be grit in the axles of the best-oiled wheels, but the coach must be driven on nevertheless.

The Late Dr. George Salmon.

In common with our fellows in other fields of science and learning, we this week deplore the death of Dr. George Salmon, Provost of Trinity College, Dublin. To few men has it been given to make a world-wide reputation in two such distinct branches of study as mathematics and divinity, yet of Salmon this may truly be said. It is a great deal more than a generation ago since his publication of "Conic Sections" raised him at once to the foremost rank of mathematicians, where he established himself permanently by other works which soon followed—"Higher Algebra," "Higher Plane Curves," "Analytical Geometry of Three Dimensions." These books were at once recognised as epoch-making in higher mathematics, and were translated into every European language. It is passing curious that as text-books they are still, after forty years, in universal use. For the past fifteen years he had ruled over his College, where he had been regarded almost with reverence by those under his sway. Of unfailing courtesy, of delicious humour, of massive learning, of incredible modesty, and withal one of the strongest of men in character and will, he had these traits that ensure both respect and love. His loss to Dublin University is incalculable, for never in her history were calm judgment and inflexible strength such as his more necessary. To our own profession he was bound by warm ties, not only as the head of a College possessing a great medical school, but by his accepting a few years ago the Honorary Fellowship of the Royal College of Physicians in Ireland.

Cancer and Morphology.

The recent researches which have been undertaken in connection with cancer have resulted in the discovery of cancer cells in fish. It is not so very long ago that a distinguished pathologist asserted that the disease was peculiar to the human species, an assertion shortly afterwards discredited by the results of a careful inquiry into the occurrence of cancer in the lower animals, which results have now been supplemented by the present discovery. This, while it does not, so far as can be seen, enlarge the scope for treatment, seems to throw some light upon the morphology of the disease, and tends rather to support the view which has from time to time been expressed that certain embryonic cells possess spermatic properties. Haeckel's pronouncement that the individual in his life epitomises the "form-modifications" undergone by the successive ancestors of the species in the course of their historic evolution, may be held to explain the genesis of those cells. If the latter are remnants of bygone ages, it is not unreasonable to anticipate that with the increase of medical

science and the consequent preservation of the physically unfit, in defiance of the law which leads to the advancement of all organic beings, namely, "To multiply, vary, and let the strongest live and the weakest die," there will be a still further increase in the number of cancer cases. It may, however, be that the improved conditions under which we live will result in such a strengthening of the resistance of the tissues that the parasitic cell can no longer make encroachments upon them. Prof. Roswell Park, of New York, stated five years ago that the death-rate from cancer was increasing at such a pace that if for the next ten years the relative death-rates were maintained, in 1909 there would be more deaths in the State of New York from cancer alone than from consumption, small-pox, and typhoid fever combined.

Gonorrhœal Infection in the Female.

A SOMEWHAT unsavoury, but nevertheless highly important point has been brought forward by Dr. Antin, of Guatemala, who, as Government examiner of prostitutes, has gained a wide experience of venereal disease in Central America. It has always been assumed and taught that gonorrhœal infection was conveyed to the female by the introduction of the gonococcal pus into the vagina, and that the first symptoms of the disease occurred in connection with that tube. The vaginitis thus initiated, one has been accustomed to think, spread to the urethra and vulva, and, if not cured by strong and early measures, to the uterus. The disastrous results of gonorrhœal endometritis and its intractable nature are too well known to need comment. But Dr. Antin holds that the primary infection occurs in the cervix uteri, and that it is only when this structure has become inflamed that the vagina suffers, the discharge passing into it from the external os. Dr. Antin first noticed that all women with vaginitis and urethritis suffered also from cervical inflammation, and subsequently his attention was drawn to the fact that many women who were quarantined for cervical endometritis developed vaginitis and urethritis later. He then took to examining the discharge from the cervix in such cases, and found the gonococcus of Neisser both by staining and culture. His final observations were made on 154 women suffering from first attacks, and in all these he found the specific organism. The therapeutical deduction from these facts is that our recognised systems of treatment have been far from sufficient, and as the early treatment of the affection—which, unfortunately, is far from being confined to the class of women of whom Dr. Antin treats—is of the greatest moment, it will be well in the future to examine the cervix carefully. It is generally admitted now that unless energetic and severe measures are adopted at the outset, very grave complications may follow, and that to treat gonorrhœal vaginitis with mild antiseptic irrigations is to play with the fire. The best method is to anæsthetise the patient and apply strong antiseptics directly to the inflamed parts, and in all future dealings the cervix must be thoroughly dealt with in the same manner if an early and complete cure is to be effected.

Pulmonary Œdema and Serum Injections.

A CHRONIC condition of œdema at the bases of the lungs is one encountered in the course of many affections, accompanied by long-continued pulmonary congestion of cardiac insufficiency, notably in chronic renal disease, when the heart has begun to fail. The occurrence of an acute œdema of the lungs is less often met with, and fortunately, for it is a very grave condition. MM. Achard and Paisseau, at a recent meeting of the Société Médicale des Hôpitaux, described an autopsy they had performed in such a case. The patient was a woman who had undergone an operation for hysterectomy, and secondary internal hæmorrhage had supervened. In order to combat this, a subcutaneous injection of normal saline solution was given, the total amount of fluid inserted beneath the skin being ten litres in the course of twenty-four hours. Signs of pulmonary œdema began to appear to which she ultimately succumbed, and the characteristic lesions were found in the lungs after death. There were, in addition, alterations in the epithelial cells lining the renal tubules. To what the real cause of the pulmonary œdema was due in this case is a matter of some uncertainty. The authors were inclined to attribute it not so much to the chloride of sodium in the injection, as to its mere bulk. Alterations in the renal epithelium have been produced experimentally by the subcutaneous injection of saline solution in rabbits, but whether a condition of pulmonary œdema might be similarly caused is still undetermined. It is conceivable that danger might arise from the use of solutions of unequal tonicity to that of the blood, and still grosser errors, such as the injection of air when the fluid is introduced directly into the circulation, have, as is well known, been attended with fatal results. The case, such as the one quoted, shows that, beneficial as serum injections generally are, some caution, at least, is required in their use.

Typhoid Fever among the Chinese.

AMONG the various external factors which influence the incidence and character of disease, none, perhaps, are so interesting or so little understood as topographical conditions. Climate, race, and national habits and customs are known to render in the same malady certain symptoms prominent, and to obscure others. Typhoid fever is a disease which is powerfully affected by locality. Mr. James Cantlie (*a*) has shown that in China its type differs somewhat from that seen in Western countries. Taken on the whole, the disease is not common among the Chinese, but, owing to the absence of accurate statistics extending over a sufficiently long period, actual figures are difficult to procure. The Chinese method of preparing food would seem to be responsible for the comparative immunity which they enjoy from

(*a*) *Practitioner*, January, 1904.

enteric fever. Practically all the water consumed by them is boiled before drinking, either in the form of tea or in the shape of congee-water, which is water in which rice has been boiled. Vegetables are invariably cooked, and little milk is drunk. It is seen, therefore, that the most important channels of infection of the disease are eliminated. Europeans appear to contract typhoid in China with greater relative frequency, perhaps because they do not always adopt the native methods of preparing and cooking food. On the other hand, the case-mortality is much higher among the Chinese than among Europeans, but, here again, difficulties arise through lack of statistics. The reports of the different missionary societies deal less with medical cases, as a rule, than with surgery and ophthalmology, as the natives seem to prefer their own doctors for ordinary medical complaints. The "typhoid state" is said to be rarely seen in the Chinese, and real epidemic forms of the disease are almost unknown, though sporadic cases occur from time to time.

The Risks of Gastric Inflation.

The simplest form of intra-gastric technique, and, next to lavage, the one earliest learnt by the student of medicine, is that of artificially inflating the stomach with gas in order to delimit its boundaries or to demonstrate the position or immobility of a suspected tumour. No special apparatus is required for this purpose, all that is necessary being the administration of a measured quantity of bicarbonate of soda followed by some vegetable acid salt, such as the tartrate of potassium. The effects can be then carefully watched, and the position of the stomach accurately noted. As a general rule the method is devoid of pain or inconvenience to the patient, and is frequently of great assistance in arriving at a correct diagnosis of certain morbid conditions of the organ. That the practice of inflation may not be altogether without danger is shown by Dr. Moses Behrend, (*a*) of Philadelphia, who relates three cases in which its performance was followed by death. All the patients were over fifty years of age. The first died from hæmorrhage, a chronic gastric ulcer being found at the autopsy. In the second case, one of carcinoma of the lower end of the œsophagus and cardiac end of the stomach, death resulted from prostration, while in the third instance the fatal issue was directly attributable to shock, great dilatation of the lower part of the œsophagus being discovered at the post-mortem. In all cases carbonic acid gas was employed in the usual manner, and each one complained of a sense of oppression shortly afterwards. One striking point is the great diversity of the lesions discovered after death, but it is noteworthy that in two cases there was disease affecting the lower end of the œsophagus and cardiac extremity of the stomach, which would thus appear to constitute a "dangerous area." The chief drawback to inflation in gastric disorders is the inability to regulate exactly the amount and tension of the evolved gas. In advanced disease and debilitated subjects its practice is certainly contra-indicated.

(*a*) *Med. News*, December 19th, 1903.

The Health of Hospital Residents.

The state of the general health of the resident staffs in our hospitals is well known to be liable to considerable deterioration during their term of office, unless special precautions are taken to avoid it. There are many causes which combine to make it difficult for a resident medical officer or house-surgeon to keep himself thoroughly "fit." The sense of responsibility, which is apt to weigh unduly upon the newly-appointed resident, the constant contact with disease, both in the wards and in the out-patient department, the disturbed rest at night, and the limited amount of open-air recreation, all conspire to undermine the health of any but the most robust. In nine cases out of ten it is the resident himself who is to blame by deliberate neglect of regular, if brief, daily exercise in the open air, for there is nothing like complete absence from the scenes of work to remove the feeling of being always on duty which is apt to develop into a veritable fixed idea. There is more excuse, perhaps, for laxity in this respect in the case of the smaller hospitals, where the resident staff is limited to one or two, but in every large institution with a medical school attached it is quite possible for those holding house appointments to get "off-time" daily, except under circumstances of great pressure. Some interesting statistics bearing on the subject have been brought to light by Dr. W. R. S. Emerson, of the Boston City Hospital, in which it is clearly seen that the health and general fitness of the resident bear a distinct relationship to the amount of exercise taken. Tonsillitis, or "hospital sore throat," was the most common ailment on both the medical and surgical side, while influenza, furunculosis, and septic complaints added their quota to the list of minor illnesses. Since the introduction of the gymnasium and the swimming-bath as part of the residential equipment of hospital colleges, the health of house-officers has materially improved, and for their own sake, as well as that of their patients, it behoves them to use the opportunities provided for systematic recreation.

The Teaching of Hygiene and Temperance.

We have received a copy of a petition which is being sent to the registered medical practitioners of Great Britain and Ireland for signature, and which deals with a matter of considerable practical importance to the State in general, as well as of deep interest and concern to the medical profession. The object of the petition is to endeavour to secure that every child in our national schools shall obtain some instruction in the rudiments of the simpler rules of health and temperance. The petition draws attention to the great importance of such instruction as a means of leading children to appreciate at their true value cleanli-

ness, personal hygiene, food, drink, &c. It also draws attention to what is being already done in this direction in the Army schools, in many of the colonies, and in the United States, as well as in some schools in Great Britain and Ireland. In the opinion of the promoters of the petition, such instruction should be compulsory and given by competent teachers, who must have themselves received adequate instruction in these subjects. THE MEDICAL PRESS AND CIRCULAR has ever striven hard to impress on its readers the necessity for every medical man endeavouring by precept and example to inculcate among his patients and the public generally the principles of hygiene. At the present time, when so much attention has been drawn to the necessity for the improvement of the national physique, the circulation of the petition is especially wise, and we trust that every member of the profession who has not already done so will add his name to those already at its foot.

Pulmonary Osteopathies

THE association of clubbing of the finger-tips with chronic pulmonary congestion has long been known, so that the possibility of similar changes from the same cause on a more extensive scale excites interest rather than surprise. According to Dr. H. E. Symes-Thompson, (*a*) the salient feature of this "hypertrophic pulmonary osteo-arthropathy" is more or less symmetrical enlargement of the bones and joints, and sometimes also of the soft parts, more particularly in the extremities. The pathological anatomy of this curious constitutional disturbance is of less immediate general interest than its causation, and it happens that this is largely a matter of hypothesis. It is said to be commoner in males than in females, and is more frequently met with between thirty and forty years of age. Although in the majority of instances the affection was consequent upon chronic suppuration in the chest, it is sometimes met with in association with other protracted morbid states, as, for instance, in congenital heart disease. It is surmised that the changes in the osseous system and joints are brought about by the presence in the blood of certain undefined toxins, some of which are fixed and others volatile. The latter should normally be got rid of through the lungs, the fixed toxins being destroyed by the liver. If this hypothesis be correct, it follows that the presence of a toxic focus in the lungs is not essential to the production of osteopathy. Many obscure points remain to be worked out before we can hope to grasp the pathology of these far-reaching changes, and the author deserves praise for his courage in tackling a problem presenting so much difficulty. As was pointed out in the discussion to which Dr. Symes-Thompson's paper gave rise, these changes are not always, or even often, met with in association with chronic pulmonary disease, so that there must be some independent factor to explain their incidence. Various forms of chronic intoxication have been invoked to explain the lesions of that ill-understood group of lesions known *en bloc* as rheumatoid arthritis, and intoxication of pulmonary origin may in certain subjects be the determining factor.

Royal Medical and Chirurgical Society, January 12th, 1904.

Tuberculous Infection of the Tonsils.

THE importance of the lymphoid tissue of the pharnyx and adjacent regions as a possible channel of infection by means of which the tubercle bacillus gains access to the system, can hardly be over-estimated. The early eradication of adenoid vegetations in young children is freely justified when viewed from this standpoint alone. The peculiar susceptibility of the tonsils in this respect is especially noteworthy, as experimental observation has abundantly proved their capability to act as channels of infection, not only for the ordinary septic organisms, but also for pathogenic ones, including the tubercle bacillus. Primary tuberculosis of the tonsils unassociated with lesions elsewhere, is exceedingly rare, as has been pointed out by Koplik, (*a*) of New York, but the same observer considers that the tonsil may be the seat of infection in certain cases of tuberculosis of the cervical lymphatic glands. Dr. George B. Wood, (*b*) of the University of Pennsylvania, has collected 1,354 cases from the literature in which the tonsils were examined for primary tuberculosis, with the result that positive data were obtained in seventy-three—*i.e.*, in 5·4 per cent. Secondary tuberculosis is somewhat more frequent, and the opinion of Schlesinger is quoted to the effect that in pulmonary phthisis tuberculosis of the tonsils is almost always co-existent. The presence of the latter can, as a rule, only be detected by microscopic examination, as the deposits of tuberculous material is situated deeply in the tonsillar substance. One clinical proof of importance is always brought forward, namely, that in tuberculous cervical adenitis the posterior submaxillary is generally the first gland to be affected, and as the efferent lymph-vessels of the tonsil lead into this gland anatomical evidence of the continuity of the path of infection is thereby furnished.

(*a*) *Amer. Journ. Med. Sci.*, November, 1903.
(*b*) *Univ. Penn. Med. Bull.*, December, 1904.

Irish Maternity Hospitals and the Midwives Act.

WE are pleased to learn that the representatives of the Belfast Maternity Hospital have joined in the protest of the Dublin Hospital against the extraordinary regulations which have been adopted by the Central Midwives Board, with the result of rendering every Irish trained nurse ineligible to offer herself for examination and certification in England. At a meeting of the staff of the Belfast Maternity Hospital, the following resolution was adopted and entrusted to Professor Byers for presentation to the President of the Central Midwives Board. "That the Central Midwives Board be requested to alter their rules so that any woman attending 'The Incorporated Belfast Maternity Hospital' shall be deemed to have complied with

their regulations in reference to the training of hospital midwives, and shall be eligible to present herself for the examination of the Central Midwives Board." This resolution has been somewhat loosely drafted, but its meaning is nevertheless clear. It cannot be expected that every woman "attending" a midwifery hospital can be regarded as having received a suitable training, it is the woman who has taken her full course at the hospital and passed the examination held by the staff who can claim the right, and whose claim must be granted. We cannot help thinking that the Central Midwives Board must be very nearly on the point of recognising that it has placed itself in an impossible position by recognising midwife-trained nurses, while at the same time automatically excluding every nurse trained in the great Irish maternity hospitals.

Scarlet Fever Prevalence and Isolation.

The relationship between modern preventive medicine and infectious diseases is one of the most important of scientific problems. In every communicable disease the application of sanitary measures of notification, isolation, and disinfection have been followed by a satisfactory lessening of incidence. In scarlet fever, however, the disease not only holds its own, but appears to gather in strength in spite of all the efforts of sanitarians. It becomes necessary, therefore, to search out diligently for the weak spots in the armour, for the control of scarlet fever is certainly within the compass of modern preventive science. At an early period we propose discussing the whole question exhaustively, and meantime we cordially invite the co-operation of our readers in approaching the subject. Mr. Corbet, the Medical Officer of Kidderminster, aptly remarked in the course of an able report, which is noticed elsewhere in our columns:—"Although it might be said that hospital isolation is not completely successful, yet, as far as yet known, isolation and disinfection were the only practical means for minimising the spread of the malady."

The Richmond Asylum.

The report of the Finance Committee on the estimates for the ensuing year have been presented to the board of the hospital. They show that to meet all charges the enormous sum of almost £100,000 will be required. This sum will, however, include not alone the Richmond Hospital but also the new auxiliary at Portrane, and a suitable allowance for an estimated increase of 150 patients during the year. The report shows that since 1894 the number of lunatic patients in the Dublin district has increased by 1,000. We are glad to note that the report bears testimony to the admirable manner in which the Resident Medical Superintendent, Dr. Conolly Norman, discharges his duties with regard to the management of the institution.

It is announced that His Majesty the King has consented to open the new University buildings at Cambridge early in March.

PERSONAL.

Mr. George Philip Francis, L.R.C.S.Edin., L.A.H.Dub., of Brecon, has been placed upon the commission of the peace for Breconshire.

The Lettsomian lectures of the Medical Society of London will be delivered by Mr. C. B. Lockwood on Monday evenings, February 1st, 15th, and 29th, at 9 p.m., upon "Aseptic Surgery in Theory and Practice."

Dr. J. Kingston Fowler will deliver a lecture at Brompton Hospital to-day, the subject being "The Treatment of Thoracic Aneurysm by Gelatin Injections."

On Thursday of the present week, Dr. F. J. Waldo, Coroner of the City of London, will deliver a lecture on the "Medico-Legal Relations of Insanity" at the Old Hall, Lincoln's Inn, London.

Dr. George Thin, of Harley Street, who died at Nice on December 27th, leaving estate of £29,975, bequeathed to the Royal Society of London and the Royal Medical and Chirurgical Society £100 each, and, on the death of Mrs. Thin, £100 each to the Middlesex Hospital and the Edinburgh Royal Infirmary.

Sir William MacEwen, M.D., F.R.S., will visit Cardiff and deliver an address to the local medical society on Friday afternoon next. Sir William is Regius Professor of Surgery in the University of Glasgow, and Surgeon in Ordinary to His Majesty the King in Scotland.

Mr. G. P. Rugg, M.D.Aberd., L.R.C.P.Lond., M.R.C.S.Eng., who has been the medical officer of the British Home and Hospital for Incurables at Streatham, London, S.W., for more than twenty-four years, recently received from the patients and nursing staff of the home a silver bowl.

Mr. C. F. Sutton, M.R.C.S.Eng., was recently presented by his patients and friends with a silver soup tureen, together with a silver tea and coffee service and tray, as a token of esteem on his retirement from practice after nearly forty years' residence at Holmes Chapel, Cheshire.

At the fifth annual dinner of the University College Colston Society, held in the large hall of the College at Bristol on January 21st, Mr. Henry Hobhouse presided and the principal speakers were Sir John Gorst and the President of Magdalen College, Oxford (Mr. T. H. Warren).

On January 14th, Alderman Graham, M.D., presided for the last time over the Public Health Committee when a special resolution was passed expressive of the great loss the City of Belfast and its council had sustained by the retirement of Dr. Graham. Dr. J. King Kerr has been since appointed chairman of the Committee.

Dr. D. C. Lloyd Owen, Consulting Surgeon to the Birmingham and Midland Eye Hospital, and Honorary Ophthalmic Surgeon to the General Hospital, Birmingham, has resigned his membership of the Spectacle Makers' Company in consequence of the action of the company in instituting an examination and issuing a Certificate in sight testing, an action of which Dr. Lloyd Owen disapproves.

Special Correspondence.

[FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

SCOTTISH POOR-LAW MEDICAL OFFICERS' ASSOCIATION. — From the annual report which was adopted at the meeting of this Association on January 22nd, it would seem that the efforts of the organisation to better the position of its members are being attended with some degree of success. The Association's attempts to improve the status and prospects of the Poor-law medical officers by legislation have so far not led to any definite results, the Bill introduced by Mr. Wason, M.P., not having reached a second reading. Allusion is made to the unsatisfactory state of matters shown by the return of medical officers discharged by parish councils; the return was quoted in this column some months ago. Regular advertising in the medical papers has induced many applicants for posts in the Highlands and islands to communicate with the secretary before proceeding with their candidature, and in nearly every case the result was that the application was not pursued. The lack of *ésprit de corps* displayed by some of the medical women who have taken these posts is deplored by the Association. A list of vacant parishes is given, with the reasons for which the previous holder of the office of medical officer had to resign or was dismissed. The Association numbers 350 members, less than one-half of the Poor-law doctors in Scotland, to whom an appeal, in which we strongly concur, is made to join the Association.

DISTURBANCES AT THE EDINBURGH UNIVERSITY RECTORIAL ADDRESS.—In the sequel to the disgraceful rowdyism which characterised the behaviour of the students at Sir Robert Finlay's address last week, two of the principal offenders were called before the Principal and Dean's committee, and were rusticated for two years. The sentence, though severe, is not unmerited, and will do more than much lecturing to show the undergraduates that there is a limit to folly, which, when overstepped, brings unpleasant consequences in its train. The Senatus are understood to have had the whole question of rowdyism under consideration at a subsequent meeting, and have resolved to take steps to put down this nuisance in the classes. It is stated that strong disapproval of the tone of the *Student*—the University magazine—was expressed at that meeting. A special meeting of the Representative Council was held on the 26th, at which a series of more or less self-condemnatory motions were carried with but little opposition. After apologising for the uproar, it is suggested that the students' concerts, at present preludes to the address, should be discontinued, that seating arrangements should be altered so as to admit of more effective "policing," that the professors should, the day before such a gathering, point out to the students the propriety of good behaviour, finally, one of the council, who acted as a ringleader, is called upon to resign his seat. For ourselves, we feel most strongly that it is not a question of merely suppressing the rowdyism which characterises public students' functions, but of doing away with the general insubordination and noise which disgrace many of the class-rooms from year's end to year's end. The first year's arts and medical students are the worst offenders, and if half a dozen of the ringleaders in each faculty were rusticated early in their career it might induce them to give up professions for which they are obviously unfitted, and leave the University in peace—neither would be losers by the change.

BELFAST.

BELFAST LOUGH FORESHORE NUISANCE.—A Local Government Board Inquiry into this subject was opened in Belfast last week, which greatly interests medical men. The city, as most people know, is situated just where the River Lagan flows into the Lough, and, as happens in all such places, there are great stretches of mud flats at the head of the Lough, covered by the tide at high water. Though thousands of acres have been reclaimed, many thousands more remain, and at every high tide are irrigated with the liquid sewage of the city, which, as the tide falls, emits anything but a savoury odour, especially if the sun happens to shine on it. Some years ago Professors Letts and Lorrain Smith, of Queen's College, investigated the cause of the smell, which is uncommonly "full flavoured." They found it was due to the decomposition of a green sea-weed, *Ulva latissima*, which flourishes in great abundance on the mudbanks, and which, containing a high proportion of sulphur in its composition, gives off great quantities of sulphuretted hydrogen as it decays. It might be thought that the inhabitants of the districts around the Lough, growing up in an atmosphere so flavoured, would become acclimatised, but it is only since 1890, or so, that it has become troublesome, the cause generally assigned being the introduction of the "main drainage system" at that time. Some idea of the quantity of weed may be inferred from the fact that during the summer and autumn months of 1900 and 1901 the District Council, which took the matter up on the co. Down side of the Lough, caused about 420 tons to be removed each day. Dr. Donnan, Medical Officer of Health for Holywood, stated in his evidence that the nuisance was both objectionable and injurious to health. The amount of sulphuretted hydrogen is so great that silver is quickly blackened. Dr. Chas. O'Neill and Dr. Thos. Greenfield corroborated Dr. Donnan's evidence. Dr. Letts (Professor of Chemistry in Queen's College, Belfast) gave a most interesting account of his experiments, carried out to ascertain the cause of the nuisance. It appears that the septic tank treatment of sewage, which is being tried in Belfast, results in the production of nitrates in abundance, and on these nitrates the seaweed flourishes. To render the sewage less nutritious to the weed it will therefore be necessary to submit it to further treatment, though what that will be has not been decided. As to the immediate lessening of the nuisance, Dr. Letts thinks that much might be done by the prompt removal of the weed as soon as it begins to accumulate in April, instead of waiting till it is at its greatest luxuriance from July to October. The inquiry has been adjourned till February 25th.

FORSTER GREEN HOSPITAL FOR CONSUMPTION, BELFAST.—At the annual meeting of this hospital, held last week, the medical report was read by Dr. Howard Sinclair. During the past year 186 in-patients were treated for periods varying from ten days to nine months. The average stay in the hospital, which is really a fresh-air sanatorium, is not given, but is apparently about two and a half months. The report dwells at length, as it has done every year for eighteen years, on the necessity for early treatment. It also mentions that the hospital grounds would accommodate ten times as many patients as there are, but owing to lack of funds they cannot be utilised.

BELFAST HOSPITAL FOR SICK CHILDREN.—At the annual meeting of this hospital the medical report stated that during the year 826 children had been treated in the wards, and 328 operations were performed. In the extern, 5,377 new cases were treated, and 304 operations were performed. In the excellent convalescent homes connected with the hospital 201 patients were treated.

SMALL-POX IN BELFAST.—Three new cases were reported last week, bringing the total number of cases since the beginning of the outbreak to about thirty.

German Dentist for the Korean Emperor.

WE understand the following notice has been published at Berlin:—"H.M. the Emperor of Korea desires to engage a German dentist for a period of two years. Terms: 300 yen monthly. Expenses allowed: Lodging, 30 yen; travelling expenses, 1,000 yen; for instruments, 4,000 yen; for establishing a laboratory, 50 yen. One yen equals two marks (or shillings). A consultation once a week at the Palace. Two months' leave granted annually, and private practice allowed. Knowledge of English or French essential."

Correspondence.

[We do not hold ourselves responsible for the opinions of our Correspondents.]

KOPLIK'S SPOTS IN MEASLES.

To the Editor of The Medical Press and Circular.

Sir,—The claims of individuals to priority in the description of morbid phenomena are always difficult to decide, for the reason that probably every clinical event in disease has, at some time or another, attracted the notice of at least one physician. No one would deny Darwin the credit that is his due because the question of organic evolution had been agitating men's minds for many a long year before the "Origin of Species" was published, nor because Dr. Alfred Russell Wallace had practically arrived at Darwin's conclusions at about the same time as Darwin himself. Jenner's work on the differentiations of typhoid fever from typhus remains classical, although for quite half a century before he published his results observers in many countries had been seeking to establish the same distinction. No piece of enduring work springs fully equipped from the brain of the thinker like Athene from the head of Zeus.

The occurrence of lesions of the mucous membrane of the mouth and palate in measles has been mentioned by writers for many years. Trousseau says that the mucous membranes of the respiratory tract and conjunctiva show the presence of the eruption on the first day, and that the disease is "inscribed" on the pharynx, tonsils, and velum palati before the appearance of the exanthem of the skin. Similar statements are made by other writers, Ringer being, perhaps, the first to mention definite white patches. He, however, confined them to the gums and inside of the lips. I have not the opportunity of referring to Professor Thomas' article in von Ziemssen's "Cyclopædia" of 1875, but I do not think that his description, however accurate, would invalidate the general argument of your leader, namely, that since the publication of Filatow's and Koplik's respective papers general attention was not directed to the almost universal occurrence and practical importance of these lesions.

Those of us who have had much to do with the health of communities of children have found Koplik's spots (or whatever their lecture designation may be) of the greatest help in the early diagnosis of measles, and I think your leader is likely to prove of great value in bringing the subject before the profession. Whilst thoroughly recognising the justice of Sir John Moore's intention, it seems to me that even his great experience had not led him to attach the weight to these lesions that they deserve, for instead of speaking authoritatively of them in his classical work, "Eruption and Continued Fevers," he quoted a not very full statement from Dr. Hilton Fagge's book. If Sir John Moore had been convinced of the value of these phenomena, would he not have described them himself and pointed out the assistance they render in diagnosis? It seems improbable that these spots are the homologues of the cutaneous eruption. They occur considerably earlier; they have a definite relation to certain structures, and they are explicable on other grounds. If one examines the buccal mucosa in measles one finds it generally injected and inflamed. Peeping through the reddened mucosa one finds white specks, namely, the papillæ, just as one sees the papillæ in the scarlet fever tongue showing through the pus. The mucosa over the papillæ being rubbed and fretted by the teeth or other contiguous structures tends to necrose, or one finds eventually where some of these white specks had been, little masses of dead epithelium with a margin of inflamed mucous membrane surrounding them.

As to the umlaut over the "o" in Koplik, perhaps you transferred it inadvertently from that over Knöspil's name, Knöspil having written on the same subject about the same time (*Prag. med. Woch.*, 1898, No. 41). I am, Sir, yours truly,

Hubert E. J. Biss.

Eastbourne, Jan. 30th, 1904.

ERYTHEMA SCARLATINIFORME.

To the Editor of The Medical Press and Circular.

Sir,—Dr. Robert Lee's letter in your issue of January 27th with reference to desquamative and non-desquamative erythema is of much interest to me personally because of its relation to a general law outlined by me in 1890 under the name of excretory irritation. I then ventured to claim that form of dermatitis as one of a series of inflammations of various excretory organs—*e.g.*, skin, kidney, intestine, bronchi. The common bond between these symptomatic excretory disturbances is the irritant, which may be chemical, bacterial, or of unknown tissue origin. Instances of each origin may be found in mercury, enteric fever and gout, which may either directly or indirectly inflame any of the excretory outlets of the body and give rise to diarrhœa, nephritis, bronchitis, dermatitis, and so on. In fact, the application of the general law of excretory irritation will be found to furnish a satisfactory explanation of the phenomena of many morbid conditions. So far as Dr. Lee's desquamative erythema is concerned, it supplies a rational *causa causans* for his original and acute observation of what is obviously a symptomatic condition.

I am, Sir, yours truly,

Grosvenor St., London, W. David Walsh.

ALOPECIA AND DENTAL CARIES.

To the Editor of The Medical Press and Circular.

Sir,—The letter of your correspondent, "M.R.C.S.," in your issue of the 27th, on dental caries and alopecia, seems to me to be based upon a somewhat out-of-date pathology. Nowadays it is pretty generally agreed that most forms of alopecia, no less than of dental caries, are due to bacterial invasion. The tissues of some individuals are more resistent to the adverse effects of such invasion than those of others. Early degeneration means simply lessened resistance to adverse conditions, due either to inherited or acquired weakness of individual constitution. The hair and the teeth of persons of good resistance will survive many years of partial damage. On the other hand, early degenerates, as we call them, lose both teeth and hair at a premature age. Why go out of the way to find less simple explanations? Again, the statement that the solid constituents of the teeth, once deposited, undergo no further change, appears to me to be a pure assumption. He would be a bold physiologist who would affirm a similar fact regarding bone. What facts are there to support such a theory in the case of dentine and enamel? I am, Sir, yours truly,

York, Jan. 30th, 1904. Medicus Senex.

Laboratory Notes.

ALLENBURYS MILK FOOD CHOCOLATE.

We have examined a sample of this Milk Chocolate, with the following results:—

Moisture, 0·76;
Albumenoids, 5·44;
Fat, 30·28;
Mineral matter, 1·54;
Cold water extract, 61·20.

This is an excellent example of a palatable sweetmeat, free from all objectionable additions and of real nutritive value. It contains a very high proportion of nourishment in a convenient, pleasant, and portable form and is very suitable for travellers, expeditions, &c. Some of the cheaper forms of chocolate are loaded with the husk or fibre of the cocoa bean, this is not the case with the article in question, which is of very fine quality, and may be given to children with the utmost confidence.

"TABLOID" ZINC VALERIANATE, Gr. ⅛ (0·13 gm.).—(Burroughs Wellcome & Co.)

The nauseous nature of zinc valerianate renders it unacceptable to the patient in its crude form. In the shape of the tabloid, however, it is possible to present this drug in such a condition that it can be taken by the most fastidious patients without difficulty. Zinc valerianate, made up into pills in the ordinary way,

is liable to become hard. The volatile constituent, moreover, usually permeates the coating, and renders the pill extremely distasteful. The tabloid zinc valerianate obviates these objections as far as possible, and should be useful to practitioners prescribing the drug. The salt employed is of exceptionally high quality, and the tabloid product disintegrates promptly on reaching the stomach.

"DARTRING LANOLINE" TOILET SOAP.

WE have tried this excellent soap and find that "Dartring Lanoline" Toilet Soap satisfies the requirements of a perfect soap. It claims to be an efficient detergent, while containing no free alkali, and not to deprive the skin of its natural protective oil. It is a true superfatted soap for an excess of genuine "Dartring Lanoline" above that necessary to secure complete saponification is present. We have no hesitation in saying that this soap is most excellent for toilet purposes.

New Instruments.

THE REPELLO CLINICAL THERMOMETER.

WE have received a most ingenious clinical thermometer from Mr. G. H. Zeal, of Turnmill Street, London, E.C. It is a "thirty-second" thermometer which can be set in an instant without shaking. The method whereby the mercury scale is restored to normal or to the desired degree below normal is simple. At the top end of the tube, opposite to the ordinary mercury registering bulb, is a second small round flattened bulb connected with a short column of mercury. After the thermometer has been taken from the patient's body and the temperature read the small top bulb is pressed between the fingers and the mercury expands. The result is that the mercury-registering index column at the lower end of the tube is immediately forced back into position by an air gap which is provided in the central tube between the two mercury bulbs. The old-fashioned way of shaking down the mercury into position has always proved tedious and a fruitful source of damage to these delicate instruments. If Mr. Zeal's invention stands the test of practical experience, as it promises to do, he will have conferred a distinguished service upon both medical men and nurses, not to mention patients.

Medical News.

Lectures on Medical Jurisprudence.

ON January 21st, the second of a course of lectures on medical jurisprudence was delievered by Dr. F. J. Waldo, coroner for the City of London, at the Old Hall, Lincoln's Inn. The lecturer dealt with "Live Birth in Relation to Civil and Criminal Law," a subject of great importance to lawyers. The consideration of live birth, he said, was naturally divided into two classes—namely, those which affected either civil cases of inheritance or criminal cases of infanticide. In both the evidence that established the fact of live birth was identical. The medical view of live birth differed from the legal. The medical man demanded proof of the establishment of circulation and of respiration even when the child had not been born into the world. In this way crying was one of the most satisfactory proofs of respiration and hence, to the medical mind, of live birth. The law, on the other hand, was content with the faintest sign of vitality, provided the child was fully born into the world, as establishing the fact of live birth. The tremor of a muscle or the quiver of an eyelid might be sufficient evidence of live birth from the legal point of view. The positive signs of live birth, as laid down by Casper, were next discussed, and the crucial point of viability or the capacity of a child to survive birth was treated at some length. The remaining lectures of the course will be delivered on subsequent Thursdays. They deal with death in its medico-legal relations, insanity, and poisons.

Scarlet Fever at Kidderminster.

MR. D. CORBET, medical officer for Kidderminster, reports that the death-rate last year was 16·76 per 1,000, or, subtracting the deaths of non-residents registered at the workhouse and infirmary, 14·57. There had been 590 notifications of scarlet fever in 1903, and one death, against 185 cases and one death in 1902. Dr. Corbet says the disease has been prevalent throughout the year. Many of the cases had been mild, and the carelessness often observed in these instances contributed very much to its spread. No part of the borough had been exempt from the disease, neither had Kidderminster been alone in this experience, for Stourport and Bewdley and the rural district of Kidderminster had sent an unusual number of cases into the borough hospital. Their experience indicated that they were passing through one of those recurrent periods when from conditions at present unknown there was a widespread susceptibility to the infection, or an extra degree of infectiveness in the germs of the disease. Although it might be said that hospital isolation is not completely successful, yet, as far as yet known, isolation and disinfection were the only practical means for minimising its spread. Further, it must be admitted that many lives have been saved, and certainly much sickness prevented, so that they had a diminution of deaths from the disease. All the elementary schools had been disinfected several times in the year and other precautions taken. The report of the sanitary inspector, Mr. Cowderay, has been issued with that of the medical officer, and gives much information on the work done in his department during 1903. It is stated that the rainfall of 1903 was 32·49 inches, compared with an average for the past ten years of 21·43.

North of England Obstetrical and Gynæcological Society.

AT the annual meeting of this Society, held at Owens College, Manchester, the following were elected office-bearers for the ensuing year :—

President: W. J. Sinclair, M.D. Vice-Presidents: S. Buckley, M.D., W. Walter, M.D., H. Briggs, F.R.C.S., T. B. Grimsdale, M.B., J. B. Hellier, M.D., A. C. F. Rabagliati, M.D., Sinclair White, M.D., Richard Favell, M.R.C.S. Members of Council: W. E. Fothergil, M.D., A. T. Helme, M.D., A. Hopkinson, M.B., S. Nesfield, M.D., D. Lloyd Roberts, M.D., J. P. Stallard, M.D., J. M. H. Martin, M.D., J. E. Gemmell, M.B., E. T. Davies, M.D., P. Edwards, L.R.C.P., R. Humphreys, M.B., J. McClelland, M.D., A. M. Patterson, M.D., J. N. Cregeen, L.R.C.P., J. Braithwaite, M.D., C. Richardson, M.R.C.S., C. J. Wright, M.R.C.S., A. E. L. Wear, M.D., Percival E. Barber, M.R.C.S., J. W. Martin, M.D., Robert Gordon, M.D. Hon. Treasurer: E. Octavius Croft, M.D. Hon. General Secretary: Arthur J. Wallace, M.D. Hon. Local Secretaries: John Scott, M.D. (Manchester), A. Stookes, M.B. (Liverpool), Walter Thompson, F.R.C.S. (Leeds), Sidney Barber, M.R.C.S. (Sheffield).

Death of Henry Edward Haycock, M.R.C.S.

WE regret to announce the death of Mr. Henry Edward Haycock, of Alfreton, Derbyshire. Deceased was educated at St. Bartholomew's and Durham, and took the M.R.C.S.Eng. in 1881, and the L.R.C.P.Ed. in 1882. He held the post of Medical Officer and Public Vaccinator for the Codnor Park and Bashford Union. His death took place at the early age of 45, and was due to an attack of pneumonia. A public funeral took place on January 28th, and was attended by a great and sympathetic concourse of residents in the neighbourhood.

Health in the School.

At a recent meeting of the Kidderminster Education Committee, Alderman Parry presiding, a report was read from Dr. Dudley, who had visited all the schools under the committee. A very serious defect in some of the schools was the very inadequate area of the playgrounds. The value of proper space for the purpose could not be over-estimated. Physical education ranked in importance with mental and moral education, and the two latter largely depended on the former. Whenever practicable, all physical education should be out of doors. During play-time the flushing of the school-rooms with fresh air should be carried out. Great importance was now being attached to the subject of physical deterioration; and the fundamental requisitions for securing health, on which every child should be educated, appeared to him to be (1) proper feeding in infancy, (2) pure air by day and night, (3) sufficient physical exercise, and (4) knowledge of the baneful influence of alcohol. His attention had been given to testing defective eyesight in the schools, to cases of deafness, and other ailments. The committee considered the report a valuable one, and it was decided that the recommendations should be duly considered. A number of matters on the agenda were dealt with seriatim.

The State Registration of Nurses.

The Bill promoted by the Society for the State Registration of Trained Nurses has been finally adopted, and will be introduced into Parliament in the forthcoming Session by Dr. R. Farquharson. The following members of Parliament have consented to back the Bill:—Sir Thomas Wrightson, Sir James Joicey, Sir John Batty Tuke, Mr. Haldane, K.C., Mr. Hugh Crawford Smith, Mr. R. C. Munro-Ferguson, Mr. H. J. Tennant, Mr. A. W. Black, Mr. C. E. H. A. Colston, Mr. H. Trelawney Eve, K.C., and Dr. Edward C. Thompson. At a meeting of the Central Hospital Council for London, held at St. Thomas's Hospital on Tuesday last, the following resolution was passed:—"That this council is opposed to any State registration of nurses, and that steps be taken on behalf of the council to oppose any Bill in Parliament having such registration for its object." Representatives of the following hospitals were present at the meeting:—St. Bartholomew's, St. Thomas's, Guy's, King's College, London, Middlesex, Royal Free, St. George's, St. Mary's, University College, and Westminster.

Death from "Laboratory" Plague.

The *Frankfurter Zeitung* publishes a telegram from St. Petersburg stating that in addition to Dr. Wichnekevitch, the director of the laboratory in Fort Alexander I. at Kronstadt, who recently died of plague contracted during experiments with living plague cultures, two assistants have now been seized with the disease.

The Drapers' School.

Dr. Hogan, medical officer of health, was granted an order lately at Tottenham Police Court to inspect the Drapers' School, where he said the sanitary inspector had been refused admission.

London Small-pox Statistics.

According to the official return of the Metropolitan Asylums Board, only nine cases of small-pox had been notified during the fortnight, as compared with fifteen in the previous fortnight. The total number of small-pox patients remaining under treatment in the hospitals was twenty-four, being a decrease of one on the preceding fortnight. The total number under treatment in the corresponding fortnight of 1902 was 882.

Medical Prizes of the Paris Academy of Sciences.

The list of prizes which will be awarded by the Paris Academy of Sciences during 1904 and subsequent years up to 1913 has now been published. The prizes vary from 200 francs to 100,000 francs. The following are those connected with medical subjects:—Prix Montyon: Three prizes of 2,500 francs for discoveries in therapeutics and improvements in medicine and surgery. Prix Barbier: 2,000 francs for a valuable discovery in medicine, surgery, pharmacy, or medical botany. Prix Bréant: 100,000 francs for a discovery relating to the cure, etiology, or prophylaxis of Asiatic cholera. Prix Mége: 10,000 francs for the continuation and completion of the work of M. Mége on the causes which have hindered or promoted the progress of medicine. Prix Leconte: 50,000 francs for new and important discoveries in mathematics, physics, chemistry, natural history, and medical sciences. Prix Serres: 7,500 francs for the best work on embryology, applied as much as possible to physiology and medicine. Prix Dusgate: 2,500 francs for the best work on the diagnostic signs of death and on the prevention of premature burial. Prix Parkin: 3,400 francs for researches on the curative effects of carbon in its various forms, and particularly in the gaseous form in the treatment of cholera, fevers, and other diseases. Prix Chaussier: 10,000 francs for the best work on legal medicine or practical medicine which has appeared for four years. Prix. Lacaze: 10,000 francs for works or memoirs which have advanced physiology.

PASS LISTS.

The Indian Medical Service.

The following were the successful candidates at the Indian Medical Service examination, held on January 19th, and four following days:—

	Marks.		Marks.
H. B. Drake ..	3,515	H. Watts	2,810
E. C. Hodgson ..	3,167	J. Anderson ..	2,800
W. S. McGillivray ..	3,046	W. S. Finlayson ..	2,799
W. Gillitt	2,991	H. E. Stranger-Leathes	2,792
W. F. Brayne ..	2,978	E. A. Roberts ..	2,789
M. S. Irani	2,899	G. G. Hirst	2,777
S. W. Jones ..	2,882	M. J. Quirke ..	2,753
W. Tarr	2,874	J. M. Holmes ..	2,684
C. H. Barbar ..	2,867	M. F. White ..	2,666
W. T. McCowen ..	2,839		
I. D. Jones	2,834		

Forty-two candidates (of whom 26 had University degrees) competed for 20 vacancies.

Society of Apothecaries of London.

The following candidates have passed during January in:—

Surgery.—R. S. Dollard, P. Elias, B. C. Ghosh, F. W. Higgs, W. G. Kinton, J. W. Watson.

Medicine.—W. V. Braddon, F. H. Hand, J. D. Keir, W. G. Kinton, E. H. Price, A. Rogers, A. Turner, S. Zweiback.

Forensic Medicine.—F. H. Hand, W. G. Kinton, A. Turner.

Midwifery.—H. Archer, C. H. J. Fagan, W. S. Lewis, P. B. Whitington.

The Diploma of the Society was granted to the following:—W. V. Braddon, R. S. Dollard, P. Elias, B. C. Ghosh, J. D. Keir, W. S. Lewis, and A. Turner.

Trinity College, Dublin.

At the examinations during Hilary Term, 1904, the following candidates passed:—

Anatomy and Institutes of Medicine.—William G. Harnett and William C. MacFetridge, equal; Joseph H. Elliott and Robert E. Dunn, equal.

Physics and Chemistry.—William F. Casey, William F. Samuels, Hercules J. Knox.

Botany and Zoology.—James C. C. Hogan, Rupert Magill, Robert L. Lee, Denis J. Stokes; Alexander K. Cosgrave and John H. Morton, equal; John A. L. Hahn, William F. Casey.

Final Examination: Section A.—George MacC. Millar, Howard English, Charles R. Morris, Benjamin Johnson, George E. Nesbitt, Montgomery D. Ferguson, William R. Galwey, William G. Harnett, Hercules J. Knox.

The South African Medical Congress, after a long interval, has just concluded its sixth meeting at Cape Town. The President was Dr. E. Sinclair Stevenson, a well-known Cape Town practitioner, and a former President of the Medical Council.

Notices to Correspondents, Short Letters, &c.

☛ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

MISS J. W. POWER is referred to the paragraph which appears at the head of this column weekly; her letter was duly received at the London Office the day the journal is "put to press," and was referred back to the Dublin Office to be dealt with in the ordinary way, hence its non-appearance in present number.

LARANAGAS (Jamaica).—Your inquiry is an apt one. Alien immigration proceeds apace in the United Kingdom, where the only ground of exclusion is actual infection with some deadly complaint. Even in that case the exclusion simply resolves itself into detention under observation in an infectious hospital at the port of entry. In this way the United Kingdom has become the happy hunting-ground of a vast horde of aliens, who undersell the native workmen and furnish an undue proportion of criminals. Political economists tell us that in the long run the nation is the gainer by the influx of cheap alien labour. It is a question, however, whether the price paid for such an advantage may not be too great. In the case of Jamaica it should be possible to devise and enforce stringent laws for the exclusion of undesirable aliens. We shall be glad to learn if any such laws are in existence.

M. S. G. F.—Under the new London University scheme, professorial chairs will probably be founded at all the constituent medical colleges. At present only the lecturers in the medical schools of University and King's Colleges are able to call themselves "Professors."

SPES.—The question was so fully discussed in our columns a year ago, that we must decline to reopen it at present.

THE LATE DR. CONEYS.—A CORRECTION.

Owing in part to the necessarily hastily written note which we received from our Western correspondent regarding the sad death of Dr. Coneys, an omission occurred in our obituary which calls for correction. In eulogising the devotion and self sacrifice of Dr. Coneys, we omitted to make any mention of a man, a member of his own profession, who nobly stood by him in his last illness. Dr. Gorham, of Clifden, nursed Dr. Coneys devotedly through his illness. He sat with him for three nights before his death, and when the end came and Dr. Coneys' servants and friends fearing infection would not approach the sick room, Dr. Gorham, with the assistance of the nurses, was obliged to himself place Dr. Coneys in his coffin.

DR. EGGER (Budapest) is thanked for his communication.

DR. BARR (Liverpool).—Your paper on "Prognosis in Heart Disease" is marked for early insertion.

MR. H. WATSON.—It is a question for a transfer agent to decide rather than for an editorial opinion. We would advise you to consult Messrs. Wilson and Son, of Charles Street, St. James', or Mr. Needes, of the Adelphi, London.

Meetings of the Societies, Lectures, &c.

LONDON.

WEDNESDAY, FEBRUARY 3rd.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.)—8 p.m. Annual Meeting. Specimens:—Mrs. Scharlieb: Unruptured Tubal Gestation.—Dr. Blacker: Deciduoma Malignum.—Dr. Biggs: Primary Carcinoma of Fallopian Tube. The President (Dr. Malins, of Birmingham): Annual Address.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. J. Clarke: Clinique. (Surgical.) 5.15 p.m. Dr. T. H. Green: The Treatment of Pneumonia.

THURSDAY, FEBRUARY 4th.

NEUROLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—8.30 p.m. Annual General Meeting. Dr. S. J. Sharkey: Presidential Address.

RONTGEN SOCIETY (20, Hanover Square, W.).—8 30 p.m. Discussion on Production of Photographic Reversal through the Action of various Radiations.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.).—5 p.m. Dr. G. Johnston: Fibrosis of the Lungs, II. (with cases). (Post-Graduate Course.)

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—6.15 p.m. Dr. M. Dockrell: Syphylis. (Chesterfield Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. E. Clarke: Errors of Refraction, their Diagnosis and Treatment.

FRIDAY, FEBRUARY 5th.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.). 8.45 p.m. Mr. C. Ryall: The Surgical Treatment of Appendicitis.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Dr. E. Waggett: Clinique. (Ear.)

DUBLIN.

ROYAL ACADEMY OF MEDICINE (Obstetric Section).—Adjourned discussion on Dr. Purefoy's report of the Rotunda Hospital. Papers: Drs, Jellett and Earl:—Sarcoma of the Vagina with notes on a case; Dr. Tweedy:—Some interesting cases occurring in the practice of the Rotunda Hospital for the seven weeks ending 31st December, 1903; Dr. Alfred Smith:—Tuberculous Ulceration of the Cervix with notes of a case. Specimens: Dr. Alfred Smith:—Uterus removed by Panhysterectomy containing a large sessile polypus.

Vacancies.

York Dispensary.—Resident Medical Officer, Salary £120 a year, with board, lodging, and attendance. Applications to W. Draper, Esq., De Grey House, York

The Hampstead General Hospital.—Resident Medical Officer, Salary £120 per annum, with rooms, coal, and gas. Applications to George Watts, Secretary.

North Riding Infirmary, Middlesbrough, Yorkshire.—Assistant House Surgeon, Salary £75 per annum, with bed, board, and washing. Applications to Angus Macpherson, Secretary.

Ancoats Hospital, Manchester.—Resident House Physician, Salary £80 per annum, with board, residence, &c. Applications to Saml. Baron, Secretary.

Liverpool Dispensaries.—Assistant Surgeon, Salary £100 per annum, with board and apartments. Applications to Sam. B. Leicester.

Inverness District Board of Lunacy.—Medical Superintendent for the Inverness District Asylum. Salary £500 per annum, with free house, fire, light, vegetables, and keep of one horse. Applications to Messrs Anderson and Shaw, Solicitors, Inverness.

Barnwood House Hospital for Mental Diseases, Gloucester.—Junior Assistant Medical Officer, Salary £150 a year, with board, &c. Applications to the Medical Superintendent.

County Asylum, Prestwich, Manchester.—Junior Assistant Medical Officer, Salary £150 per annum, with board, furnished apartments, and washing. Applications to the Medical Superintendent.

London County Asylum, Horton, Epsom.—Junior Assistant Medical Officer, Salary £150 per annum, with board, furnished apartments and washing. Immediate Application to R. W. Partridge, Clerk of the Asylums Committee. (See Advt.)

Richmond District Asylum, Dublin.—Two Clinical Assistants, Salary £60 per annum, with furnished apartments and full rations. Applications to Conolly Norman, Medical Superintendent. (See Advt.)

Appointments.

BULLMORE, CHARLES CECIL, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer to the Workhouse and Falmouth District by the Falmouth Board of Guardians.

GARTRELL, JOHN HERBERT, L.D.S.Eng., Honorary Dental Surgeon to the West Cornwall Infirmary and Dispensary, Penzance.

HARMER, W. D., M.C.Camb., F.R.C.S.Eng., Surgeon to the Metropolitan Hospital, Kingsland Road, N.E.

HAY, JOHN, M.D., Ch.B.Vict., M.R.C.S., L.D.S.Eng., M.R.C.P.Lond., Physician to the Liverpool Stanley Hospital.

HEILBORN, W. E., M.B., B.C. Cantab., Honorary Assistant Medical Officer to the Bradford Children's Hospital.

HERN, GEORGE, L.R.C.S.Lond., M.R.C.S., L.D.S.Eng., Dental Surgeon to the Royal Dental Hospital of London.

OUSTON, THOMAS GEORGE, F.R.C.S.Eng., L.R.C.P.Lond., a Medical Referee under the Workmen's Compensation Act, 1897 and 1900, and to act for the Morpeth and Blyth, North Shields, Newcastle, Gateshead, Hexham, and Bellingham Districts in County Court Circuit No. 1.

PORTER, W. GEORGE, M.D.Brux., M.R.C.S., F.R.C.P.Lond., Clinical Assistant to the Chelsea Hospital for Women.

PRATT, J. DALLAS, M.D.Dub., F.R.C.S.I., Certifying Surgeon under the Factory Act for the Dublin District of the county of Dublin.

RIDDELL, J. SCOTT, C.M.Aberd., Additional Examiner in Clinical Surgery, Edinburgh University.

ROUS, J. B., L.R.C.P., M.R.C.S., House Surgeon to the Hastings, St. Leonards, and East Sussex Hospital.

SCRASE, JAMES, M.R.C.S., L.R.C.P., Honorary Medical Officer to the Newton Abbot (Devon) Hospital.

WALKER, ALFRED, M.A., M.D., B.C.Cantab., Honorary Medical Officer to the Budleigh Salterton (Devon) Cottage Hospital.

WARING, H. J., M.S.Lond.,, F.R.C.S.Eng., Consulting Surgeon to the Metropolitan Hospital, Kingsland Road, N.E.

Births.

BASSETT-SMITH.—On January 28th, at the R. N. Hospital, Haslar, Gosport, the wife of Fleet Surgeon P. W. Bassett-Smith, R.N., of a daughter.

BREND.—On January 28th, at 43, Campden Hill Court, Kensington, W., the wife of William A. Brend, M.B., of a son.

Deaths.

CHAPMAN.—On January 28th, 1904, at his residence, The Pines, Hampton Wick, E. J. Chapman, LL.D., P.H.D.

DOVE.—On January 27th, 1904, at 'Ardestie, Northwood, Middlesex, John Reuben Bathurst Dove, M.B., B.S.Lond., late of Pinner, in his 67th year.

WRIGHT.—On January 27th, at 153, Upper Kennington Lane, S.E., John Sidney Albert Wright, L.R.C.P., L.M.Edin., L.S.A., aged 64 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, FEBRUARY 10, 1904. No. 6.

A Clinical Lecture
ON
DERMOIDS: OVARIAN AND PELVIC,

DELIVERED AT THE SAMARITAN FREE HOSPITAL ON THURSDAY, NOVEMBER 5TH, 1903.

By ALBAN DORAN, F.R.C.S.,
Surgeon to the Hospital.

FOR practical purposes the characters of an ovarian dermoid are well known. We are all aware that they are cystic tumours containing greasy fluid, felted hair, bone, teeth, skin and more complicated structures. On the theories, or rather doctrines, which profess to explain their origin we need not dwell, I only mention them because patients and their friends, hearing about the bones and teeth, not rarely ask questions, and expect an explanation. "Parthenogenesis" is no explanation, but simply reminds us that dermoid cysts may be found in little girls; the term should be limited to a phenomenon seen in certain insects where an unimpregnated female may produce fertile ova, the produce of which, however, are, I understand, sterile unless impregnated. "Fœtal inclusion" is open to much objection, as is "the inherent formative power of the ovary."

We cannot really explain why dermoids grow, but we can often manage to treat them very satisfactorily. Knowing what they are like, we must bear in mind some of their relations and associations.

First, granting that we have to do with a dermoid diagnosed by palpation, or even actually exposed at an operation, we must remember not only that the great majority of abdominal dermoid tumours are ovarian, but also that a dermoid tumour found in the abdomen quite separate from the uterine appendages may, nevertheless, be of ovarian origin. Hence it is of great importance when such a tumour is discovered to draw up the uterus and examine its appendages with care. The chances are that in such a case a stump will be found replacing one ovary and tube, in other words, the dermoid was of ovarian origin, but has twisted itself off its pedicle. It usually adheres to the great omentum, that interesting serous fold which the modern school of surgery has learnt to utilise so freely. It will establish collateral circulation and relieve ascites when stitched to the parietal peritoneum in certain cases of cirrhosis, it will guard the general peritoneal cavity if sewn to the abdominal wound under a diseased gall-bladder which requires drainage, but is too contracted to be fastened safely to the parietes, and it will greatly fortify the repair of plastic wounds in surgical operations on the stomach and intestines. The fostering qualities of omentum adherent to cysts detached from their original blood supply suggested the utilisation of that process of peritoneum for surgical purposes.

In a case of this kind, I repeat, the uterus should be carefully examined, not only to see if the appendages be wanting on one side, but when this condition is detected to ascertain the state of the opposite ovary, for ovarian dermoid disease is often bilateral.

Yet we hear that an abdominal or pelvic dermoid may be non-ovarian. This is quite true, for it has been found in a male, and not as a homologue of an ovarian tumour—in plainer words, not as a tumour of the testicle. We need not dwell on dermoid elements in the testicle, as they are clinically very different from ovarian dermoids. The possibility of a cystic abdominal tumour in a male being dermoid should be borne in mind in these days when surgeons are always ready to extirpate any removable tumour. In Ord and Sewell's case a robust young country gentleman suffered from an abdominal swelling. On tapping, two pints of thick, greasy fluid containing hairs came away. The patient died in a few days, and a retro-peritoneal dermoid was found firmly united to the bladder and rectum. Wilks and Curling report another instance where a pelvic dermoid existed in a man, æt. 21. It pressed into the rectum and was tapped, two pints of oily fluid coming away. Eight years later a calculus was removed by lithotomy; it had a nucleus of hair. Thus a dermoid abdominal or pelvic tumour may develop in a male; other cases besides those quoted have been recorded. In these days a doubtful cyst is explored, not tapped; the escape of dermoid fluid into the peritoneal cavity is obviously dangerous.

The non-ovarian retro-peritoneal tumour is, however, much more frequent, or, rather, less rare, in women than in men. It burrows very deeply in the pelvis and may lie anterior to the uterus, or between it and the rectum, or completely behind the rectum, in which case it causes the perineum to bulge freely, and has been removed through an incision between the rectum and coccyx. This kind of dermoid is sometimes first recognised by the discharge of hair and grease from the rectum or in the urine.

Retro-peritoneal non-ovarian dermoid is, however, exceedingly rare, many recorded cases being

doubtful, or, more correctly speaking, instances of ovarian dermoids transplanted to the omentum. Returning to genuine ovarian dermoids, the most important question in respect to their characters is, Are they innocent or malignant? It is now known that true pathological malignant degeneration of this kind of tumour is quite exceptional, and occurs late in the development of the growth. But the dermoid tissue not rarely implants itself on the peritoneum outside the cyst wall; this prejudicial change is constant in a form of dermoid mainly solid, named *teratoma*.

Dermoid cyst of the ovary proper is a very common tumour. I have operated in this hospital on five cases during the past summer. The percentage of dermoids in relation to other ovarian tumours is much higher than was once supposed, for mixed adenomatous and dermoid multilocular cysts are quite frequent. Only last month I removed a large cystic tumour, emptying during the operation several pints of typical ovarian fluid, free from dermoid elements, from a cyst larger than its fellows; afterwards grease and hair were found in some of the lesser cavities. Such an experience is common in ovariotomy. Ovarian dermoids proper are rarely multilocular, and nearly always pedunculated, which is fortunate, as enucleation would involve risk of escape of septic grease. They are often bilateral, so that it is always necessary to make sure of the condition of the opposite ovary when an ovarian dermoid is removed.

This frequency of bilateral dermoid disease is specially important to bear in mind in cases under puberty. Ovarian cysts in children are nearly always dermoid, so when a cyst is diagnosed in a child the possibility that both ovaries may require removal must not be overlooked, and the consequences of double ovariotomy must be explained to the patient's friends.

Ovarian dermoids are met with in women of all ages; children, young girls, parous subjects, elderly virgins, and old women who have borne children. In age they appear sometimes, as in a case which I shall relate, to lie latent, but I have removed large dermoids in an active state of development from old patients.

There are four clinical features of special interest in relation to the common ovarian dermoid. (1) If diagnosed early, ovariotomy proves easy and highly successful. (2) Twisting of the pedicle and worse complications are very frequent. (3) Association of an ovarian cyst with pregnancy, labour, and the puerperium is specially serious when the tumour is dermoid. (4) Neglected dermoids cause dangerous and intractable complications.

Early diagnosis of an ovarian dermoid is one of the greatest services which a doctor can render to a patient, and if the tumour be successfully removed cure is complete, for a dermoid is not pathologically malignant, so there will be no recurrence in the pedicle. The tumour has not, in such a case, contracted adhesions, its pedicle is rarely broad and usually narrow, and above all, none of the contents have escaped into the peritoneal cavity, nor has bone or hair worked its way into the bladder or rectum. Even twisted pedicle, so frequent in dermoids, at first facilitates the operation, the ovarian vessels being usually plugged. If operation be delayed serious effects may arise from this complication.

An ovarian dermoid forms a tumour of small and moderate size, usually occupying the middle of the abdomen up to or above the umbilicus. A very large dermoid is often compound, the main loculi being freed from dermoid elements, but this is not a matter of much clinical import. There will be resonance in the epigastrium and flanks. Free fluid in the peritoneal cavity is very unusual, just as in uterine fibroid disease. In cases of glandular ovarian cyst this condition is not rare; in fibroma of the ovary (which has been taken for a dermoid when very soft) it is frequent, and in free papilloma or malignant disease of the ovary constant.

A dermoid ovarian tumour may fluctuate quite distinctly, but as a rule fluctuation is obscure, and there is a doughy feeling on palpation. Above all, irregular degrees of consistence in different parts of the tumour are very characteristic in most dermoids. It may feel tense high up, hard on one side, almost spongy on the other, doughy below, and so forth. When a mass of bone can be felt, diagnosis is practically certain. A true included monstrous fœtus never lies in a movable cyst and well up in the abdomen; a retained extra-uterine fœtus in a sac is associated with conditions in the pelvis and disturbances of the catamenia which are not to be detected in a case of uncomplicated dermoid, whilst a normal uterine fœtus should never be taken for bone in a dermoid cyst. As a rule, I find that bony plates in ovarian dermoids are not to be detected by palpation, even though plenty may be found in the tumour after or during its removal.

An ovarian dermoid is quite movable at first, and on pelvic exploration the uterus is nearly always far back, behind the lowest part of the tumour, which comes down to the level of the pelvic brim, if not lower. These relations are, however, by no means constant. Occasionally, as in a case where I operated here last month, the entire uterus lies forward, pushed upwards by the dermoid which comes down into Douglas's pouch.

When very small, a dermoid not rarely lies altogether in the pelvis, and occasionally remains there even after attaining a considerable size. Diagnosis is not always easy, but occasionally the doughy feeling is very evident on bimanual palpation. A pelvic dermoid is a distinct source of danger in young married women, as it will obstruct labour, and may rupture, especially should obstetrical operations be necessary.

But complications often set in early. Ovarian dermoids are particularly liable to torsion of the pedicle, intra-cystic hæmorrhage (very rarely serious), adhesions due to irritation and inflammation of neighbouring peritoneum, septic infection of the contents and escape of the contents from the cyst cavity, either through rupture of the cyst wall or by processes which allow hair or bone to grow through the wall.

Even very early in its history a dermoid is often tender to touch, a fact which aids in diagnosis. A history of a very sharp attack of pain is not rare, while very often the patient complains that she has suffered from dull pain for several days.

The sharp pain means acute torsion of the pedicle; the dull pain, if observed by a medical attendant to be free from rise of temperature, signifies slow torsion. The latter complication, much the more frequent, is, however, often associated with local

peritonitis, and in that case there will be more or less feverishness. I once observed both forms of torsion in a patient under my care here with double ovarian dermoid disease. She had been subject to abdominal pains difficult to localise. After passing a motion she felt the most intense pain in the abdomen, and I found her moving about her bed in great agony, with free, cold perspiration. On operating, the right ovary was found converted into a big tumour, extremely livid and full of grease. Its pedicle was tightly twisted, with turgid veins and a large empty artery. The opposite ovary formed a yet larger dermoid tumour with its pedicle atrophied through chronic torsion. The patient on recovering from the anæsthetic, declared that she felt extreme relief as all pain was gone; this is not the rule immediately after an ovariotomy, but the pain caused by the ligatures on the pedicle was relatively so slight as compared with the sufferings due to torsion that the patient hardly perceived it.

Septic changes in the contents of a dermoid cyst are frequent, and in non-puerperal cases are usually due to the bacillus coli entering at a point on the wall where there are adhesions. They add to the risk of complications after ovariotomy.

Pregnancy involves yet greater risks, and in the puerperium worse germs than the bacillus coli may infect the cyst. We see a great deal of the results of pregnancy complicating ovarian tumours in this hospital, and dermoids specially cause trouble. The complications above described, particularly torsion, are very apt to occur during pregnancy.

There can be no doubt that the tumour is more prejudiced than the pregnancy, for torsion of the pedicle, even when acute, does not necessarily cause abortion; delivery may be perfectly normal, provided that the tumour be above the pelvis, whilst the puerperium may proceed normally as far as the uterus and general system are concerned, although the cyst is at the same time becoming infected.

The treatment of pelvic dermoids during delivery is a grave matter, which we cannot fully discuss at present. Ovariotomy through an abdominal incision is probably the safest course, provided there be both a competent operator and satisfactory nursing and appliances at hand. Opening the cyst through a vaginal incision sounds simple, but after clearing away the fatty contents, often mixed with much hair, the cyst wall may be torn off in part as it is drawn down, so that the remainder of the tumour with the pedicle unligatured will slip back into the peritoneum. Dangerous hæmorrhage and peritoneal infection will ensue. It has been suggested that the experienced obstetrician, who has never done an ovariotomy, had better, in such a case, make an abdominal incision and draw up the tumour above the pelvic brim, closing the wound, delivering the woman, and then preparing her for operation after the puerperium.

These considerations, however, are mainly obstetrical and too much open to grave debate to be suitable for this lecture. As a rule the dermoid does not prejudice gestation, but is liable to complications during pregnancy, and is much exposed to infection in the puerperium. Experience teaches us that the removal of the dermoid during pregnancy is not dangerous, whilst abortion does not necessarily follow the operation, and should it ensue it hardly interferes with recovery. But experience likewise reminds us that the risk of ovariotomy is greatly increased when the cyst and its greasy contents have undergone puerperal infection. On that account we should strongly advise a pregnant patient, who has an ovarian cyst, to have the tumour removed during pregnancy. Should she refuse, she should be kept in bed after the puerperium, and not allowed to rise before the operation is performed.

The spilling of grease, often mixed with hair, into the peritoneal cavity may necessitate flushing with saline solution, or free "toilet" with pads, but such manipulations increase the chances of abortion. Hence a small dermoid is best extracted entire through a free incision in the middle line, whilst if large, great pains must be taken to prevent grease escaping into the abdomen when the cyst is opened. A trocar and cannula are quite useless unless the fluid in the cyst is thin and abundant.

In my own practice I have detected chronic torsion of the pedicle with dense adhesions in six cases of ovariotomy on dermoids diagnosed (as tumours at least) before a recent pregnancy. The patients recovered, though the operation was always difficult, save in one very bad and neglected case of puerperal infection with fœtid fluid in the cyst and close adhesions to large and small intestines. In conclusion, I will relate a case where I operated in this hospital last spring, on a patient who had been delivered of twins two years previously. Labour was on that occasion impeded by the tumour, which occupied part of the pelvic cavity, rising into the left iliac fossa. Once more the patient became pregnant and labour was induced at the sixth month, nine months before I performed ovariotomy. I found a small heavy dermoid of the left ovary full of fat and felted hair, strongly adherent to the uterus and rectum; the right ovary was dermoid and required removal. Convalescence was rapid, but the case is instructive as showing how a dermoid cyst may imperil labour, and may itself be endangered by the processes of gestation.

Neglected dermoids were once very often seen in hospitals. When I was house-surgeon at St. Bartholomew's, in 1871, I saw two women, one almost a child, with pus and hair discharging from the bladder and rectum. Occasionally such cases are witnessed at the present day in patients who dread operative measures. Excision of part of the bladder or of intestine may be necessary, whilst in some cases the dermoid elements cannot be thoroughly extirpated. When the rectum is damaged by the separation of dense adhesions during the removal of an old dermoid, it is often advisable to drain by the vagina, and to sew the broad ligament to the peritoneum of the posterior part of the pelvis and upper portion of the rectum above the seat of injury. In this way the peritoneal cavity is cut off from a focus of deadly infection; abdominal drainage is untrustworthy in such a case.

Under circumstances not clearly understood, small pelvic dermoids may lie latent for years and fail to contract adhesions. I removed a tumour of this class last summer from an old lady, æt. 63, in a nursing home, and the results were satisfactory. Most probably growth is arrested in these cases by plugging of the vessels in the long, narrow pedicle of the heavy little tumour.

SOME CASES OF LYMPHANGIOMA.

By ALBERT CARLESS, M.S.LOND., F.R.C.S.,
Professor of Surgery in King's College, London; and Surgeon to King's College Hospital, &c.

IT has fallen to my lot to treat a number of these growths during the last few years, and inasmuch as their characters and peculiarities are none too clearly described in text-books, and my cases have ranged over most of the different types assumed by them, it has seemed worth while picking out some of the more characteristic so as to give an idea of the whole subject.

It is a little difficult to draw an exact line of demarcation around growths which should merit the title: between them and the lymphangiectases a somewhat large group exists, of which it is almost impossible to say to which class one should assign the individual members. Theoretically, one looks on a lymphangioma as a tumour built up of *newly-formed* lymphatic vessels, whether or not they retain their tubular characters, whilst the lymphangiectases are conditions due to the distension of *pre-existing* lymphatics, and the latter are usually associated with interstitial overgrowth of the tissues involved, constituting in the extremities conditions akin to elephantiasis. The difficulty in particular arises with the unilocular or multilocular cysts which form the majority of cases known as cystic hygroma; whilst the term lymphangioma is usually applied to these, it is, to my mind, quite an open question whether it is strictly merited.

I propose to lay before you the characters of five cases. Of these one was purely cutaneous; two involved skin and subcutaneous tissue; three were typically cystic; and the last was a solid growth, but covered by, and associated with, a marked cutaneous development.

Case 1.—The patient was a child, æt. under 12 months, of poor physique and badly nourished. It was affected by a patch of lymphangiomatous tissue upon the temple, the size of a shilling or a little more. It presented the typical appearance of what may well be termed a *lymphatic nævus*. The patch was of brownish-yellow colour; the surface was slightly irregular and papillated, and on examination with a lens one could see that each of the enlarged papules of the skin was the seat of a dilated lymphatic covered with epithelium. There were a few enlarged blood-vessels in the neighbourhood. As the condition was not increasing in size, and as the child's nutrition was peculiarly defective, I advised that it should be carefully watched and not dealt with at the time; any increase would determine active treatment, in the shape either of destruction by the actual cautery or excision.

In the third and fifth of the cases here recorded, a similar condition was present in association with deeper lymphangiomatous manifestations, but was spread over a much more extensive surface. Not infrequently patients scratch and irritate the affected areas, giving rise to a flow of lymph from the surface, and perhaps followed by attacks of inflammation, which may lead either to extension or to cure.

This lesion is sometimes associated with a condition in which the lymphatics are distended to such a degree as to constitute vesicles as large as half a pea, but the latter may also occur without the former. These *lymphatic varices* are by no means uncommon, and are best treated by simple extirpation if they be few in number, or by opening them and cauterising the exposed surface. A very good illustration of this "lymphangioma circumscriptum" appeared in the *British Medical Journal* on June 3rd, 1893.

Lymphangiomata of the subcutaneous tissues similarly present themselves under two chief manifestations—*viz.*, the tubular, and the cystic or cavernous. In the former, as in the hæmangiomata, the newly-formed vessels remain as capillaries, and constitute soft, pulpy or spongy swellings, which can sometimes be reduced in size on pressure. In the cavernous type, cysts of greater or smaller size are found, associated or not with the spongy tissue just mentioned, and filled with lymph, to which a greater or less quantity of recent or old blood is not infrequently added. On the whole, one is inclined to think that the purely cavernous without admixture of spongy tissue is more frequently seen. As an illustration of this, the following case may be noted:—

Case 2.—D. M. S., æt. 5, admitted to King's College Hospital on September 9th last for a cystic swelling situated in the lower part of the right cheek and upper part of the neck. It had only been noticed three months previously, but during the month preceding her admission it had increased in size very considerably. It extended upwards as high as the external auditory meatus, downwards to the level of the thyroid cartilage, backwards to the anterior border of the sterno-mastoid, and forwards nearly as far as the middle line. The swelling was tense and elastic, apparently loculated, and the skin over it was normal and moved freely; the growth appeared to be more or less attached to deeper structures. The limits of the swelling were quite sharply defined, and it was obviously of a cystic nature. It was operated upon on September 11th, and on incision proved to be a thin-walled multiloculated cyst, containing serum mixed with blood, which from its colour had been extravasated into it some little time. The various loculi penetrated deeply among the structures of the neck, and were in close proximity to the vessels; the lingual and facial arteries projected into the cavity, and were only separated from it by the endothelial lining. One loculus ran up under cover of the mandible into the pterygoid region. It was impossible to dissect out in its entirety the whole of the lining wall, and hence those portions which could not be thus dissected away were well scraped with a sharp spoon. The wound was closed with a continuous suture and healed by first intention.

I look on this growth as a pure cystic lymphangioma, though why it appeared in this situation, and why it developed so suddenly and rapidly, it is impossible to say. Its definite limitation rendered it very suitable for treatment by operative measures. Not a few growths ordinarily termed cystic hygroma are of this type; they are perhaps more often composed of a congeries of smaller cysts than of a single one, but they are frequently quite amenable to operative treatment. It is by no means unusual to see a hæmangiomatous element also present, and this association may explain why the fluid contained in them is stained or mixed with blood. In one instance which I saw years back under the care of Lord Lister, it was possible to reduce the size of the mass by pressure to a considerable extent, and as soon as the compressing force was removed the tumour swelled up to its former dimensions.

Quite distinct in their features from this, although still cavernous lymphangiomata, are the next two cases.

Case 3.—H. G., a boy, æt. 6, came under my care at St. John's Hospital, Twickenham, about two years ago. He was the subject of a large cystic swelling on the left side of the posterior thoracic and abdominal walls. This had existed from birth, but had increased in size rapidly during the previous few months. The mass extended from the mammary line in front nearly to the middle line behind; from above downwards it was about four inches in diameter, and projected outwards to such an extent that it resembled in size a large cocoanut. Several cysts could be detected, but the main loculus was of considerable dimensions. The skin covering the mass was adherent to it, and in part the seat of a cutaneous lymphangioma resembling that described in Case 1. The growth appeared to be more or less fixed to the thoracic parietes. I dealt with it in two operations. In the first the incision was a straight one placed across the centre of the mass, and extending from an inch and a half external to the left nipple obliquely downwards and backwards nearly to the middle line behind just above, then to

the top of the sacrum. The main cyst was thereby opened and found to contain serous fluid. Many other cysts were present, but in addition to this was a considerable quantity of a soft spongy tissue which oozed lymph when cut into, and was much of the same character as the soft spongy hæmangiomatous tissue found in ordinary nævi. This, together with the lining wall of the main cyst and the greater portion of the affected skin, was dissected away; but it was found that the soft nævoid tissue extended into and had infiltrated the superficial muscles covering the thorax and abdomen, and it was necessary to encroach on these to a considerable extent in order to get clear of the growth. There was a good deal of bleeding in this procedure, and therefore it was thought wise not to attempt the total extirpation of the outlying portions of the mass towards the middle line. The patient recovered perfectly well, and some time later a second operation was undertaken in order to remove the remains of the tumour, which had once again started growing. This time one made a curved incision extending from the upper end of the scar to nearly the lower, and reaching back as far as the middle line. This large flap was dissected up, and all the remaining portions of the growth were removed. The wound healed by first intention. I saw the patient a few weeks back—*i.e.*, eighteen months after the second operation, and found that the condition was perfectly satisfactory; there was no sign of any recurrence, and the skin only in one spot showed evidence of the preceding lymphangiomatous condition which had involved it.

Case 4 was a less satisfactory one of a similar type, in which, however, a fatal issue ensued in spite of extensive interference.

M. E., æt. 3 days, was admitted to King's College Hospital under Mr. Rose on March 3rd, 1902, with a large cystic swelling beneath the left side of the jaw, extending from the symphysis menti to the mastoid process. The skin was not adherent over the mass, and several distinct cysts could be made out. The growth increased rapidly in size, several of the cysts appearing to merge into one another under observation, and the mass soon began to project further backwards behind the sterno-mastoid. On March 10th Mr. Rose operated, making an incision more or less parallel with the ramus of the jaw over the more prominent cysts. The skin was separated from them, and the cysts opened. They contained yellow serous fluid and a substance of jelly-like structure, probably due to coagulation of the lymph *in situ*. The greater part of the mass was removed and its pedicle ligatured. The wound was closed and the child did well, but the notes state that on March 20th, before the child was discharged, the tumour under the chin was again commencing to enlarge. The fluid contained in the cysts is reported by Dr. Grünbaum to contain 0·4 per cent. of albumen. The wall of the cysts was composed of connective tissue, in parts undergoing myxomatous degeneration; the cyst cavity was not lined by epithelium. The solid material in the cysts was said to be organising fibrin.

The child was admitted a second time under my care a few months later. The growth had then attained considerable dimensions, extending under the chin as a projecting rounded mass, and also occupying both triangles of the neck. The child's nutrition had by this time begun to suffer, and although operation was essential, one was a little afraid as to what the result would be. A large incision was made, extending the whole length of the lateral aspect of the neck, and it was early seen that the sterno-mastoid was extensively invaded by the growth, and that removal of its whole thickness in a portion of its extent was required—in fact, there were very few muscle-fibres left towards the centre. The growth had also attacked the parotid gland, and its removal from this region necessitated the division of a portion of the facial nerve. In spite of the very extensive dissection, it was impossible to remove the whole mass, especially under the chin. When the operation was finished the whole of the deeper structures of the neck were laid bare, and one had to place the skin-flap down on the internal jugular vein with no other structure intervening. In spite of all things, the wound healed satisfactorily, and the child was sent out of hospital; but, unfortunately, the side of the face remained partially paralysed.

The ultimate result was that the tumour grew once again, burst through the skin, and became infected. The child was admitted to hospital for a third time on January 10th, 1903, and died of septic absorption.

The most important feature in each of these two cases is the tendency obviously existent in them to infiltrate surrounding structures. The sterno-mastoid in one case, and the superficial abdominal muscles in the other, had been invaded, and their tissues infiltrated and destroyed; the parotid gland in Case 4 had also been attacked. In the former case the parts involved were of less importance, and therefore could be freely dissected away; but when the deeper tissues of the neck are affected, serious results may follow, and life itself may be destroyed. This tendency to invade and infiltrate has been noticed by other observers, and must ever be kept in mind in advising as to treatment. The tissue is plainly of a lowly organisation, and it is quite an open question whether there is not some added sarcomatous element present. A similar instability of the hæmangiomata has also been noticed.

Mr. Betham Robinson related a case somewhat similar in which the parotid region was invaded by a growth of this nature, though there it was simply cystic and not of the spongy type. An operation was undertaken, but only a portion could be removed. The growth recurred, and the child subsequently died of asthenia ("Path. Soc. Trans.," 1896). Mr. Spencer has also reported to the Medical Society a case of diffuse lymphangioma of the lower extremity, and has referred to some others of a similar type; but they do not seem quite to fall into line with cases such as I have referred to, and are more like diffuse lymphangiectases ("Med. Soc. Trans.," 1892, p. 133). Zuccaro (*Puglia Medica*, 1894, Nos. 8 and 9) also relates a case of diffus ecystic disease of this type in the upper arm and thorax of a child seventeen days old, where the connective tissue was riddled with cysts, and gives a careful account of the histology. Complete removal was impossible, and death occurred as the result of septic processes starting in the wound, which could not be completely closed. Vautrin (*Revue de Chirurgie*, 1898, p. 1,128) relates a case of mesenteric lymphangioma which he discovered post-mortem. The growth had invaded the muscular tunics of the stomach, and was surrounded by agglutinated coils of intestine. He emphasises the gravity of this invasion, and looks on it as analogous to that of a malignant tumour.

Operations for partial removal must therefore always be avoided, if possible, but there are not a few cases on record in which a good result was subsequently obtained. D'Arcy Power (*Brit. Med. Journ.*, December 4th, 1897) relates one in which spontaneous disappearance of the mass occurred subsequently, owing to an attack of inflammation in the part left behind; but, as one has indicated by the cases referred to above, this inflammation may not always lead to a satisfactory issue.

Case 5.—The last case I have to describe was an interesting one in which there was a solid fatty growth on the anterior thoracic wall, adherent to the skin which covered it in, and this in turn was invaded for a good portion of its extent by a cutaneous lymphangiomatous development, similar in characters to that which I alluded to in my first case.

The child, M. S., was æt. 11, and the growth had been noticed since she was two years old. It increased gradually in size, but gave no inconvenience till about two and a half years previously, when she was operated on by Mr. Stanley Boyd at Charing Cross Hospital. The mother stated that there was no sign of the mass after this procedure, but that it commenced to grow again shortly afterwards. On her admission to King's College Hospital in August, 1901, the swelling

extended vertically from the second to the fifth rib inclusive, and from half an inch to the right of the middle line to well into the left axilla. It projected forwards two or three inches, constituting a tumour rather larger than a fist; and towards its lower part could be seen the rudimentary breast, which was quite independent of it. In consistence it was soft, slightly lobulated and irregular; freely movable on the deeper parts, but the skin was adherent over it. Enlarged veins coursed over the mass, and the scar of the former operation ran transversely across its lower border. The skin over the greater part of it, and especially towards the axilla, was slightly warty and papillated, resembling in colour and appearance the lymphangiomatous developments already described. No enlarged glands were to be felt in the axilla, and the growth was quite painless.

The whole mass was subsequently excised, and as it encroached somewhat closely upon the pectoral muscle, which looked decidedly infiltrated, it was thought better to remove the sternal portion of that muscle, and to carry the incision well into the axilla, from which a somewhat enlarged gland was removed.

The exact nature of this case is certainly open to discussion. The microscopic report as to the cutaneous condition merely stated that it was a papillomatous nævus; but looking to the appearance of the lesion before removal, the total absence of any evidence of circulating blood, and the entire accordance of characters with those of demonstrated lymphatic nævi, one is forced to the conclusion that it must be placed in that group.

As to the main mass, the report stated that it was merely fat, and that no lymphatic or hæmangiomatous developments were present; it was, however, a large mass, and it is possible that the portion that might have demonstrated its dependence on a lymphangiomatous origin was not examined. That fibro-fatty growths are associated with lymphangiomatous developments cannot be doubted. Mr. Marmaduke Sheild showed a child to the Medical Society in 1893 ("Med. Soc. Trans.," vol. xvi., p. 305) who was the subject of what he supposed to be a congenital fibro-fatty growth. In the next year's "Transactions" (p. 334) the sequel of this case is related. An acute attack of inflammation supervened in the growth, which became enormously enlarged, hot, red, and œdematous, and in spite of careful nursing the child died. On post-mortem it was found that the greater part of the growth consisted of solid fibro-fatty tissue, but that towards the axilla it merged into a sponge-like growth, and finally into distinct cysts, the size of peas or grapes, filled with yellow serous fluid. Spontaneous inflammation had occurred, and the child had been able to withstand the inflammatory fever and exhaustion. I look on my case as akin to this, but that the transformation into a cavernous type of lymphangioma had not been reached. In such developments one sees an analogy to the lipomatous conditions which are sometimes found associated with the hæmangiomata.

ALBUMINURIA IN THE APPARENTLY HEALTHY.(a)

By SAMUEL WEST, M.D., F.R.C.P.,
Physician to St. Bartholomew's Hospital.

THE term "physiological" or "functional," as applied to this variety of albuminuria, was not to be commended, as it begged the very question which it was desired to prove. Moreover, under ordinary conditions physiological albuminuria did not occur, and when it did it was a transudation, not a secretion. The greatest importance was to be attached to the state of nutrition of the walls of the capillaries, and also to the presence or absence of high arterial tension. It had been stated that albumin might be demonstrated in the urine in everyone. This was not strictly true, but, at the same time, if an ordinary specimen of urine free from albumin as recognised by the usual tests be evaporated down, and the residue extracted, a trace of albumin might be found. The explanation of this was simple, as a certain number of cells from the urinary tract were generally present in the urine. Except in this limited sense, albuminuria was never physiological at all, but always pathological.

The cases could be divided into three groups:—(1) *post-renal*, or accidental, due to the contamination of the urine from the genito-urinary tract; (2) *renal*, (*a*) with obvious cause, as kidney disease, (*b*) without obvious cause; (3) *pre-renal*, (*a*) with obvious cause, as in fevers or heart-disease, (*b*) with no obvious cause. It was the albuminuria in which the cause was not obvious that the diagnosis of this special variety was made by exclusion—always a difficult matter. With regard to the post-renal class of cases, a tiny calculus in the kidney might lead to a transient albuminuria or hæmaturia, and nothing else, the condition completely clearing up with the passage of the stone. Temporary albuminuria might also be due to the passage of oxalic acid gravel, and it was also said that the strongly acid urine of acute gout might likewise give rise to the same condition.

Many different names had been given to this form of albuminuria. Most of them called attention to some particular feature of the complaint, or indicated its causal relationships, such as "occasional," "intermittent," "remittent," "cyclical," "postural," "dietetic," and so forth. All these might be met with during the convalescence from acute Bright's disease. The actual frequency with which the condition occurred had been variously stated, 10 per cent. being probably the approximate figure. Its importance and significance varied with age. It had been met with in new-born babies, and it was not infrequent in quite young infants, in which class one series of statistics showed that it was present to the extent of 40 per cent. This was rather high. In boys at school, the average was 20 per cent. Here, the cases were divisible into two groups: those who were florid, full-blooded, and with good pulse-tension, and those in which pallor with low arterial tension was a marked feature. The practical question was whether their school life should be interfered with. He thought that each case must be judged upon its own merits, and that continuance at school under medical supervision was the best course to pursue. In the young adult, the condition became of importance with regard to the question of life-insurance, or of entry into the Services or large business houses. The presence of albumin at all was a risk which the insurance office was justified in declining to take.

From the age of twenty-five to thirty the case-frequency of functional albuminuria was lowest. The gravity of the condition increased almost *pari passu* with every year, the mortality sometimes working out at nearly double that of healthy persons. The chief *crux* of the whole question lay in the difficulty of excluding latent disease of the kidneys, especially granular kidney. The curves of mortality of the two conditions were

(a) Abstract of Paper read at a meeting of the West London Medico-Chirurgical Society, on Friday, February 5th, 1904.

very close. He would lay down as a general rule that any albuminuria which was accompanied by arterial thickening was an indication of some granular change in the kidneys.

The practical application of these considerations with regard to life-insurance was that it was advisable to reject all cases of albuminuria above the age of forty, to load heavily those between thirty-five and forty, to add considerably between the ages of twenty-five and thirty, and to postpone and watch those cases occurring from eighteen to twenty-five. If arterial thickening were present at the same time, one should reject at all ages. It was of supreme importance to recognise that albuminuria was never physiological but always pathological, though not necessarily renal.

ADVANCES IN THE CHEMISTRY OF ALBUMIN AND THEIR CLINICAL IMPORTANCE (a)

By G. KLEMPERER, M.D.,
Professor of Medicine, Berlin University.

ALL albuminous bodies, the lecturer said, were not alike, but fell into different groups. We distinguished two large groups, simple and complex. The first group fell into three divisions, the albuminous, the globulins, and the phosphor-albumins. The two first-named were found in albumin and also in blood serum; cell protoplasm contained only globulin. In the albumin of urine there were both albumin and globulin, but in varying proportions, according to the nature of the disease. With ammonia sulphate the globulin was only precipitated with difficulty; it was large-grained. For this reason it was kept back by the epithelium in the milder kidney affections, and principally albumin, the finely granular, was excreted, whilst in severe kidney lesions more albumin was let through. The phosphorus-containing albumin (formerly so-called nuclein-containing) resembled the caseous material that fell from milk by acidifying and was present in yolk of egg and in vegetable foods. It was formerly believed that animal and vegetable albumin were identical.

Amido-acids were always given off from these albuminous bodies. They changed later into proprionic acids, butyric acids, valerianic acids, and succinic acid. The amido-acids were divisible into monamino-acids and diamino-acids, the former acting as acids, the latter having basic properties. To the former belonged amino-capronic acids (leucine), aminolactic acid (alaline), tyrosine, and cystine. Other chemical changes of albumin had been found, heterocyclic circles. These simple albuminous bodies combined with other groups, and so arose the complex albuminous bodies, the proteids. They belonged to the cell-nucleus, and were therefore also called nucleo-proteids; they consisted of three parts—*viz.*, one part phosphorus, one part nucleus, one part purin substance. The latter was the mother substance of uric acid and of xanthin. Pentose was also contained in it. By pairing with dextrose, glucosamum was formed from the nucleo-proteid. Mucin belonged to the glyco-proteids that were peculiar to some albuminous bodies. Finally, the proteids combined with iron chromate proteid. The denaturised albuminous bodies were to be considered as special bodies.

What did the body do with these albuminous bodies? They underwent hydrolytic changes, were albumosised and peptonised. But peptonisation was not a final change; peptone was only a passing step. Peptone had disappeared from the stomach after four hours; only amido-acids were found in the intestines. Peptone was not generally absorbed, but passed on into crystalline albuminous products, which were absorbed, and from which the organism again prepared the albuminous bodies. Cohnheim had shown that the splitting up into crystalline bodies was due to a ferment secreted by the mucous surface of the intestinal walls, which he called crepsine. It was possible also that a part of the peptones was absorbed as such.

This new doctrine of the previous splitting up of albuminous bodies before absorption had caused a complete revolution of the views as to the relation of albumin to internal tissue change. We must assume that the albuminous bodies that passed on with the tissue and body fluids as component parts were formed synthetically out of the crystalline division-products of the albumin contained in the food, and that therefore the body itself performed synthetic functions.

When the cell structure was completed, urea was first formed, and by intermediary tissue change. As a rule the intermediary products passed away quickly. But by disturbances the demolition of certain cells might come to a standstill, and thereby a number of diseases might be caused. Among these was a rare disease, alkaptonuria (urine of a black colour, especially when alkaline); it was a pronounced family disease. There was also amido-oxyphenylacetic acid, which the ferment readily changed into tyrosine (paraoxyphenylaminoproprionic acid). The ferment was absent, however, occasionally; then the demolition came to a standstill, when we found the above-named material in the urine. Cystinuria also belonged here, and this was also a family disease; here the ferment necessary for the demolition of the cystine was absent.

Diabetes was more difficult of explanation. Here the sugar formation, the remaining at a lower stage of decomposition, was a chemical anomaly. Whence came the sugar? Not from the pentose and not from the glucoamine. It must be formed from the albumin itself, from the mono- and diamino-acids; glycosis arose and remained with the patient.

Another disease was the adiposity of anæmia. Here, without doubt, the fat developed out of the albumin. Fatty acid was also formed from CH_2, as also oxybutyric acid out of the fat.

The prostatic group of albuminous bodies was connected with uric acid. If the process became stationary at this stage, we had the symptoms of gout.

We had, then, the so-called autolytic processes in the body. Acetolysis occurred when something in the organism died off; a better name, therefore, was the necrochemical processes.

(a) Abstract of Address delivered at the Medical Society, Berlin.

The Plague.

THE following telegram from the Officer Administering the Government of Mauritius has been received at the Colonial Office:—"For the week ending January 28th, 28 cases of plague, 18 fatal."

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXXII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

WOODHURST SANATORIUM, DORKING.

As our series of articles has already abundantly shown, there is no dearth of excellent sanatoria for consumptives in this country. In almost every part of the British Isles well-equipped and wisely-managed institutions are now available. Indeed, for the wealthy sufferers the supply is in serious danger of altogether exceeding the demand. But for the poor the case is very different. For the pauper class adequate hygienic treatment is sadly lacking, although in certain districts efforts have been made recently to provide means for the carrying out of "open-air" methods. For the majority of these State-maintained consumptives the ordinary workhouse infirmary is the last and much-dreaded resort. While it is only right to acknowledge the immense prophylactic service rendered by these Poor-law institutions, it is necessary to remember that for the greater number of cases these infirmaries are unsuited to the needs of the phthisical. The hospitals and sanatoria supported by voluntary contributions or maintained by philanthropic effort are inundated with applicants. Recently, by a wise combination of county, municipal, and individual effort, certain establishments have been brought into being, and go some way to meet the wants of the comparatively poor. In most cases these attempts to deal with the needs of the indigent phthisical worker have been somewhat disappointing. To secure efficient hygienic management, considerable expense is necessarily incurred, and it is exceedingly difficult to provide food and the other requirements of "natural" treatment at such rates as can be met by most members of the working class. And perhaps the sufferers most to be pitied are those young females who, even when in full health, can barely earn sufficient for daily needs, and when overtaken by disease are dependent on the support of relatives or the benevolence of friends. It is to meet the requirements of this class that the sanatorium at Dorking has been established. It is restricted to females, and accommodation is provided for sixteen cases.

Woodhurst is situated on Tower Hill, on the borders of Dorking, in characteristic Surrey scenery. The sanatorium consists of a commodious, square, thoroughly well-built and good-looking house, originally intended for a private residence. By slight adaptation the building has been rendered suitable for its present purpose. The hall, stairs, and landings are extensive, airy, well-lighted, and allow free circulation of air throughout the establishment. The rooms are large, lofty, well-placed, and with good windows. In most instances three or four patients share the same bedroom. There are, however, certain rooms available, if necessary, for single patients. All parts of the house appear neat and clean, and present evidence of knowledge well applied, and ever active thoughtful management. The dining-room is good, and there is reasonable accommodation for rest and recreation.

The grounds, although not very extensive, are pleasingly laid out, and offer facilities for graduated exercise and suitable rest in the open. There is a well-designed shelter open on all sides, and here some of the patients spend a great part of every day. The grounds adjoin the famed Glory Woods, which are some forty acres in extent, and to these the patients have free access by a private entrance. A small but ventilated glass-house provides accommodation in wet weather.

A natural system of ventilation is, of course, maintained throughout. Heating is provided by means of open fires.

The sanatorium stands in its own grounds, and is separated from the road by a stone wall. The soil is sand and gravel. The house and its grounds are protected and yet allow of free exposure to sunlight. From the windows of the house and from certain parts of the grounds, extensive views of very beautiful undulating country can be obtained.

Woodhurst is within the parish of Dorking; the sewerage is good, and gas and water are provided by the town.

At the time of our visit of inspection we were accompanied by the visiting medical officer, who informed us that the cases were treated in accordance with the generally accepted principles of modern hygienic treatment. No special or exceptional form of treatment is employed.

The sanatorium is a proprietary one. Although a non-medical management cannot be considered the best, the arrangements in the present case appear to provide for the needs of a class whose wants are too apt to be forgotten. There is no resident lady doctor, but Dr. Mary McDougall, of Croydon, acts as visiting medical officer, and Dr. J. D. Rawlings, of Dorking, attends in cases of emergency. The nursing is directed by the daughter of the proprietor, Miss Wright, who has had many years' experience of general nursing, and since 1898 has devoted her attention entirely to the nursing of consumptives, and has thus had considerable experience in the management of these cases.

As we have already indicated, Woodhurst meets a want in providing a sanatorium for female cases at comparatively low rates. The terms are from one and a half to two and a half guineas weekly, according to bedroom accommodation, but drugs and laundry are not included.

Dorking may be reached by either the South Eastern and Chatham Railway or the London, Brighton, and South Coast Railway. The station of the former is the most convenient for patients, but is a mile and a quarter from the sanatorium. A conveyance is provided by arrangement.

CENTRAL MIDWIVES BOARD.

AT a meeting of the Central Midwives Board held on January 28th, 1904, Dr. F. H. Champneys in the Chair, the following business was transacted:—

1. On the recommendation of the Standing Committee, the Board adopted three sets of questions to be addressed respectively to those applying for approval or recognition in the following capacities: (*a*) Institutions applying for approval of their certificate, or for recognition as approved institutions under Section C 1 of the rules. (*b*) Registered medical practitioners seeking recognition as teachers under Section C 1 (3). (*c*) Certified midwives applying to be approved for the purpose of signing Forms III. and IV. under Section C 1 (2).

2. The following applications for recognition as approved institutions under Section C 1 of the Rules were granted: National Maternity Hospital, Dublin; Edinburgh Royal Maternity and Simpson Memorial Hospital; City of London Lying-in Hospital.

3. The following application for recognition as a teacher under Section C 1 (3) of the Rules was granted: John W. Fordham, jun., M.R.C.S.

4. A letter was read from Dr. E. Hastings Tweedy, the Master of the Rotunda Hospital, Dublin, calling the attention of the Board to the practical impossibility of pupil midwives trained in the Rotunda complying with the requirements of Section C, Rule 1, Subsection 1 (personal conduction of twenty cases), and Subsection 2 (ten days' puerperium). It was hoped that the curriculum of the Rotunda might be accepted as an equivalent to the course of training prescribed by the Rules, or that such exception or modification might be made as would enable the Rotunda nurses to qualify for the Board's examination. After consideration of the subject, it was unanimously resolved: "That having considered the letter addressed to them by the Master of the Rotunda Hospital, the Board regret that the suggested alterations were not brought to their notice before the Rules were sent to the Privy

Council, as, having been approved by that body, it is impossible for the Board to alter them."

5. A letter of similar purport was read from Professor Byers, physician to the Incorporated Belfast Maternity Hospital, and a copy of the foregoing resolution was ordered to be sent in reply.

6. After consideration of applications for certificates, the names of 1,040 women were passed under Section 2 of the Act, and ordered for entry on the Roll. Of this total, 269 claimed as holding the certificate of the Obstetrical Society of London, 14 that of the Rotunda Hospital, 26 that of Queen Charlotte's Lying-in Hospital, 14 that of the Glasgow Maternity Hospital, 14 that of St. Mary's Hospital, Manchester, 2 that of the Liverpool Lying-in Hospital, 1 that of the Edinburgh Royal Maternity Hospital, 1 that of the City of London Lying-in Hospital, and 699 were admitted as having been in *bonâ fide* practice for one year prior to July 31st, 1902.

THE STATE REGISTRATION OF NURSES.

A GENERAL meeting of the members of the Royal British Nurses' Association was held last week in the rooms of the Medical Society of London to consider the draft of a Bill upon the State Registration of Nurses, when several important amendments were made, and at the end of the meeting the following resolution was passed :—

"That the draft Bill, as amended, be approved, and that the Executive Committee be directed to take steps as they may think necessary to have it submitted to Parliament."

1. Three registered medical practitioners to be appointed for terms of three years. Two to be appointed by the Lord President of the Council, and one to be appointed by the British Medical Association.

2. Three persons to be appointed for terms of three years by the Lord President of the Council, one to represent England, one to represent Scotland, and one to represent Ireland.

3. Three representatives to be appointed for terms of three years, one to be appointed by the medical Director General of the Navy and the Medical Director General of the Army conjointly, one by the Royal Nurses' Association, and one by the Queen Victoria Jubilee Institute for Nurses.

4. Five fully-trained nurses, who shall be matrons or lady superintendents of hospitals or Poor-law infirmaries, with training schools attached, to be elected for terms of three years, one to be elected by the matrons and lady superintendents of Metropolitan hospitals, one to be elected by the matrons and lady superintendents of Metropolitan Poor-law infirmaries, one to be elected by the matrons and lady superintendents of provincial hospitals, one to be elected by the matrons and lady superintendents of hospitals in Scotland, and one to be elected by the matrons and lady superintendents of hospitals in Ireland.

5. Seven fully-trained nurses to be elected for terms of three years, three to be elected by nurses on the Register who are resident in the Metropolis, one of whom shall be a mental nurse and one a fever nurse, two by nurses on the Register who are resident in the provinces and Wales, one by nurses on the Register who are resident in Scotland, and one by nurses on the Register who are resident in Ireland.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF ANATOMY AND PHYSIOLOGY.

MEETING HELD IN THE ROYAL COLLEGE OF SURGEONS ON FRIDAY, JANUARY 29TH, 1904.

The President, E. H. TAYLOR, M.D., F.R.C.S., in the Chair.

AFTER a few introductory remarks by the PRESIDENT, who returned thanks for his election to the position of President of the Section,

Dr. R. ATKINSON STONEY read a paper, entitled "The Anatomy of the Pelvic Fascia, with Special Reference to its Surgical Importance." He described a new method of demonstrating the connections of the visceral pelvic fascia, by hardening the subject in formalin, and then having made a mesial section of the pelvis, dissected the prostate and bladder out of their fascial envelopes. By means of specimens dissected in this way, and drawings and diagrams made from them, he showed that the visceral layer of pelvic fascia, instead of dividing into three layers as usually described, really gives off three complete sheaths, two in a downward direction surrounding the prostate and rectum, and one in an upward direction surrounding the bladder; and that each of these is complete in itself, and in no place does one layer of fascia enter into the formation of more than one of these three sheaths. He also pointed out that the visceral layer of pelvic fascia meets the urogenital apparatus at the vesico-prostatic junction, and the alimentary canal at the junction of the rectum and anal canal.

Sir Thomas Myles, the President, Professor Fraser, and Professor Dixon spoke.

Dr. HAROLD PRINGLE exhibited a dog on which he had performed Pawlow's "gastric fistula" operation. The object of the operation is to produce a stomach-pouch which is made to open on the surface, while the remainder of the stomach is left to perform its digestive function as usual. The pouch is formed in such a manner as to retain its nervous connections intact. Some lantern slides were shown illustrating the operation, and others giving the results of experiments, which showed that the juice secreted by the stomach-pouch varied in amount and rate of secretion, corresponding with the results already published by Pawlow.

The President and Professor Thompson spoke.

Dr. HENRY M. JOHNSTON gave a demonstration on the making of blood films by a new method. He also showed specimens of films stained and unstained. His apparatus is exceedingly simple, and is already in the hands of a firm of instrument makers. A complete account of this apparatus and method will shortly be published.

The meeting then adjourned.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

QUARTERLY MEETING HELD ON FRIDAY, JANUARY 29TH, 1904.

MR. BARK, of Liverpool, President, in the Chair.

CASES SHOWN.

MR. MAYO COLLIER showed a case of intermittent nasal obstruction, and cases illustrating stages of progressive deafness. The PRESIDENT said that the foregoing cases would be discussed in connection with Mr. Mayo Collier's paper later.

Dr. KELSON showed a case of laryngitis in a girl.

Dr. DUNDAS GRANT asked if there were any signs of hysteria, and remarked the enlarged tonsils and ventricular band phonation.

Mr. MCDOUGALL (Liverpool) suggested that the tonsils be removed and thus the neurotic element eliminated.

Dr. KELSON, in reply, said that he intended removing the tonsils and that he had not noticed any nervous tendencies.

Mr. STUART-LOW showed a series of cases of AURAL SEPSIS TREATED BY MEANS OF KELVOLIN VAPOUR, and the local application of pure kelvolin. Mr. Stuart-Low said that it would be agreed that bacteria kept up the continuation of the sepsis, and that this persistence is aided and abetted exceedingly by the peculiarly intricate anatomical arrangements pertaining to the tympanic cavity and its accessory recesses. It is passing strange, therefore, that with a pathology clear and explicit, as established by brilliant bacteriological research, the best means yet arrived at to combat bacillary ravages in this special region should be so ineffectual when put to the test in actual practice. After trying various substances very exhaustively, I

have selected kelvolin, a chemical product prepared by Messrs. Hay, Steven and Company, manufacturing chemists, Mary Hill, Glasgow, as the best. Kelvolin is a dark-coloured fluid of an oily consistency and slightly tar-like odour. It contains 40 per cent. of the homologues of phenol, and 35 per cent. of highly refined neutral products from coal tar. Kelvolin is prepared from highly refined materials and is free from resin and free alkali. Kelvolin is a very powerful germicide: the staphylococcus, the streptococcus, and anthrax spores are all easily destroyed by it even when it is much diluted. It has the further great advantage that so far from any irritating properties when applied to the tissues it has, in common with the phenols, an anæsthetic, numbing effect. It has, further, a softening action on incrustations and considerable penetrative power. Kelvolin is easily volatilised, and is again very quickly condensed upon anything held in the vapour. Kelvolin I have used extensively during the last few months on many cases of suppurative middle ear disease in various varieties and stages. I have used it in two ways—first, directly applied by means of cotton wool on a fine probe to granulations on the tympanic walls, and secondly, as a vapour. The vapour treatment I have found most efficient and satisfactory. I drive the vapour by means of an inflator into the external auditory meatus, and in this way it is forced into the farthest limits not only of the tympanum and attic, but backwards into the antrum and its adjacent cells, and downwards and forwards into the Eustachian tube. The patient plainly perceives it in the pharynx when the passage is sufficiently patent. I also force the vapour up the Eustachian tube through an ordinary Eustachian catheter inserted through the nose, and thus additionally insure that a thin layer of condensed vapour is spread over the entire interior of the middle ear and its accessories. Preliminary to using the kelvolin as just described, the interior of the ear must be prepared for the vapour by being freed from all discharges, this being accomplished by most carefully and thoroughly mopping it out with fine light probes carrying boracic wool, and in this way the surface is cleaned and dried for the deposition of the condensed kelvolin vapour, any granulations being touched gently and lightly with kelvolin. This preparatory process is not complete until aerial inflation by the Eustachian catheter and suction by means of Siegle's pneumatic speculum has been repeatedly performed, and every particle of secretion thus blown and sucked out has been carefully removed by most assiduous and painstaking mopping.

The PRESIDENT regarded these cases as very satisfactory and encouraging. Dr. DUNDAS GRANT said that he was favourably inclined to the method and would certainly try it in future. It seemed a valuable addition to the aurist's armamentarium. Dr. VINRACE could not concur with Dr. Dundas Grant, and wished to know if this method had ever succeeded where the usual treatment had failed? Dr. JOBSON HORNE would like to learn something of the bactericidal powers of kelvolin vapour. Dr. KELSON said the cases shown were very satisfactory. He would like to know if there had been any failures. Mr. NOURSE said he had been very much impressed by the ready way in which cases yielded to this treatment when other remedies failed.

Mr. STUART-LOW, in reply, thanked the President and Fellows for their kind reception of the subject. All the cases shown had been under the usual methods, some for years before coming under the treatment. Two of the cases shown were Dr. Jakins' patients, and both were instances of intractable discharge. Cultures were always taken before using the vapour, and then it was pushed until the culture was negative. There was no doubt about the germicidal power of kelvolin vapour—even the staphylococcus succumbed to its influence. There had been no failures, but when many granulations were present, shielding the seat of the mischief, the treatment was necessarily more prolonged.

Mr STUART-LOW also showed a case of nasal polypi in a boy, æt. 7. Prof. Hajek, of Vienna, had visited Dr. Dundas Grant's clinic and seen this case. He had never seen polypi in so young a subject and said sarcoma was likely.

Dr. WYLIE showed a case of primary hard sore on the lip of a woman.

Dr. JOBSON HORNE said such cases were uncommon, but he had seen three in five years. Mr. C. NOURSE remarked on the difficulty in tracing the primary infection often. Dr. DUNDAS GRANT said that sometimes the primary infection was on the tonsil and not interpreted until the mucous patches appeared. Dr. JOBSON HORNE said one of his cases was on the lip and then on the conjunctiva. Both at the casualty ward of St. Bartholomew's Hospital.

Dr. WYLIE showed a case of neoplasm, probably malignant, of the œsophagus, causing paralysis of both vocal cords.

Dr. LODGE (Bradford) said he had a similar case. Death ensued from septic pneumonia after perforation of the trachea. Mr. BARWELL asked if abductor paralysis was present in the case. Dr. JOBSON HORNE asked the situation of the growth.

Dr. WYLIE, in reply, said the growth was in the very upper part of the œsophagus.

Dr. WYATT WINGRAVE showed a case of laryngeal disease (tuberculosis) in a man, æt. 30.

Mr. BARWELL asked if anti-syphilitic remedies had been given.

Dr. WINGRAVE said he could get no specific history. He was going to use anti-syphilitic treatment.

Dr. KELSON showed a case of eruption on the fauces.

The PRESIDENT said the case was very interesting and might be a mucous tubercle. Dr. MCDOUGALL (Liverpool) thought the case syphilitic, and advocated intra-muscular injections of mercury. Dr. WEIGHT said the hypodermic injections of arsenic and iron might be tried. Dr. KELSON said the case had altered, and at first looked like malignant disease.

Mr. BARWELL showed a case of syphilitic laryngitis.

Dr. WYLIE asked the dose of iodide of potassium given. Dr. LODGE advocated 60 grains of iodide of potassium three times a day. Dr. DUNDAS GRANT said he had a somewhat similar case under treatment now. It looked like a solid œdema. Iodide of potassium failed, but mercurial inunctions did good.

In replying, Mr. BARWELL said that he gave 75 grains of potassium iodide a day, but he was going to give larger doses. He did not think it was œdema.

The PRESIDENT showed a case of growth in the anterior commissure above the vocal cords.

Dr. WYATT WINGRAVE said chiefly innocent growths spring from this position. Developmentally there might be tags left, which had become myxœdematous. He suggested a microscopical examination of the growths. Dr. VINRACE thought the growth had been present a very long time. Dr. JOBSON HORNE had had a similar case. This he removed with a double curette, after Krause's principle. Dr. LODGE had had a similar case. He removed it with a snare without exactly seeing what was being done.

The PRESIDENT, in reply, said there was a good deal of dyspnœa occasionally. His experience was that fibromata were always single, while papillomata were often multiple.

Mr. MAYO COLLIER read a paper entitled

LATENT OR INTERMITTENT NASAL OBSTRUCTION.

He said that this affection, although extremely common, had been overlooked by rhinologists. To this condition he attributed many of the more chronic and minor ailments found in the throat, nose, and ear, and much of the neurasthenia and dyspepsia so prevalent. In enumerating the functions of the nose, stress was laid on the relations of respiration to digestion and the circulation. In pointing out the relation of the nose to the ear a diagram was exhibited showing the developments of the tubo-tympanum from the nose and mouth cavity formed out of the first branchial cleft. A suggestion was thrown out that the nose was the safety

valve of the brain by acting as a drain to the arachnoid cavity. Important relations between the eye, ear, voice, and emotions were all touched upon, and finally the importance of continuous nasal respiration was insisted on.

The President thanked Mr. Collier, and said that the discussion on the paper would be taken at the next meeting.

NORTH-EAST LONDON CLINICAL SOCIETY.

Meeting held Thursday, February 4th, 1904.

Dr. J. W. Hunt, President, in the Chair.

Dr. Fred. J. Tresilian showed (1) a case of osteo-sarcoma of the superior maxilla in a girl, æt. 15, in which the antrum was involved. A partial operation had been performed five years ago, and since that time the growth had been quiescent. (2) A married woman, æt. 27, with tertiary syphilitic ulceration of the cheek and palate.

Dr. G. P. Chappel showed an infant, æt. 2½, with enlargement of the abdomen, and signs of general rickets. An operation had been suggested to the parents, but was refused.

Mr. Herbert Carson considered that the protrusion of the abdomen was due to tuberculous peritonitis, in spite of the fact that signs of rickets were present. He thought that laparotomy was the best form of treatment.

Mr. Carson exhibited a specimen from a case of ruptured gastric ulcer. The patient was a girl, æt. 18, who had suffered previously from dyspepsia, but there had been no hæmatemesis. She was seized with abdominal pain at nine o'clock one evening, but medical aid was not summoned until the next morning. Laparotomy was performed eighteen hours after perforation, but, being moribund at the time, she sank under the operation. The perforation was a double one, the ulcers being situated at the cardiac end of the stomach.

The President remarked upon the great rarity of the occurrence of perforation in two adjacent ulcers, and suggested that the accident had happened at two separate periods of time.

Mr. Carson replied that perforation of one ulcer would not necessarily relieve tension in another, as on the operating-table the stomach was generally found to be distended, even after perforation. He believed that the most important prognostic factor in these cases was the condition of the stomach at the time of perforation rather than the interval which might elapse between that event and the operation.

Dr. A. J. Whiting showed three cases illustrating different types of syphilis affecting the nervous system. In one of them, a woman, æt. 60, the symptoms were largely spinal, but she presented one very remarkable clinical feature, namely, that her pupils, which did not react to light, *dilated* on accommodation. On closer inspection, a slight transitory contraction previous to the dilatation was observed. She had also commencing cataract in both eyes.

Mr. R. Philip Brooks remarked that the presence of a cataract would not in itself influence the movements of the pupils.

Dr. Whiting also showed a married woman, æt. 35, the subject of post-influenzal ulnar neuritis on the right side.

Dr. Arthur E. Giles exhibited specimens of some diseased ovaries which he had removed by operation. Two of them were cystic, and in both the pedicle had become twisted. The pressure-effects due to the mobility of one of them had led to the diagnosis of renal colic by the patient's medical attendant. The frequency with which a prolapsed ovary became cystic, thus necessitating its removal, was pointed out.

THERAPEUTICAL SOCIETY.

At a meeting of this Society in the Apothecaries' Hall, on January 19th, Sir W. Thiselton Dyer, President, in the Chair,

Professor J. B. Farmer read a paper on

SOME NEW DISCOVERIES RESPECTING CANCER.

He said that of the two theories of the causation of cancer either (1) from a parasite sporozoon, or (2) from stray cells, there was no real proof; but from his investigations with Messrs. Moore and Walker, it appears that cancer cells differed entirely from other ordinary cells of the body in their development. All somatic cells, when dividing, have their nuclei split into a definite number of longitudinal rods or chromosomes, while the chromosomes of reproductive cells are oval or ring-like in shape, and divide in a transverse manner. Further, their chromosomes are present in half the number of those that appear in somatic cells. Now cancer cells exactly resemble reproductive cells in their mode of division, and, like reproductive cells, have the power of destroying somatic cells in contact with them. This is seen in the embryo sac of plants. This heterotypical mitosis occurs in all malignant growths, but is never found in benign tumours. Sometimes the ordinary somatic cells of plants change into reproductive cells, and the causes of this alteration have to be ascertained by further investigations. The frequent anomalies observed in the malignant growths, while they obscure, do not affect the existence of the characteristic heterotypical mitosis. They are probably to be related with nutritional and other disturbances that are known to similarly affect the nuclei of normal tissues.

Sir William Thiselton Dyer thanked the author for his very valuable paper, which proved how useful the science of botany might be to the medical profession.

Dr. Wild considered the paper to be a most important one, and asked whether the heterotypical division of the nuclei was found in less malignant diseases, such as rodent ulcers or cartilaginous and thyroid tumours.

Dr. Rolleston said that cells had two different functions—either metabolic, increasing the tissues, or anabolic, destroying them; and that when cells increased in a tumultuous manner they became destructive to other tissues, as in malignant disease. He inquired whether the heterotypical division of nuclei was found to occur in the preliminary stage of mammary cancer.

Sir H. Beevor said that Begonia leaves produced new plants when bruised, and inquired whether the heterotypical division was found in their cells. He said that Sir J. Paget considered that cancer resulted from embryonic cells remaining in certain parts of the body till stimulated to increase.

Professor Farmer replied to the questions, saying that the cells of Begonia did not show the heterotypical division even when bruised, but that further investigation was necessary.

Dr. T. N. Kelynack read a paper on

SOME POINTS IN THE HYGIENIC TREATMENT OF PULMONARY TUBERCULOSIS,

based on a recent inspection of many of the British institutions for the care of the consumptive. He dealt with the evolution of the modern sanatorium, and indicated how such pioneers as Parrish, Bodington, MacCormac, and B. W. Richardson had to a great extent anticipated the modern application of hygienic measures in the treatment of phthisis. Particular attention was drawn to the pressing need for a systematised hygienic "after-cure" of consumptives. It was also shown that at the present time wide differences exist in clinical methods employed in sanatoria, and very considerable divergence in therapeutic practice. It was urged that serious effort should be made to secure some degree of scientific uniformity in clinical procedure, a measure of combination in scientific investigation and a suitable system of recording returns which would allow of a trustworthy comparison of results. In such a special form of medical work as sanatorium management it is most desirable that a faddish or quackish narrowing of outlook should be avoided, and a strict scientific spirit firmly maintained.

Dr. J. Gray Duncanson then read a paper on the

THERAPEUTIC VALUE OF SUPRARENAL GLAND PRODUCTS.

He touched briefly on the anatomy and physiology of the suprarenal gland, its medicinal preparations of

various forms, dry powder preferred for continuous internal administration; liquid extracts suitable for internal and hypodermic use; and, thirdly, preparations containing the active principle of adrenalin, first isolated by Takamine, a Japanese chemist, who gives for it the empiric formula $C_{10}H_{15}NO_3$. This is supplied pure or in solution 1 to 1,000, by Messrs. Parke Davis and Company. He contrasted this solution with three others on the market. He then gave an account of the application of these substances in the routine work of private practice. The usefulness of their ischæmic properties in ecchymosis of the eyes and other conditions, their hæmostatic qualities when applied directly to a bleeding surface, and, lastly, the value of adrenalin preparation in arterial hæmorrhage, when the drug does not in the first place reach the bleeding surface. He struck a note of warning as to the administration in hæmoptysis, citing cases where the pulse became hard and of high tension with continued hæmorrhage; but on discontinuing the treatment the pulse softened and bleeding ceased, application by means of the spray being the only justifiable course in such cases. In a case of diabetes mellitus, the glycosuria was increased while taking adrenal liquid, but decreased on stopping its administration. He concluded with an appeal for the official recognition of suprarenal preparations as therapeutic agents.

Dr. GLASSINGTON said that he has found adrenalin of great service in dental surgery, when hæmorrhage had occurred from the gums, and he proposed a vote of thanks to the author for his valuable and interesting paper. This was unanimously agreed to.

CORK MEDICAL AND SURGICAL SOCIETY.

MEETING HELD WEDNESDAY, JANUARY 27TH, 1904.

J. COTTER, M.D., F.R.C.S.I., President, in the Chair.

THE PRESIDENT read notes of a case of perforation of the intestine successfully treated by operation. The patient was a girl, æt. 12, suffering from tuberculous peritonitis. On admission to hospital she was greatly emaciated, and suffered from extreme abdominal distension. The day after admission the abdomen was tapped, and a large quantity of pus escaped. Next day the abdomen was opened, and the peritoneal cavity found full of pus, having a fæcal odour, while fæces were found escaping from a small aperture in the transverse colon. The peritoneum was studded all over with tubercles. The aperture in the colon was sutured, and the cavity closed. Healing was slow, owing to the damaged condition of the peritoneum and the emaciated condition of the patient, but was ultimately complete, and the patient's weight increased in nine months from 4 stones to 7 stones 2 lb.

Dr. P. T. O'SULLIVAN read notes of a case of pulmonary tuberculosis treated by tuberculin. The patient was a young woman, æt. 21. The first two injections had no effect, but the reaction to a third injection was very marked, the temperature rising to 106·4°, and all the symptoms being aggravated. Only the greatest watchfulness saved the patient's life at this stage. On the other hand the effect of the injection was to cause the entire disappearance of tubercle bacilli from the sputum. No permanent advantage followed the treatment, which, even with the improved serum now being used, is of very doubtful benefit.

Dr. CORBY showed an external ear which he had removed from a man, æt. 60, for epithelioma.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, February 6th, 1904.

AT the Society for innere Medizin, Hr. Plehn showed a case of

ISOLATED MOTOR APHASIA.

The patient was a man who for eight years had been a colonial secretary in the German possessions in East Africa, and during that time had had about forty severe attacks of malaria and five attacks of blackwater fever. A disturbance of speech remained. Sometimes the expression for his ideas was not to be mastered, and sometimes the ideas themselves were absent; but he could always write fluently to dictation. In January, 1902, the patient returned to Germany and passed through an attack of blackwater fever; this left the speech still worse. A similar result followed a malarial attack in September, 1903. When the patient was admitted into hospital there was almost complete loss of power of expression as well as of repetition, but his power of writing to dictation was still perfect. The case was plainly one of isolated motor aphasia from disturbance in the cortical centre. The malaria was got rid of in hospital, the aphasia was taken in hand by Dr. Gutzmann, with an excellent result.

In severe acute malarial cases, symptoms of local trouble in the brain were not uncommon, such as paresis, fits, hæmianæsthesias, and coma. These, however, disappeared with the attack. In the present case the course had not been so favourable, but this was because they had not given the patient quinine at the height of the attack, but, following an earlier practice, only after the fever had subsided, whereby a permanent embolism had taken place through the malaria parasites.

Hr. Gutzmann remarked on the case that when the patient was first handed over to him he could not repeat words pronounced before him nor answer a question; but he could write from dictation, and could also read well. There were symptoms, therefore, of subcortical aphasia. It was specially remarkable that in trying to repeat sounds and syllables, there were spasms in the voice apparatus as in stammerers. These spasms rendered treatment very difficult, and they had not yet quite disappeared, but came on during inspiration. For the rest, the practice treatment had had good results, the repeating of words had improved and also spontaneous speech; but there was still a dread of speech.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, February 6th, 1904.

LEPRA TUBERO-ANÆSTHETICA.

AT the Gesellschaft meeting, Spiegler exhibited a boy, æt. 16, with lepra tubero-anæsthetica, who had come from Rio de Janeiro, in Brazil, two years ago to attend school.

His abode or surroundings had no connection or semblance of lepra to induce such a disease, nor did anyone suspect that the lad suffered from that affection. Two months after taking up their residence in the city the mother began to develop red patches on both arms, which were quite insensible to pinching or stabbing with pins.

When closely investigated it was found that the boy must have had the disease some five years prior to this time, as such oval patches, with elevated portions which were also insensible, were present on all the extremities. The microscope has confirmed the bacilli, which leaves no doubt as to the correct diagnosis of the case. He now purposes the application of the Röntgen rays as the most rational expectant treatment, which will be watched with great curiosity.

PSEUDO-LEUKÆMIA OR LYMPHO-SARCOMA.

Stoerk showed the members a few specimens of adenoid tissue taken from the intestines of different patients to prove that these growths are neither the result of leucocythæmia nor lympho-sarcoma, but somewhere

between these two morbid growths. The clinical phenomena accompanying this adenoid tissue found in the intestine are much about the same in all cases—*viz.*, Constipation alternating with diarrhœa, œdema in the lower extremities, universal lymphatic enlargement, colic, causing great resistance in the canal associated with blood in the stools, decubitus, and finally death from pneumonia.

The post-mortem subsequently reveals the hyperplasia of adenoid tissue in the *primam viam* as a white, spongy mass of nodular tissue having sometimes a polypoid attachment, in others confluent or ulcerative. The lymphatics are everywhere enlarged, and stand out prominently, not even excepting the spleen and intercellular tissues of liver and kidneys, which are usually much infiltrated. The marrow of the long bones is always found in a red condition.

Stoerk concluded by pointing out that this picture was neither pseudo-leucocythæmia nor lympho-sarcoma, but a transitional form which had not yet been clearly classified.

Bromoderma Tuberosum.

Matzenauer next presented a woman with bromoderma tuberosum of an obscure origin. The face was quite covered with pustules of a spongy nature, of a dark brown colour, having a white vesicular margin rising from a red inflamed surrounding. The urine was examined and found to contain two milligrammes of bromine in every 970 grammes of the urine. This patient can give no account of how this element was taken into the body, and it is therefore assumed that she had taken it in unconsciously by the food or drink in daily consumption.

Neumann agreed with the diagnosis of the pustules, and remarked that the differential diagnosis of bromacne was readily diagnosed from genuine acne by the site. Bromacne, as a rule, restricted itself to the temporal region, while acne proper was more diffuse, while its dark vesicular wall usually distinguished it from erythema nodosum.

Cardiac Surgery.

Weinlechner concluded the sitting by giving a long paper on surgery of the heart. Briefly summarised, he said injury to the heart by needles, pins, or other sharp articles passing into the body by the œsophagus was not a very uncommon occurrence, and should always be provided for. The usual advice of extracting the offending substance was criticised, and a long description of how to lay the heart bare given. His method is to insert the knife between the sixth or seventh rib outside the heart, carry the incision inwards to the sternum, then up the outside of sternum as high as required, probably to the third rib, finally outwards, thus making a flap that may bedrawn forwards as a hinge.

Time is an important factor, as the movement of the heart tends to tear or aggravate the wound, the longer it isallowed to remain. There are a number of other articles that may lie in the cardiac muscle for a long time without doing much harm; even needles themselves have lain long in this position without the patient experiencing any discomfort, and bullets or other pieces of metal have been known to lie for years without any untoward circumstance. He recorded four cases of stabbing wounds in the heart; only one was sutured in time to save life, the other three dying in forty-nine hours after the injury. The adhesion of the pericardium to the heart, and subsequently uniting with the thorax, leads to a difficult operation of resection or cardiolysis. In many cases the soft tissues only become involved, and thus often produce displacement. Experiments on animals for the latter defect have often been performed with perfect success. These experiments have even gone so far as repair of the bicuspid valve with perfect success. We are told that nineteen such cases have been so treated.

"Medicals as Pirates."

This is a title that is going the round of the medical journals in Vienna concerning Dover, from whom we derive Dover powder. For the information of their readers they tell how Dr. Dover discovered Alexander Selkirk, the subject of "Robinson Crusoe." Dr. Dover was born in Warwickshire, a pupil of Sydenham, and took his degree in London, but seems to have taken to the sea immediately after. Later he is represented as Captain Dover, sailing from Bristol for Spanish ports in 1709.

About this time he lands in the island of Juan Fernandez, where he discovers Alexander Selkirk, who had been left on the island four and a half years previously. The latter is taken on board and given charge of one of the craft. After this the town of Guayaquil is assailed, and a large amount of booty carried on board. Steering along the Peruvian coast, then round the Horn, and across the briny ocean, he reaches England in 1711. The booty realised 850,000 dollars, the greater portion of this belonging to Dr. or Captain (?) Dover. With this handsome dowry he retired to London, where he left the "Ancient Physician's Legacy" in 1733.

Hungary.

[from our own correspondent.]

Budapest, February 5th, 1904.

The Medical Profession and Duelling.

The movement against duelling is increasing in strength and importance from day to day. Persons of every rank join the new Union of Nonduellists, and at present they number nearly six thousand. Recently also members of the medical profession have entered the Union, and they are obliged not only to abstain from duelling, but even to refuse attendance at a duel when summoned.

The Care of Infectious Patients on Railways.

The official *Journal* publishes an enactment, edited by the Minister of Internal Affairs, according to which the carrying of patients suffering from cholera pestis, or from declared mania, is prohibited. Those suffering from contagious diseases, which are not so acutely conveyable to other persons, will be allowed to sit in railway carriages only when every hygienic precaution is taken. Patients suffering from small-pox, diphtheria, dysentery, typhoid, lepra, &c., must be separated in locked cars, and these must be furnished with the signature "infected passengers." Patients suffering from whooping-cough can be admitted into ordinary cars, but they must be separated (within the car) from the healthy passengers.

Food Poisoning.

The *Orvosi Hetilap* reports a triple case of fatalism. Dr. Mirelli was summoned to a family, where six hours after the consumption of sausages the symptoms of acute enteritis had set in, with general malaise, nausea, gastric pressure, vomiting, slight diarrhœa and headache. The symptoms of specific intoxication appeared thirty-six hours afterwards. Sight troubles, diplopia, paralysis of the upper eye-lid; the secretion having ceased, the conjunctival membranes became dry and insensible, pupils dilated, the accommodative power was gone, deglutitional troubles on account of paralysis of the throat, and total dryness of the

mucous membranes were the further consequences. Owing to the latter, speech became difficult, followed by schuria; retarded pulse-beat became increasingly marked. The sensorium was, however, always normal, temperature likewise. Treatment by powerful irrigation carried out through nutritive enemas was resorted to, and in order to counteract the dryness of the skin and mucous membranes pilocarpin was administered subcutaneously.

THE PHONENDOSCOPE IN MEDICINE.

Dr. Erdös is of opinion that this instrument will become, with time, as indispensable to the physician as the knife is to the surgeon. The speedy advance in surgical technique has, to a certain extent, obstructed the field of internal medicine, and it is undoubtedly owing to this fact that medicine has need of good and practical instruments. The introduction of the phonendoscope into practice marks a distinctly forward movement, and Dr. Erdös, having made extensive experiments, has arrived at the conclusion that the phonendoscope will be found most useful in the incipient stage of pulmonary tuberculosis, because even the weakest *râles* can be heard therewith, and sometimes this symptom alone is sufficient for diagnosis, which is an important advantage, because the earlier pulmonary tuberculosis is diagnosed the greater the probability of cure. Secondly, he has found the phonendoscope to be of great service in cases of obese women, in whom the deep fatty pillow renders auscultation impossible. Even in these cases the phonendoscope conveys clear sounds to the ears. In Austria-Hungary the Bazzi-Binnchis phonendoscope is generally in use (made by Martin Wallach's Nachfolger in Cassel, Germany). This instrument has the great advantage that its sensibility regarding the conveyance of sounds can be regulated according to the acoustic requirements of the physician.

Operating Theatres.

ST. THOMAS'S HOSPITAL.

NEPHRECTOMY FOR HYDRONEPHROSIS.—Mr. BATTLE operated on a married woman, æt. about 35, for a tumour in the right side of the abdomen, which was regarded as a hydronephrosis. Ten years before admission the patient had experienced an attack of pain in the right side of the abdomen, which had necessitated treatment in a hospital, where operation had been suggested but refused. The attack was a painful one, and lasted for some days, but was not characteristic. Three years afterwards she had another attack of a similar character, and again refused operation. Within the last few months she had suffered from some pain in the right side of the abdomen, and had noticed swelling. Dr. Ecklin, who had sent the patient to Mr. Battle, considered the case one of hydronephrosis, and had advised the patient to undergo operation. The woman's general condition was good and the amount of urine regular and without evidence of disease. On examination of the abdomen a large rounded swelling was evident in the right side. This distinctly fluctuated and was without tenderness or pain. It extended from the iliac fossa, under the ribs, and from outside the umbilicus into the kidney region. The patient was kept under observation for some days, during which time there was no further development of symptoms and no change in the size of the swelling. At the operation an oblique lumbar incision was made, as is usual in cases of nephrectomy, and the kidney exposed. The tissues immediately over the kidney capsule were a little œdematous and adherent to the capsule, but not forming together with it any great thickness of envelope. A trochar and cannula were passed into the tumour, and the contents evacuated. These consisted of a very large quantity of brownish fluid, containing abundance of cholesterin, of which six and a half pints were collected. The opening was made larger and the interior of the cyst explored, its extension upwards being more than was anticipated. The cyst was now separated from the capsule by means of the finger of the hand cased in a cotton glove. Its wall was, however, so very thin and friable that this separation was a matter of great difficulty. When forceps were placed on it in order that traction might be exercised, it tore away and a fresh start had to be made, and although great care was employed in the upper part towards the anterior aspect, the peritoneum was so adherent to the thin capsule that an opening of some size was made into the peritoneal cavity. It was found that the separation of that part of the capsule of the tumour which extended under the liver was attended with some hæmorrhage, but at no other part, not even in the neighbourhood of the hilum, was there any vessel of importance. During the separation two calculi were found in the cyst, both oxalate of lime stones, one, the smaller, impacted probably at the entrance to the ureter, whilst the other appeared to have been caught at the entrance of a dilated calyx. Owing to the hæmorrhage from the vein on the under surface of the liver, some clots had passed into the peritoneal cavity, and some were removed when the hand passed through the opening in the peritoneum, but as even this could not be done effectually through an enlarged lumbar wound and the hæmorrhage continued from the under surface of the liver from a point which was inaccessible, and, moreover, the extent of the opening into the peritoneum could not be gauged, Mr. Battle decided to make another opening from the front. The lumbar wound was plugged with gauze, and, the patient having been placed on her back, an incision was made with its centre at the level of the umbilicus and about two inches to the right of it. At this point the rectus sheath was opened in front, the muscle retracted towards the middle line, and the peritoneal cavity opened. The opening in the peritoneum was found to be placed between the hepatic flexure and the liver, and was of considerable extent; through this the vein on the under surface of the liver which was bleeding could be seen, and as it was not likely that a ligature could be applied at the depth at which this was situated, even if the forceps would have held, plugs of gauze in strips were passed down to it, and pressure made over the bleeding point, the ends of the plug being brought out through the lumbar wound. The opening in the subhepatic region of the peritoneum was closed with silk sutures, the peritoneal cavity cleansed of clots, and the abdominal wound closed. Sutures were put in the lumbar wound so as to close the anterior part of it. Towards the close of the operation it was considered advisable to administer two pints of saline solution into the veins. Mr. Battle said that the operation had been an extremely difficult one, because of the peculiarity of the cyst wall and capsule of the kidney. In this instance the true wall of the cyst was not only thin, but very friable, and the capsule outside it was also very thin, so that it was extremely difficult to separate the two, especially in those parts where the distension was most marked. It seemed as if not only had there been but little hypertrophy of the capsule, but as if, in addition, there had been some slight inflammatory change in it which had rendered it more easy to tear. The adhesion of the peritoneum in front was so dense that, even after removal of the cyst from the body it was hardly possible

to complete stripping away of the thin portion still adherent to it. The presence of the calculi, he thought, explained the origin of the cyst, complete obstruction of the ureter having occurred with suppression of secretion from that kidney. The presence of the calculi also accounted for the definite attacks of pain from which she had suffered, but it was not possible to be certain of the cause until these were found.

The plugs were removed forty-eight hours later, and the patient has made an uninterrupted recovery.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 10, 1904.

CORONERS AND MEDICAL WITNESSES.

Certain changes of procedure which have taken place during the last year or so in one of the Metropolitan Coroners' Courts demand the careful attention of the medical profession. For a long time past it has been notorious that the London County Council has been opposed to the existing system whereby the Coroner has called in the medical man who last attended the deceased person, as subject of inquiry, and who has been usually deputed to perform the post-mortem examination, when necessary. Failing any medical attendant, either regular or casual, the Coroner has usually called in some medical practitioner in his district. In cases of unusual obscurity there has never been any great difficulty, so far as we know, in obtaining any additional amount of expert medical and other scientific evidence that might be rendered desirable by the exceptional nature of any given case. The Coroner has full powers in the calling of evidence, and the machinery of his Court is so absolutely under his individual control that he may adjourn an inquiry month after month, if necessary, for the clearing up of doubts and difficulties. This plan has hitherto answered well enough. The average medical practitioner is able to bring to bear upon individual cases a common-sense knowledge that is trained to the close weighing of essentials in the light of available details. Were he the most ignorant of men, his views as to the probable cause of death in the case of a given patient who had been under his care during life would be of far more value than the opinion of a laboratory expert founded upon the facts of a post-mortem examination and a theoretical knowledge of medical practice. Yet it is to the latter that Mr. Troutbeck, the Westminster Coroner, presumably acting under pressure from the London County Council, pins his faith. Cases coming within Mr. Troutbeck's jurisdiction are no longer handed over to the local medical men immediately concerned, but to a quasi-official, for whose existence we have failed to find any legal warrant, who is styled "pathologist to the London County Council." That position is filled by Dr. Freyberger, who, although assuming the position of an "expert," we understand performs the duties at a far lower fee than that demanded by men whose authority is usually regarded as "expert." Indeed, we believe one of the considerations advanced by the County Council in urging the employment of an expert is the economy effected as against the fees paid to general practitioners. After all, the question of the rate of remuneration is a matter to be settled by the individual, although at the same time it is hard that a poor profession like that of medicine should suddenly be deprived of so large and legitimate a source of income by underselling—which may or may not be defensible—on the part of their own cloth. For ourselves, we do not for one single moment believe that the public will gain either in safety or in purse by the substitution of Coroners' so-called "experts" for ordinary medical practitioners; on the contrary, they will lose heavily by the lessened income and standing of their private medical attendants. We have not a single word to say against Dr. Freyberger's private or professional character and attainments. His present invidious position, however, renders it a duty to raise a sharp and decisive protest against the system of which he is, unfortunately for himself, the first exponent. Some weeks ago we commented upon a case in which a baby died after taking a "teething powder." The medical man in attendance thought the child died from a metallic irritant, probably antimony. Dr. Freyberger deposed there was no antimony in the body and on his evidence a verdict of death from natural causes was returned. We have since been informed that no mention was made at the inquest by Dr. Freyberger of the common cause of death from "teething powders," namely, the presence of perchloride of mercury from the slow conversion of calomel into the dangerous corrosive sublimate. Under these circumstances, we submit that the general practitioner who suggested the cause of death to have been a metallic irritant was likely to be nearer the truth than the gentleman who suggested "natural causes" for fatal convulsions. Then, again, as regards the Whitaker Wright inquest. Medical men were actually present at the death, medical men had been previously in attendance upon deceased, and a medical man was summoned from King's College. Mr. Troutbeck, however, in his wisdom, summoned none of these competent medical practitioners to the inquest, but handed over the post-mortem and report to

Dr. Freyberger. There is nothing, so far as we know, to point to the fact that a chemical analysis was made to show that cyanide of potassium was the cause of death. Corrosion of the tongue by cyanide of potassium seems to be an almost inconceivable occurrence. Yet that objective fact appears to have been prominently advanced in evidence. On the whole, we are inclined to think that if the relatives of deceased desire a re-opening of the inquiry there would be good grounds for making a demand to that effect. The question of death from natural causes is not to be disposed of on such incomplete and dogmatic assumptions as those which appear to have satisfied Mr. Troutbeck. In any case we think the time has come when the question of medical evidence in Coroners' Courts should be threshed out in the full light of publicity. Such a course will be likely to place the future relations of the public with the County Councils, the Coroners and the medical profession upon a sounder basis than that brought into existence by the recent arbitrary proceedings of the Westminster Coroner.

MEDICAL ADVERTISING.

IT is certain that we do not in this country at all understand the art of advertising ourselves, as it is practised by our brethren in other lands. Our representative associations have condemned such very wide publicity as is given by the insertion of signed bulletins in the newspapers, even where the patient is a person of public importance. In many quarters the items of fashionable intelligence which relate that "Dr. Blank has returned to 500 Dash Square, from a visit to Switzerland," or that "Surgeon Asterisk has left town for ten days," are also condemned. But the crimes of Clapham are chaste in Martaban, and actions that in England are "grossly unprofessional," or perhaps even "infamous," are in California peccadilloes of the mildest sort. We learn, for instance, that a professor in a San Francisco medical school, while nominally absent from home on his summer holiday, was in reality on tour through the neighbouring States in the capacity of what we can only describe as an operating showman. His visit to various towns seems to have caused all the interest usually roused by a travelling circus, and the newspaper clippings have been, with great kindness, collated and published by his admiring colleagues in San Francisco. We quote one or two of these, just to show the interest taken by the intelligent laity of the Western States in surgical affairs. "Sunday morning, about 9.30 o'clock, nearly every doctor in town was on his way to the County Hospital for the purpose of witnessing the first operation in the county with cocain anesthesia by the spinal column." It is further stated that "the reporter was present and witnessed the operation; when the hypertrophied prostate was removed, each piece was held up for the reporter's benefit." "The professor commenced by saying that he had operated on more than one thousand patients without one fatality." After this it is disappointing to read that "Mr. D—— was operated upon last Sunday by Dr. ——, who used his celebrated new method of spinal injection. The operation was entirely successful as far as the operation part goes, but D—— was an old and weak man and could not withstand the treatment." After this, the greatest sinners in the profession at home may, with some justification, in comparison with this gentleman, adopt a little of the mental attitude of the Pharisee in the Temple.

SIGHT-TESTING BY OPTICIANS.

THERE is no end to the encroachments that are made on the legitimate sphere of the medical practitioner by various trades and individuals, and strange as it may seem, not the least formidable and insidious of these come from those whom one regards as one's allies and assistants, rather than as one's rivals. Chemists prescribe, instrument-makers fit boots and trusses, and spectacle-makers test the vision, all without reference to the medical attendant. It is strange that the members of these worthy trades do not appreciate the fact that they depend so largely on the recommendation of medical men that, from the point of view of their own self-interest, it is dangerous to tamper with the goodwill of those to whom they must ultimately look for their supply of customers. But the medical profession is long-suffering, and experience shows that a policy of pin-pricks can be pursued to an unprecedented degree before it turns. The testing of vision in slight errors of refraction does not present any great difficulty to those acquainted with elementary optical principles, but there is far more than this in the procedure of the intelligent medical practitioner. Vision-testing with him is only one method that he adopts in the examination of the patient; it is not his be-all and end-all. Very likely he may suspect a defect in vision to be the first symptom of organic or functional nervous disease; or it may suggest albuminuria or diabetes; or, again, some deep-seated affection of the eye, such as detachment of the retina. These possibilities he bears in mind, and he proceeds from an examination of the eye to test the urine, to examine with the ophthalmoscope, or to try the knee-jerks. If he is satisfied that the defect is due to a mere error of refraction he prescribes glasses and sends the patient to an optician to purchase them. It may be that he adopts this procedure merely as a tentative measure whilst he is still uncertain of his diagnosis, and if the glasses do not give the expected relief, he examines the patient again and again to find the cause of their failure. Now all this can only be done by a medical man, that is to say, done efficiently, intelligently, and to the patient's best interest. It is no defence to say that the patient cannot afford the medical man's fees as well as the price of the spectacles. Few are the towns now in which a genuinely poor patient cannot obtain expert ophthalmic advice gratis, and in country districts the question does not arise, as there are no opticians and no ophthalmic surgeons. It cannot, therefore, be laid down too emphatically

that the testing of vision is a medical man's work, and a medical man's only. The spectacle-maker who takes on himself the responsibility of doing so is on a par with the prescribing chemist, and his business deserves to be tabooed by all the practitioners in the neighbourhood. All medical men, of course, do not undertake to test the sight with lenses, but nowadays there are very few places in which a colleague with the requisite skill and apparatus does not reside. To him the patient can be sent. Now, foolish and ill-advised as it is for a spectacle-maker to test the sight on his own account, it is a far more serious matter when the Company from which he receives his certificate support him in his pretensions. This, however, is what the Worshipful Company of Spectacle-Makers are gravely proposing to do. This ancient body have a committee sitting to inquire whether it would be well to include sight-testing in their examination for opticians, and to advise how it could best be carried out if they decide to institute it. It seems that by their Charter the Company have the privilege of conferring some right of this kind, but such a right is surely an anachronism in the twentieth century, when all that sight-testing involves is, or should be, understood by them. If the Worshipful Company should see well to authorise their diplomates to enter on this foolish and dangerous course, the medical profession has an effective counter. There is more than one firm now that will supply the profession with frames and lenses at trade prices, and thus allow the practitioner not only to charge a fee for his examination, but also to supply the patient with spectacles at a profit on the article itself. We think it would be a pity if this became at all a general practice, for it would tend to lower the status of the profession, and it would introduce an element of commercialism which would be apt to conflict with a disinterested and impartial opinion. Still, if the legitimate province of the practitioner is invaded with the sanction and approval of the authorities in question, he has the remedy in his own hands, and it will be well for the Spectacle-Makers' Company to appreciate the fact. *Ne sutor ultra crepidam;* we as a profession are willing not to leave ours, and it is for the opticians to say if they will force us to do so. The business of a spectacle-maker is an honourable and worthy one; the medical profession has the highest respect for it. So long as he employs himself in his appropriate and familiar field he will receive the support and patronage of its members. If he wishes to come and labour in theirs, they will know how to act.

Notes on Current Topics.

N-Rays.

It is often stated that scientific men lack imagination; that they are dry-as-dusts and sticklers for accuracy; that they lack perception. As a fact, the want of imagination is a fatal bar to the achieving of eminence in science or in medicine. Its possession, indeed, is a necessary step in the maturation of the inductive proof. What some laboratory-workers may have needed in this respect has been supplied for them by the novelist, and the wonderful conceptions of Jules Verne and Mr. H. G. Wells are threatening to become the commonplaces of the present. The marvellous heat-ray of the latter romancer, used by the Martians in their combats with men, may not yet be available as a method of practical warfare, but rays of various potentialities are being discovered on every hand, emanating from the most unlikely objects, and in the most unlikely places. The discovery of a fresh set of rays by M. Blondlot was noticed in this journal at the beginning of last month, and already workers are beginning to find that N-rays are given off from many other sources than the human muscles and nerves. M. Meyer has found that plants and vegetables emit them, especially from their leaves, branches and roots. Mushrooms and non-chlorophyllous vegetables are particularly rich generators of this new luminosity. Stranger still are the observations of M. de Lepinay, for he has shown that the N-rays are produced by sonorous vibrations. He has been able to exclude any fallacy from rays given off by the articles used to produce the sound—tuning-forks, gongs, and hammers—and to show that it is the actual vibration of the air that is the productive agent. It is early days yet to test the therapeutical properties of the N-rays, but after the unexpected and astonishing uses of the X-rays and Finsen light one is prepared for almost anything. In the *Wiener klinische Wochenschrift* a case of œsophageal cancer, treated by radium passed down in a capsule at the end of a bougie, is reported, and whatever else may have happened Professor Gussenbauer has been able to feed his patient by mouth without artificial means. The science of radiography opens up vistas of treatment which, without being unduly sanguine, promise to strengthen our hands most materially.

Mrs. Eddy's Toothache.

There would not, in the usual way, be any particular cause for remark on the fact of an American lady suffering from the worst of "human doles." Toothache is an affection that spares neither the highest nor lowest in the land, and its agony has inspired the hand of the greatest English poet and the Scottish national bard to set down their impressions of the sensations it evokes. Undoubtedly toothache is hard to bear, and its pangs are none the less difficult to suffer in silence because of the paucity of sympathy that is meted out to the victim. Burns, at least, found it so. Faith can go a long way in curing hysterical paralysis and pseudo-angina, but it is very difficult to believe one has not got a toothache, when one feels its intolerable throbbing, burning, and starting. Of course the Christian Scientist knows that the pain is all imaginary, and that all that is needed is to believe that one has not got a toothache, and, hey presto! it is gone. Mrs. Eddy

doubtless tried very hard to believe she had not got it, but the twinges would not take "No" for an answer, and eventually she was constrained to do what ordinary people do under similar circumstances—go to the dentist. The dentist was of the earth earthy, and instead of telling her to go home whilst he practised absent treatment, betook himself to his forceps-case, and extracted the offender. Whether Mrs. Eddy let the secret out in a moment of thanksgiving is not recorded, but the whole of America soon became aware of the visit and its result, and instead of congratulating her on the happy issue out of her ills, it was heartless enough to accuse her of inconsistency. What will the Christian Scientists do now? They had to acknowledge recently that the infectious diseases did not fall within the scope of their system, and now (presumably) diseases of the teeth will have to be excluded also. If this process goes on they will soon find themselves limited to the treatment of neurotic affections, where every therapeutical plan has its successes and all have their failures. If they manage to cure a few of the sufferers on whom we have all tried our hands and failed, we will not grudge them their triumph, but as these sufferers are principally people who do not want to be made well, one fears they would not get many thanks for their pains.

X-Rays and Uterine Cancer.

IT is generally supposed among those who have not devoted special attention to the subject that the treatment of cancer by the X-rays is only practicable where the disease is situated superficially. Most of the instances reported up to the present have, indeed, been cases of epithelioma or rodent ulcer of the face, and but few attempts have been made to bring the rays to bear on any deep-seated disease. However, as far as the experience given by such attempts goes, there is every reason to hope that when conditions admit the application of the rays, their effect will be equally satisfactory wherever the disease is situated. That the difficulty of treatment is in the main a mechanical one is shown by the success obtained by Mr. Sinclair Tousey, of New York, in applying the rays to several cases of cancer of the cervix. His method of treatment consists of three procedures. He first, by means of a speculum, with the tube placed near the vulva, applies the rays directly to the cervix and the anterior vaginal wall. A primary exposure of five or six minutes was given, gradually increasing up to about twenty, with, of course, intervals for the tube to cool. The next procedure is to treat the body of the uterus through the anterior abdominal wall. The time of exposure was about nine minutes, distributed over the lower part of the anterior abdominal wall. The third part of the treatment consisted in the application of the high tension discharge by means of vacuum electrodes. A current strong enough to produce a four-inch spark was used, and the vacuum tube was moved from one part of the abdominal wall to another, keeping it in contact with the skin. The cases treated by Mr. Tousey were those in which surgical treatment had been impossible or had failed. While he expressed no opinion as to the possibility of a disappearance of uterine cancer, he has in every case produced a symptomatic cure. Pain has disappeared, the discharge has ceased, the offensive odour has passed away, and the tumour has decreased in size. These results are so encouraging that we hope to see modifications of Mr. Tousey's methods applied in the case of cancers of the stomach and intestine.

Pneumococcic Infections.

THOUGH it has long been recognised that lobar pneumonia is a part of an acute general infection, and not merely a local disease, yet there has not been sufficient attention directed to the other lesions which may accompany those of the lungs. The reason of this is, of course, sufficiently obvious, for of the local lesions the pulmonary almost always predominate, and are, as regards prognosis, by far the most important. It is necessary, however, for a fuller knowledge of such a common disease that all cases of pneumococcic infection elsewhere than in the lungs should be reported, and in particular is this so where post-mortem verification of the condition has been possible. In three cases recently published (*a*) from Johns Hopkins Hospital, the principal concurrent lesion was arthritis, though other serous inflammations occurred. It is curious that an organism such as the diplococcus of pneumonia, which always chooses a mucous region for its primary lesion, should affect the serous membranes almost exclusively in secondary infection. The joints affected are usually the larger ones—shoulder, elbow, knee—and the symptoms follow each other in the different parts with often a couple of days' interval. In two of the cases there was a pneumococcic endocarditis, and in two of them meningitis. It is, of course, well known that peritonitis is a common pneumococcic infection, and in animals is commoner than pneumonia. The more we learn about such diseases as pneumonia, enteric fever and diphtheria the more we see that their names only represent some of the commoner effects of what is in each case a general bacteriæmia.

Osteopathy.

THIS strange exotic has never yet taken root on our shores, though in America it flourishes like the green bay-tree. Perhaps it is from lack of initiative that we prefer sticking to the old quack methods for curing illnesses that the doctors have "given up" rather than try new ones. True "Dr." Dowie and Mrs. Eddy both have a little band of adherents in this country, but (like the coney) they are a feeble folk, and not very aggressive. So long as they content themselves with practising "absent treatment" on their friends they are not likely to do much harm—or good. But it is a little curious that this particular "pathy," instituted by that great bene-

(*a*) *Johns Hopkins Hospital Bulletin*, November, 1903.

factor Dr. Still, has not come to steal the hearts of those who have tried homœopathy, hydropathy, and what they like to call "allopathy," and found them wanting. Osteopathy takes itself very seriously in America; it has its colleges, its courses, and its diplomas. It even has its organs; one is modestly named the *Osteopathic World*, whilst the other adopts the presumptuous but more restricted title of the *Journal of the Science of Osteopathy*. Osteopathy seeks to remedy that "large class of cases where medicine is useless and surgery does not apply." This large class consists of those in which the free and natural flow of the fluids and forces of the body is interfered with by displacement and contraction of the parts, and somehow or other the cause of all the trouble in these cases generally centres in the spine. So the doctor of osteopathy concentrates his brain power (such as it is) on finding out which of the vertebræ needs treatment, and it appears that he is seldom at fault in discovering one or other that wants attention. Occasionally, however, the spinal column is normal, and then a "twisted rib" has to be rectified. Osteopathy has been defined for us by its exponents as "fixing up what is out of fix, with a full and comprehensive knowledge of the human body"; but if this be its function one fails to see wherein it differs in its aims from those of the modern orthopædic surgeon. The hold that this ridiculous system has in some States may be judged from the fact that a Bill to place its practitioners on a legal footing was only thrown out of the Pennsylvania Legislation recently after a hard fight, and its defeat was only accomplished finally owing to the large number (24) of physicians that had seats in the House. However much we may suffer from unfair competition in these islands, we have yet been spared the "particular addition" of the osteopath.

Endovenous Medication.

The resources of the art of therapeutics are not so comprehensive that one can afford to neglect a possible extension of the method of treating patients by direct introduction of drugs and fluids into the circulation. Transfusion of saline solution is the only attempt at all widely made in this country to fulfil this indication, and this is frequently only used as a last resource. A systematic attempt was made at the Belvidere Hospital, at Glasgow, about two years ago to bring grave cases of diphtheria rapidly under the influence of antitoxin, by injecting the serum into the median basilic vein, and the results published certainly gave ground for the suggestion made that this method promised a greater prospect of recovery than the usual one of injection into the subcutaneous tissue. But this plan of treatment has stopped here, except in a few isolated cases that have been reported. It seems, however, that it may have a wider sphere of usefulness. Not all drugs, by any means, are useful for endovenous injection, and in proposing to employ any particular one it is well to consider the effect it is likely to have on the blood as well as on the more remote tissues. Preparations of mercury, for instance, coagulate the blood by combination with its albumens, and although intra-muscular injections of mercurial preparations have proved very useful in syphilis, it is not without risk that they can be injected endovenously. There is one drug which has been tried and reported on very favourably in this connection, and that is atoxyl, an organic arsenical compound. Excellent and rapid results have been obtained in neurasthenia, Graves' disease, chlorosis, and hysteria, and both in combination with tuberculin and by itself it has been of distinct service in a variety of tuberculous affections. It is claimed by German writers that the method is absolutely safe if strict care is taken that the technique of the operation is aseptically conducted, and that no air is injected with the fluid, and that the inner coat of the vein is not wounded. One physician has injected into the same spot in the same vein no less than fifty times in succession. It will be interesting to see if this plan comes in vogue more generally, for as a means of bringing a patient rapidly under the influence of a drug it has no equal.

The Collection of House Refuse.

The spirited correspondence that has been going on in the columns of the *Times* on the above subject directs attention to what is an admitted evil, especially in large towns. That veteran reformer, Sir Henry Thompson, started the ball, and Mr. Mark Judge and others have kept it rolling. The time which most local authorities select for collecting refuse is when people are abroad in the streets, and when the dust that is scattered by the collectors can get into as many people's mouths and noses as possible. The method they employ of having, in many cases, open carts for the reception of the refuse ensures that the greatest practicable quantity of dust shall be blown about the thoroughfares through which the cart passes. In fact "dust-distributing" would be almost as appropriate an epithet for their methods as "dust-collecting." In these columns a few weeks ago it was pointed out in a leading article how potent a means for disseminating disease dust could become, and the remarkable drop in the death-rate that followed the prolonged rains of the last two summers was dwelt on as showing how directly dust is responsible for purveying germs to articles of food and drink. The local authorities who collect refuse are also the sanitary authorities, and if they show so little regard to the most elementary requisites of communal health, one feels inclined to cry *Quis custodiet ipsos custodes?* The only serious argument advanced in their defence is the old one of expense. There is something to be said on this score, but one cannot help thinking that it is a penny wise, pound foolish policy to go on with the present disgusting methods rather than ask for a moderate sum from the ratepayers to institute an effective and cleanly plan. The ideal one would require each house to have two portable

covered dust-bins; one to be used by the servants while the other was taken away by the collectors in carts to be emptied straight into the destructor. The ideal time for the round would be the early morning before people were astir, and this ought to be easily capable of arrangement, even under the present system. Till people take the matter up for themselves, and make the question an active one at the time of municipal elections, things will go on as they are. And what they are and what they might be differ *toto cælo*.

The Sale of Poisons.

THE Whitaker Wright tragedy has appealed immensely to the public mind, and various aspects of this remarkable case have been brought forward to emphasise defects in our legal system and the management of our courts of justice. But is there not a greater and more important lesson to hand? Does it not show a painful laxity in our law regulating the sale of poisons that a man can obtain, without inquiry, as many tabloids of potassium cyanide as he wishes? A chemist may not sell a drachm of laudanum without elaborate precautions, but the photographer can dispose of the most deadly poisons without any restrictions. It is remarkable that in the general chorus of discontent with many arrangements brought out by aspects of this case, that this—the most vital and important—should have escaped comment. On the other hand it may be urged that it would hardly be conceivable that any scheme of legislation could prevent a determined man, with unlimited resources at command, from obtaining a supply of any deadly poison he might require. For that matter, any man of average intelligence who possessed an elementary knowledge of chemical methods might readily make his own cyanide of potassium. In this way we are brought back to the familiar aphorism that it is impossible to make men moral by Act of Parliament.

Public Health Legislation.

IT is an encouraging sign of the times that the Government propose to introduce a Public Health Bill into Parliament this session. As it comes rather late in the King's Speech it is only to be expected that it will occupy the usual rank that public health proposals enjoy in Parliament, namely, that of third- or fourth-rate importance. Still, in a programme concerned with no large measure of acute interest it may have a better chance of being discussed and passed than if a number of big Bills were being introduced. What the Bill will actually propose to effect is a secret, but there are three matters that it certainly should deal with. The first of these is security of tenure and superannuation allowances for medical officers of health and sanitary inspectors. It is a gross anomaly that medical officers of health and their subordinates, outside London, should hold office practically at the caprice of the Council they serve, while their duties to the community are constantly bringing them into conflict with the private interests of members of the Council. This is a crying evil and calls loudly for remedy. Till medical officers are secure in the tenure of their posts, slum-property and over-crowding — to mention only two evils—will continue to flourish. The second subject urgently calling for Parliamentary action is to give effect to the recommendations of the Royal Commission of Sewage Disposal with regard to the pollution of oyster beds. It has been pointed out in these columns that the recommendation fails in an essential particular, namely, in not proposing to delegate the powers needed to bodies having medical experts to advise them. This fault is capable of remedy, but the public control of shell-fish sources is a pressing need. Finally, it may be hoped that the Government will see the necessity of adopting the suggestions of the London County Council with regard to the registration and inspection of manufactories of aërated waters. Dr. Hamer's report to the Council, published last year, disclosed a state of things existing in the smaller manufactories of these beverages that demands prompt and effective supervision. The clauses of the Bill will be awaited with interest.

The Exploiting of Disease.

A CORRESPONDENT in one of the daily papers has drawn attention to what he believes is a growing evil of the present day—namely, the eager desire on the part of the public to acquaint themselves with the mysteries of disease from the most varied aspects and in its most sordid details. He laments the ready gratification of this morbid appetite by a certain section of the Press, and expresses the opinion that disease may be itself produced by constantly dwelling upon its symptoms and manifestations. To consider the latter statement first, it is, of course, possible to induce symptoms of functional nerve disorders by auto-suggestion, for this process is well known to play an important part in the complex nervous mechanism of the hysterical. In this capacity it is much on a par with imitation, which often powerfully influences weak minds. The so-called "epidemics" of suicide may sometimes be traced back to one notorious example, the perusal of the details of which has upset the mental balance of less stable individuals. Medical students, on reading the account of a disease in a text-book of medicine for the first time, occasionally find it difficult not to believe that they are affected with the very complaint which they have been studying, to wit, the familiar example in fiction of the man who was positive that he showed symptoms of every disease under the sun, with the exception of "housemaid's knee." With regard to the first question, the dissemination of knowledge respecting the prevention and modes of infection of tuberculosis cannot be otherwise than beneficial, and, though it is to be regretted that premature accounts of reported "cures" of such a disease as cancer are published in this manner, the interest thus aroused should contribute, in some degree, to the earlier diagnosis of these malevolent disorders. We are

glad to think that the majority of newspaper readers are not morbid-minded and are, generally, only too ready to take hints and learn facts about any matter which threatens the health of the nation. *Omnia puribus pura.*

Guy's Hospital and Charges of Neglect.

The Southwark Guardians have formulated various charges of neglect against Guy's Hospital. The case that gave rise to these recriminations was that of a patient suffering from stricture and retention of urine. He was attended by the house surgeon in charge, and, as there was not a surgical bed available, he was sent in a cab to St. George's Workhouse, with a recommendation for admission. The unfortunate man died not long afterwards. The authorities of Guy's Hospital are credited with a "vigorous reply" to the guardians' charge of neglect. In the published newspaper report of the Treasurer's comments it is admitted that the case was one requiring admission as an in-patient. There was not room, however, and the Treasurer suggests that the public should subscribe to enlarge the hospital accommodation. It would be more to the point, however, to state if all the patients occupying beds at Guy's are persons whose means are sufficiently narrow to warrant their maintenance by a public charity. Further, whether any of the existing ward accommodation at Guy's is devoted to well-to-do paying patients. Thirdly, whether some of the chronic cases under treatment could not be weeded out of the wards to make room for others of extreme urgency. Guy's is a noble charity, but that fact does not make it perfect or place it above criticism. The ground advanced by the authorities that as Southwark contributes little to the funds of the hospital it is therefore not entitled to demand for relief seems to us to be absolutely beside the mark. If relief were to be accorded to districts in proportion to their individual subscription then Kensington and Grosvenor Square might demand to fill the wards of Guy's. On the contrary, the poorer a district, the greater its claims on a public charity. We cannot think the system of a hospital perfect if a man is sent away from the gates to die when his life might be saved by immediate surgical operation. The urgency wards of Guy's should, in our opinion, be at once extended at the expense of the ordinary ward accommodation.

"Premature Burial."

The curious and most essential feature about so-called "premature burial" is that it has never been shown to exist. To form societies to guard against this terrible phantom and to propose legislation against it is more "premature" than the wildest assumptions and random statements of its sensation-mongers. The literature of the subject is voluminous; but when subjected to a careful examination, such as would happen, for instance, were the statements in question brought forward as evidence in a court of law, they vanish like smoke into thin air. The many instances of alleged live-burial were examined by a medical man some years ago in a little book published by Messrs. Bailliere, Tindall and Cox. He came to the deliberate conclusion that no case of the kind had ever been substantiated. That is the scientific attitude, namely, that though live-burial is not impossible it has never been shown by incontrovertible proof to have occurred in any one single instance. We learn that a society established with the view of preventing this shadowy danger has drawn up a draft Bill with a view of making a personal examination of a dead body compulsory on the part of a medical man before he grants a certificate of death. That contention will doubtless meet with the approbation of most members of the medical profession.

PERSONAL.

The Opening Address of the eighty-eighth session of the Royal Army Medical College was delivered last week by Sir William Taylor to the lieutenants on Probation.

Dr. H. K. Anderson has been appointed University Lecturer in Physiology in the room of Dr. J. H. Langley, who resigned recently on appointment to the Professorial Chair.

Dr. Alban Doran has resigned the Editorship of the *Journal of Obstetrics and Gynæcology of the British Empire*, and Dr. T. W. Eden has been appointed to fill his place. It will be remembered that Dr. Doran took a leading part in the establishment of the journal.

Dr. Samuel Lloyd, on retiring from the medical officership of the St. Giles' Workhouse, was, on February 3rd, the recipient of a valuable silver salver, in token of the esteem in which he is held by all the Poor-law officials with whom he had been brought in contact.

Mr. Timothy Holmes, F.R.C.S.Eng., who has recently resigned the office of Treasurer of St. George's Hospital, will be entertained at a complimentary dinner at the Whitehall Rooms of the Hôtel Métropole on Saturday, February 13th, at 7 p.m. The Earl of Cork and Orrery will preside.

Sir David Palmer Ross, Surgeon-General of British Guiana, who has been seriously ill for some time past, has been granted leave on full pay until March 27th. His duties have been taken over by Dr. J. C. P. Widdup, one of the Government medical officers, who becomes Acting Surgeon-General.

The Annual Oration of the Hunterian Society will this year be delivered by Dr. J. F. Woods at the London Institution, Finsbury Circus, E.C., on February 10th, at 8.30 p.m. The Oration is open to all members of the medical profession, and the subject will be the "Psychic Side of Therapeutics."

Dr. Sidney Reginald Dyer, Medical Officer at Stafford Prison, has been appointed Principal Medical Officer of Dartmoor Convict Establishment. Dr. Dyer, who went to Stafford from Wandsworth Prison in 1900, will be succeeded at Stafford by Dr. Percy Mander, Deputy Medical Officer at Wandsworth.

Major Morgan has vacated his appointment as Medical Officer of the Duke of York's School, and has

returned to India. Owing to his efforts, the question of the removal of the school to healthier country quarters has been carried to a successful issue. This distinguished service to the Army and to the country certainly deserves public recognition.

THE late Mr. Powell Williams, M.P. for South Birmingham, who was seized recently with his mortal illness in the House of Commons, was married, in 1870, to a daughter of Mr. Bindley, a Birmingham surgeon.

DR. ARGYLL-ROBERTSON, Surgeon-Oculist to the King for Scotland, was the guest of the Cap and Gown Club at a farewell dinner held in the Royal Hotel, Edinburgh, on January 30th. Mr. G. W. W. Barclay, F.R.S.E., presided, and nearly one hundred visitors were present, including many members of the medical profession.

Dr. HENRY RICHARD KENWOOD, Medical Officer of Health and Public Analyst of the borough of Stoke Newington, has been appointed Professor of Hygiene at University College, London, in succession to the late Professor W. H. Corfield. Dr. Kenwood was Professor Corfield's assistant for twelve and a half years, and some six years ago was appointed assistant professor.

MR. JOHN ROBERTSON, M.D., B.Sc.Edin., until recently Medical Officer of Health of the City of Sheffield, and now holding a similar appointment in Birmingham, was entertained at dinner on January 28th by members of the medical profession and by his late colleagues on the staff of University College, Sheffield, and presented with various pieces of rare and valuable silver ware.

Special Correspondence.

[FROM OUR OWN CORRESPONDENT.]

SCOTLAND.

PROGRESS OF SMALL-POX.—During the last fortnight of January 316 cases of small-pox were intimated to the Local Government Board. The counties in which cases have occurred are Lanark, Ayr, Stirling, Renfrew, Banff, Dumbarton, Edinburgh, Fife, Kincardine, Linlithgow and Perth. The local incidence of the epidemic has so far been greatest in the burgh of Govan (5·23 per 10,000 of the population).

ABERDEEN ASYLUM.—The directors have under consideration the question of completing the building scheme undertaken in 1892, involving the reconstruction of the main building and the erection of new recreation rooms. A good opportunity for the carrying out of the work is offered by the impending removal of one hundred of the patients belonging to the city parish, which will do away with the overcrowding at present existing, and facilitate the rebuilding operations.

GLASGOW ROYAL INFIRMARY RECONSTRUCTION.—A public meeting has been held in Glasgow with the object of furthering the raising of funds for this object. The idea of reconstructing the whole building has evolved from the Diamond Jubilee scheme, which was restricted to the front block only. For some time difference of opinion existed as to the advisability of rebuilding on the present site, but the general view now is that it would probably be difficult to get a better site in all respects than the present one, and the question is now beyond the reach of discussion. The funds in hand include £86,500 ear-marked for the Jubilee memorial front, and of the £200,000 required to complete the building, £78,000 has been subscribed. At the close of the meeting it was announced that another £1,200 had been received, and a committee was appointed to promote the supplementary fund.

MORRISON LECTURES.—The present course of Morrison Lectures was delivered by Dr. John Macpherson, Commissioner in Lunacy, in the Hall of the College of Physicians, of Edinburgh during the last week of January. Taking as his subject, "Variation in its Relation to the Origin of Insanity and the Allied Neuroses," Dr. Macpherson devoted his first lecture to the laws of heredity, the extent of variation, and to the phenomena of genetic selection, regression, correlation, and the distribution of mental characters. He adopted the views of Wiessmann, which had received direct confirmation from Beard's researches, that descent is through the germ cells alone, and pointed out that the view that a child inherited directly from his father was a cause of confusion of thought about the matter. He next described the methods of the mathematical school of biological investigators, among whom Karl Pearson is so prominent a figure, and showed that psychical characters were distributed according to the same curve of probability as physical attributes. In the succeeding two lectures the idea of disease as a variation was elaborated; first, the conception of monstrositities of various kinds as variations being illustrated, and then the analogy being extended to idiocy, epilepsy, hysteria, and alcoholism. These variations had neither racial nor geographical limitations; some of them, like monstrosity, were not even limited to man, but occurred in the lower animals. Alcoholism was defined as a variation from the normal characterised by a craving for artificial mental states produced by drugs. In conclusion, the lecturer said that recent observations referred to showed that variation fell under the mathematical theory of probability, and if, as he thought he had shown, the neuroses he had been considering were constant variations, universally distributed throughout mankind and the lower animals, and hereditary, they could neither be due to chance nor to environment, but to genetic selection.

Correspondence.

[We do not hold ourselves responsible for the opinions of our Correspondents.]

ALOPECIA AND DENTAL CARIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The authorities upon whom "Medicus Senex" relies for his pronouncements on dental physiology are a good deal more out of date than mine; in fact, they are passed senility and are dead. More than forty years ago the late Sir John Tomes, the first dental physiologist to work in the light of modern science, overthrew the fancies of ancient pathologists by his demonstration of the true character of the hard dental tissues. Since then, no physiologist or pathologist with the least valid claim to authority has questioned the fact that enamel and dentine are incapable of physiological or pathological activity. Enamel contains a barely recognisable trace of organic matter; and the basic mass of dentine is almost as lowly organised. I quite agree with "Medicus Senex," and so does every dental physiologist, that it would be "bold to affirm a similar fact with regard to bone." Even the densest bone has a free permeating vascular supply, whilst the dental tissues have none. From other avascular tissues, like the cornea and cartilage, they are differentiated by the fact that they contain no cell elements capable of carrying on processes of nutrition. The physiology of enamel and dentine is beyond all controversy demonstrated, and is easily demonstrable. "Medicus Senex" will find the whole story in Sewill's "Dental Anatomy and Surgery," or in any similar book of the day. Once formed, the hard dental tissues can undergo changes only by action of external agents; to suggest the possibility of degeneration in enamel and dentine is absurd. The tissues are, however, often badly made, owing to interference with the process of calcification; and this may show itself in the external form of the teeth, as in honeycombed or spinous crowns, or in the typical syphilitic teeth of Hutchinson. These latter, I would say in passing, are extremely rare, not being present in more than 1 per cent. of affected children,

although other malformed teeth are often mistaken for them. A decadent subject may have defective dental tissues, but the causes have ceased to operate very early in life. The temporary crowns are all calcified at birth, and by this time the first permanent molars, incisors, and canines are far advanced in development. Then, again, the action of micro-organisms in caries does not in the least resemble the phenomena of diseases affecting vascular tissues, or of a systemic nature. Acid is the agent in dental caries, and the acid is produced by fermentation in organic matter, of course due to organisms. The organisms proliferate in the dentinal tubes, and are always found there in caries, but they are acting as external agents and not setting up a pathological process such as occurs in more highly organised structures. The analogue to alopecia among dental diseases would be premature shedding of the permanent teeth. This is not a common disease nor a characteristic of degenerates. Slow wasting of the alveoli accompanied by suppuration—pyorrhœa alveolaris—is a commoner disease. It occurs mostly in mouths singularly free from caries, and is by no means a disease of individuals physically inferior. This malady has many points of resemblance to sycosis, a fact which was noted some years ago independently by Mr. Jonathan Hutchinson and Mr. Sewill. I have taken some space in these explanations, and I trust you, Sir, will not think it excessive. I admit that the pathology of the teeth is the last thing about which the practitioner of medicine needs to be fully informed. It is impossible for any man to be a walking compendium of the whole range of medical science. But I would suggest that the solution of problems of pathology associated with the teeth is not likely to be promoted by writers who have not taken pains to make themselves properly acquainted with the fundamental facts of dental physiology.

I am, Sir, yours truly,

February 4th, 1904. M.R.C.S., L.D.S.

THE PATHOLOGY OF CUTANEOUS ERUPTIONS.

To the Editor of The Medical Press and Circular.

Sir,—I am glad to see that Dr. Walsh, and, I hope, many others, regard the study of cutaneous diseases in a very different way from that in which it was regarded some years ago. It was in 1865 that I listened to the lectures of Professor Hardi and Professor Behier, in Paris, and it seemed to me that the term, "dermatoses," in its limited special sense might be expanded into "dermatitis," as a term more useful to, and consistent with, English pathology. The simple fact that at a children's hospital 10 per cent. of the total cases came under the class of skin diseases was perhaps the chief reason that my attention was directed to the study of cutaneous disease. It seemed to me far more important to study the causes of these diseases than the minute variations presented in the character of eruptions; and that in the treatment of such cases it was far more necessary to study the constitutional causes of them than to deal with them in the very limited and unscientific method that seemed to have been followed up to that time. Why those who devoted themselves to skin diseases should have been regarded with contempt by the leaders of the profession is easily understood. Happily things are changing.

I am, Sir, yours truly,

Robert Lee.

THE TEACHING OF HYGIENE AND TEMPERANCE.

To the Editor of The Medical Press and Circular.

Sir,—I have no intention of raising any discussion on the merits of total abstinence, but with regard to the petition referred to in your annotation, I may be allowed to point out that considerable stress in various paragraphs is imposed on the word "temperance," and I think that it would be interesting to know the definition or meaning conveyed by the petitioners, as temperance and total abstinence nowadays appear so often to be used synonymously. Supposing however, the latter should be advocated in any of the schools, I would suggest the statistics in support thereof should be taught, duly qualified with regard to their uncertainty.

Some time ago I attempted in your columns to point out to asylum officials that the difficulty of determining how far drink played its part as a factor in determining any given case of drink as a cause of insanity was so complex as to be well nigh insuperable, and I may, by the way, refer to the painful and sensational case of suicide, which lately occurred to a much-respected lady doctor on the staff of a London hospital, whose habits were, according to the evidence, undoubtedly abstemious, if not of total abstinence. Now, sir, I venture to state that if this lady had been otherwise asylum statisticians would have tabulated the insanity due to excess of drink. On the other hand, I suggested that alcohol under some nervous conditions might tend to prevent insanity by helping to maintain the general health. So I submit, teachers cannot be too guarded in enunciating dogmas which, if viewed with a critical eye, may turn out to be erroneous.

I am, sir, yours truly,

Clement H. Sers.

Brighton, February 2nd, 1904.

NEW BOOKS AND NEW EDITIONS.

The following have been received since the publication of our last list :—

Bailliere, Tindall & Cox (London).

Aids to Surgery. By Joseph Cumming, M.B., B.S., F.R.C.S. Pp. 394. Price 4s. 6d.

The Principles and Practice of Hydrotherapy. By Simon Baruch, M.D. Second Edition, revised and enlarged. Illustrated. Pp. 496. Price 16s. net.

A Pocket Dictionary of Hygiene. By C. T. Kingzett, F.I.C., and D. Homfray, B.Sc. Second Edition. Pp. 112. Price 2s. 6d.

A Method for the Treatment of the Apparently Drowned. By R. L. Bowles, M.D., F.R.C.P. Pp. 14. Price 6d. net.

Drugs: Their Production, Preparation, and Properties. By H. Wippell Gadd. Pp. 180 Price 3s. 6d. net.

Midwifery for Midwives. By W. Denison Wiggins, M.R.C.S. L.R.C.P., etc. Illustrated. Pp. 259. Price 3s. 6d. net.

Browne & Nolan, Ltd. (Dublin).

Transactions of the Royal Academy of Medicine in Ireland. Vol. 21. Edited by John B. Story, M.B., F.R.C.S., General Secretary. With Index, Vol. 1 to 20. Compiled by E. J. McWeeney, M.D.

Cassell & Co., Ltd. (London).

A Manual of Operative Surgery. By Sir Frederick Treves, Bart., K.C.V.O., C.B., F.R.C.S., &c. New Edition. Revised by the Author and Jonathan Hutchinson, jun., F.R.C.S. Illustrated. Two Vols. Pp. 1,574. Price 42s.

J. & A. Churchill (London).

Army Inefficiency: its Greatest Cause. By A. C. Profeit, M.B. Pp. 57. Price 1s. net.

Sulycitive Sensations of Sight and Sound By Sir Wm. R. Gowers, M.D., F.R.C.P., F.R.S. Pp. 250. Price 6s. net.

A Short Practice of Gynæcology. By Henry Jellett, B.A., M.D., &c. Second Edition, revised and enlarged. Illustrated. Pp. 406. Price 10s 6d.

Henry J. Glaisher (London).

Charles White, F.R.S., a Great Provincial Surgeon. An Address by Charles J Cullingworth, M.D., F.R.C.P., etc. With Notes and Illustrations. Pp. 56. Price 2s. 6d. net.

Charles Griffin & Co., Ltd. (London).

Milk: Its Production and Uses. By Edward F. Willoughby, M.D. Illustrated. Pp. 259. Price 6s. net.

H. K. Lewis (London).

The Sterilisation of Urethral Instruments. By Herbert S. Herring, M.B., B.S, &c. Illustrated. Pp. 176. Price 5s.

John Murray (London).

A Manual of General Pathology for Students. By Sidney Martin, M.D., F.R.S., F.R.C P. Illustrated. Pp. 502. Price 15s. net.

Young J. Pentland (London).

Manual of Surgery. By Alexis Thomson, M.D., F.R.C.S., and Alexander Miles, M.D., F.R.C.S. Vol. I. General Surgery. Illustrated. Pp. 763.

W. B. Saunders & Co. (London).

The Illustrated Medical Dictionary. By W. A. Newman Dorland, A.M., M.D. Third Edition, revised and enlarged. Pp. 798.

The Pocket Medical Dictionary. Edited by W. A. Newman Dorland, A.M., M.D. Fourth Edition, revised and enlarged. Pp. 566.

A Text-Book of Pathology. By Alfred Stengel, M.D. Fourth Edition. 21s. net.

A Text-Book of Diseases of Women. By Burton Cooke Hirst, M.D. Illustrated. Pp. 683. Price 21s. net.

A Text-Book of the Practice of Medicine. By James M. Anders, M.D. Sixth Edition, revised. Price 24s. net.

Nervous and Mental Diseases. By Church and Peterson. Fourth Edition, revised. Price 21s. net.

Modern Surgery. By J. Chalmers da Costa, M.D. Fourth Edition, enlarged. Price 21s. net.

The Four Epochs of Woman's Life. By Anna M. Galbraith, M.D. Second Edition, revised and enlarged. Price 6s. 6d. net.

A Text-Book of Surgery. By William W. Keen, M.D., and J. William White, M.D. Fourth Edition. Two Vols. Pp. 1,363. Price 30s. net.

The Treatment of Fractures. By C. L. Scudder, M.D. Fourth Edition, revised. Illustrated. Pp. 584. Price 21s. net.
A Manual of the Practice of Medicine. Prepared especially for students by A. A. Stevens, A.M., M.D. Sixth Edition, revised and enlarged. Illustrated. Pp. 556. Price 10s. 6d. net.
Atlas of the External Diseases of the Eye. By Prof. Dr. O. Haab. Second Edition, revised. Edited by G. E. de Schweinitz, A.M., M.D. Illustrated. Pp. 232. Price 18s. net.

SMITH ELDER & Co. (London).

The Management of Lateral Curvature of the Spine, Stooping, and the Development of the Chest in Phthisis. By E. Noble Smith. Pp. 138. Price 2s. 6d.
A Handbook of Ophthalmic Science and Practice. By Henry E. Juler, F.R.C.S. Illustrated. Third Edition, revised and enlarged. Pp. 733. Price 21s. net.

WILLIAMS and NORGATE (London).

Studies in Heterogenesis. By H. Charlton Bastian, M.A., M.D. Illustrated. Pp. 354. Price 31s. 6d.

JOHN WRIGHT & Co. (Bristol).

Eye Symptoms as Aids in Diagnosis. By Edward Magennis, M.D., D.P.H.
Golden Rules for Diseases of Infants and Children. By George Carpenter, M.D., M.R.C S. Second edition, enlarged. Pp. 167.

Obituary.

A MEDICAL MARTYR.

THE LATE DR. W. J. CONEYS, OF ROUNDSTONE.

IN our issue for January 27th, we gave a full account of the heroic devotion to duty and the untimely death of this practitioner. He had to visit one of those wretched hovels, in which escape from infection is almost impossible. His patient died, and, in his own words, "I could not get a man for love, whisky, or money to help me, and I was obliged to coffin the corpse along with the nurse and another." But the duty was heroically undertaken, and his life given for his patient. He in turn was devotedly nursed by Dr. Gorham, of Clifden, and when the end came and Dr. Coneys' servants and friends, fearing infection, would not approach the sick room, Dr. Gorham, with the assistance of the nurses, was obliged to himself place Dr. Coneys in his coffin. All honour to such heroism.

WILLIAM DONALD, M.D.ABERD.

WITH regret we announce the death of Dr. William Donald, at Aberdeen, on January 18th. For a year or more he had suffered from a painful internal malady, and some two months ago it was found necessary to have him removed to Aberdeen for the purpose of undergoing a surgical operation. This was successfully performed, and for a time it seemed as if recovery would ensue, but he ultimately died at the comparatively early age of 51. Dr. Donald was the eldest son of William Donald, M.D., Bogside of Eden, Aberdeenshire, and graduated at the University of Aberdeen as M.B. and C.M. in 1873. He passed the next few years in Banff, whence he went to Colombo, Ceylon, where he was district medical officer. Returning from Ceylon more than a quarter of a century ago, Dr. Donald settled in Banff and in time made for himself a large practice. He held various local appointments, among others those of visiting surgeon to the Chalmers Hospital, and certifying surgeon under the Factory Act.

DR. OWEN, M.D., M.R.C.S., L.S.A.

WE regret to announce a sad ending to a busy life on the last day of January, when Dr. Owen, M.D., M.R.C.S., L.S.A., was found partially dressed at the bottom of the staircase in the cottage in which he had resided of late years. His groans attracted a passer-by, who burst open the door, to find the doctor as stated above. Help was sent for, but before one of his colleagues could come he was dead. Dr. Owen, who qualified as far back as 1867, was at one time the medical officer of the whole of the Bromyard Union, which comprised thirty-two parishes, some of them a radius of sixteen miles apart, and this he did all on horseback.

MR. R. E. SMITH.

MR. R. E. SMITH, the village surgeon at Finchingfield, and medical officer to the Braintree Union, met with his death on February 3rd from the kick of a pony. On the previous day the doctor was shooting with a party at Spain's Hall, and the host (Mr. A. W. Ruggles-Brise) was riding a pony, from which he dismounted on coming to a hedge, and the animal ran through. Dr. Smith attempted to seize the bridle, but missed it, and as the pony passed him it kicked out, striking the doctor a severe blow in the face, rendering him temporarily blind and unconscious. He was at once attended by neighbouring medical men and by a specialist from Cambridge, but he succumbed to his injuries. Mr. Smith was medical officer of Finchingfield and look the L.R.C.S.I. in 1894.

Medical News.

150 Danish Soldiers Poisoned by Pork.

THE poisoning of no less than 150 soldiers is reported from the garrison of Aarhus, in Denmark. The cause of poisoning is probably due to the preparing of pickled pork in zinc pans which were insufficiently cleaned. All the soldiers to a greater or less degree are suffering from severe gastric intestinal irritation. The remaining pork has been sent for bacteriological examination.

London School of Medicine for Women.

THE annual meeting of the London (Royal Free Hospital) School of Medicine for Women was held last week. Mr. Holroyd Chaplin presided. The report presented by the council showed a favourable position as regarded the entry of students, and also as regarded their success in examinations. At the University of London two scholarships and two gold medals had been obtained by students of the school. In the matter of hospital appointments also the outlook was good. Several hospitals and infirmaries had for the first time appointed medical women to resident posts, and at the Lambeth Poor-law Schools a woman had been selected as medical officer from a large number of candidates. The financial position of the school, it was pointed out, was improved, but could never be wholly satisfactory until the debt of £5,000 on the buildings was cleared, and it was strongly urged that an effort

should be made to find some generous donors to help in this by larger or smaller contributions. Among those elected as members of the Association were Sir Victor and Lady Horsley, Lady Lockyer, and Professor and Mrs. Ayrton.

Recent Plague Scare.

In connection with the death of two Chinamen in the Seamen's Hospital, Greenwich, last month in circumstances giving rise to the suspicion of plague, the Public Health Committee of the London County Council reports that medical investigation shows that the men died of influenza. Two other cases of syspicious sickness in Limehouse were also investigated by Mr. Cantlie, who was satisfied from the clinical symptoms that there was no question of plague in either instance.

The German Birth-Rate.

The steady decrease in the number of births in Germany during the last few decades is a marked and unsatisfactory feature of the social and economic conditions of the empire. From 1870 to 1880, the number of births was 40 for every thousand inhabitants; during the following decade it fell to 38·2 per 1,000; and from 1890 to 1900 it was not more than 37·4 per 1,000 or about as much as during the Fifties. This decrease, however, has hitherto been compensated by the decrease in mortality. From 1890 to 1900, for instance, the death-rate decreased by more than two per 1,000. In Berlin the decrease in the birth-rate has been especially marked, the total number of births in the capital being 1,700 less in 1903 than two years ago. The actual number of births in Berlin was 49,000 in 1903, 52,259 in 1901.—*Standard*.

Four Patients Poisoned at a Lunatic Asylum.

Four female patients have been accidentally poisoned at Portsmouth Lunatic Asylum. It has been the custom at that institution to administer soothing draughts to violent patients when there is a danger that they will get beyond control. On Wednesday evening a draught composed of bromide of potash and chloral was administered to four female patients by the orders of Miss Watson, the lady doctor. Two hours later they were all four taken ill, and, in spite of the unremitting efforts of the medical staff and nurses, two of the women died that night and the other two on Thursday. The cause is supposed to be an overdose of chloral. Similar draughts had been administered on former occasions with satisfactory results, and it is stated that the doses given to the four women were not larger than usual.

Medical Sickness and Accident Society.

The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society took place on the 29th ult., at 429 Strand, W.C. The accounts presented show that the society's business is in a very healthy state, and the report for 1903 to be presented to the members in May next will be found very satisfactory. Prospectuses and all particulars of Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33 Chancery Lane, London, W.C.

Sewage-polluted Shell Fish.

In his report on the public health of the City, Dr. Collingridge, the medical officer of health, alludes to the recent report of the Royal Commission on Sewage Treatment and Disposal on the Contamination of Shell Fish, and cordially approves of the proposed remedial measures. He, however, considers that the authority for the Thames should be the Corporation as Port Sanitary Authority so far as its jurisdiction over the river extends. Dr. Collingridge proceeds to refer to a discovery of sewage-polluted mussels from South Holland. The dealers in Billingsgate had sold the mussels in accordance with instructions received from the Fishmongers' Company, namely, to caution purchasers to boil them for three and a half or four minutes, and they had exhibited a notice to that effect. That was a most unsatisfactory mode of dealing with the matter. The mussels were known to be sewage contaminated, and therefore dangerous to health, and in no circumstances could there be any sufficient guarantee that the recommendation would be properly carried out. As mussels were largely imported from Holland at this season, the facts were brought to the knowledge of the Board of Agriculture and Fisheries, the Local Government Board, the Netherlands Government, and the Fishmongers' Company. Since then three cases of enteric fever arising from mussels purchased in the City had been reported. In these instances the mussels came from Hadleigh, Essex. The proprietors of the layings had given an undertaking to sell no more Hadleigh mussels until they were declared free from contamination. The Fishmongers' Company and the Netherlands Government were co-operating with a view to having a thorough investigation made of the conditions under which mussels were cultivated and exported to this country.

Ventilation on Scientific Principles.

The "Boyle" system of ventilation having been successfully applied to the Spanish Cortes, Madrid, it is now to be carried out, by direction of the French Government, for the ventilation of the Musée du Louvre, Paris. It is also proposed to apply the same system to the Chamber of Deputies, the mechanical appliances tried in that building, including the "Plenum," having proved failures.

Lead in Cream of Tartar.

At West Ham, Messrs. Leverett and Frye, Limited, grocers, were summoned for selling cream of tartar which was not of the nature, substance, and quality demanded. On December 22nd, one of Dr. Sanders' assistants bought a quarter of a pound of cream of tartar for 4d. at the defendants' shop. Dr. Dyer (analyst) said that the sample he analysed contained lead in the proportion of rather more than one grain to the pound. The effect would be to render it injurious to the health of anyone who consumed it. Mr. Beck, for the defence, said that no one suggested that the defendants were responsible for this lead in the cream of tartar. Its presence was to be accounted for solely by reason of the mode of manufacture, and the defendants were merely the victims of the foreign manufacturers. Mr. Gillespie: You suggest you were justified in selling it with this lead in? Mr. Beck: Without any knowledge that we were selling an article containing lead. What my friend is putting up is the standard of the 1898 *British Pharmacopœia*. Mr. Beck added that in the new *Pharmacopœia* cream of tartar was referred to as "purified cream of tartar." Mr. Gillespie said he did not suppose for a moment that the defendants wilfully put lead into this cream of tartar, but on the evidence it was shown that its presence could be discovered with ordinary precautions. He imposed a fine of £10, including costs.

International Congress of Dermatology.

The fifth International Congress of Dermatology will be held at Berlin from September 12th to 17th, 1904, Professor E. Lesser being President. The following questions will be discussed: (1) Skin affections in anomalies of metabolism; (2) syphilitic diseases of the circulatory organs; (3) epithelioma and its treatment; (4) (*a*) the state of matters as to the distribution of leprosy and its repression since the Leprosy Conference of 1897; (*b*) the present state of knowledge as to anæsthetic leprosy. All communications should be addressed to the General Secretary, Sanatatsrät Dr. O. Rosenthal, Potsdammerstrasse 121 g, Berlin.

Trinity College, Dublin.

At the examinations during Hilary Term, 1904, the following candidates passed:—

Final in Midwifery.—Charles J. Coppinger, Keith R. C. Hallowes, Richard C. Hallowes, Henry M. Crawford, William M. Wade, Rev. Richard B. Bryan, Cecil J. Wyatt, David C. Pearson, Owen J. Parry-Edwards, Maurice FitzGibbon, Harold T. Marrable, Thomas Wilson, Hugh Stewart. *Section B*.—John Cunningham, Robert Magill, John A. Sibthorpe, James H. C. Thompson, Wilfred L. Myles.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

THE HUMAN HYMEN.

This structure which anatomists term the hymen has proved an almost insoluble problem to biologists, and in human affairs has exercised an influence over religious ritual, legal rights and social procedure which cannot well be estimated, and is impossible to express adequately. Metchnikoff, in his remarkable work on "The Nature of Man," in the study of disharmonies of reproduction points out that the hymen, the physical indication of virginity, is peculiar to the human race. It is absent in the anthropoid apes, and even in the development of the female fœtus this structure appears late, evidently indicating that it is a comparatively late acquirement. No one has satisfactorily explained its utility. It has, of course, played an important part in judicial procedure, and much moral significance has been given to it, but as far as can be ascertained it is of no functional value. In certain countries it is regularly destroyed as part of the toilet of young children. It is of no distinct service in the sexual progress, and may even prove a bar to marital duties. It is remarkable that a structure which has no great ancestral heritage, is functionless and non-essential to sexual union, should persist in spite of its almost unavoidable rupture in the process of childbirth. It, however, affords a powerful argument against the transmission of acquired characters.

EDINBURGH.—A short paper on "The Treatment of Phlegmasia Alba Dolens" reached us a few weeks since with the Edinburgh postmark on envelope, but no name attached to the article. We shall be glad if the writer will kindly communicate with us.

DR. H. R. S.—The supposition is a common one, but the similarity exists in name only.

AN ANXIOUS ONE.—The instrument to which you refer is an American invention styled "The Massacon," the object of which is to break down or reduce the thickening around the ossicles in middle ear deafness by electro-massage. The instrument was introduced to the profession in this country at the Manchester Congress of the British Medical Association in 1902, and we believe success has attended its use in certain cases, but we know nothing of it from personal experience.

H. P. P.—Try radium without a moment's loss of time—the malignant growth you describe is within easy reach. It is necessary, however, to make sure that your radium is of the best quality.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, FEBRUARY 10th.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8 p.m. Annual Meeting. 8.30 p.m. Dr. J. F. Woods: The Psychic Side of Therapeutics. (Hunterian Oration.)

DERMATOLOGICAL SOCIETY OF LONDON (11, Chandos Street, Cavendish Square, W.).—5.15 p.m. Demonstration of Cases of Interest.

SOUTH-WEST LONDON MEDICAL SOCIETY (Bolingbroke Hospital, Wandsworth Common).—8.45 p.m. Sir Felix Semon: Some Desultory Remarks on Topics of Professional Interest.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. R. Harrison: Clinique. (Surgical.) 5.15 p.m. Mr. J. Poland: The Treatment of Congenital Club-foot.

THURSDAY, FEBRUARY 11th.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Papers:—Mr. E. Owen: Appendix Abcess in the Recto-vesical Pouch.—Mr. E. W. Boughton: A Case of Intestinal Obstruction with Gangrene of the Cæcum, Recovery.

BRITISH GYNÆCOLOGICAL SOCIETY (20, Hanover Square, W.).—8 p.m. The President (Prof. J. Taylor): Inaugural Address. Papers will be read and specimens shown by Dr. G. Atkins, Dr. W. Duncan, Dr. Macnaughton-Jones, Dr. Snow, and Mr. Spanton.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11, Chandos Street, Cavendish Square, W.).—8 p.m. Cases will be shown by Mr. A. Ogilvy, Mr. S. Stephenson, and others. 8.30 p.m. Papers:—Dr. A. Brown: Notes on a Case of Gonorrhœal Conjunctivitis in an Adult Treated with Peroxide of Hydrogen.—Mr. J. H. Parsons: On Congenital Anterior Staphyloma.—Major H. Smith, I.M.S.: (1) Light-blindness: (2) Lens Couching.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. G. Brodie: The Pathology of Uræmia.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.).—5 p.m. Dr. F. P. Weber: The Relations of Pulmonary Tuberculosis to other Diseases. (Post-Graduate Course.)

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—6.15 p.m. Dr. M. Dockrell: Fungus Diseases of Hair. (Chesterfield Lecture.)

FRIDAY, FEBRUARY 12th.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9, Adelphi Terrace, Strand, W.C.).—7.30 p.m. Dr. L. Stephens: Physical Culture in Elementary Schools.

HUNTERIAN SOCIETY.—7 p.m. Annual Dinner.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8.30 p.m. Dr. S. Phillips: A Case of Fibroid Disease of the Pancreas with Calculi, accompanied by Jaundice and subsequently by Diabetes. Laparotomy, Relief of Symptoms, Death.—Dr. N. Dalton: Two Cases of Malignant Anæmia due apparently to Defective Formation of the Red Blood-corpuscles and Associated with Caries of the Teeth and Suppuration of the Lower Jaw.—Mr. J. J. Clarke: Notes on a Case of Ankylosis of both Temporo-maxillary Joints.—Mr. E. M. Corner: Cases of Primary and Secondary Tuberculosis of the Thyroid.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. S. Stephenson: Clinique. (Eye.)

Vacancies.

Barnwood House Hospital for Mental Diseases, Gloucester.—Junior Assistant Medical Officer, Salary £150 a year, with board, &c. Applications to the Medical Superintendent.

Birkenhead Union.—Resident Assistant Medical Officer, Salary £120 per annum, with board, washing, and apartments. Applications to John Carter, Clerk to the Guardians, Union Clerk's Offices, Birkenhead.

Camberwell House Asylum.—Second Assistant Medical Officer, Salary £150 per annum, with board, residence, and laundry. Applications to Medical Superintendent, 33, Peckham Road, London, S.E.

Carmarthenshire Infirmary.—Resident Medical Officer, Salary £100 per annum, with furnished apartments, board, attendence, fire, gas, and washing. Applications to Howell Howell, Secretary.

City of Sheffield.—Second Assistant Medical Officer, Salary £150 per annum, with board, lodging, and attendance. Applications to H. Sayer, Town Clerk, Town Clerk's Office, Town Hall, Sheffield.

Joint Counties Asylum, Carmarthen.—Junior Assistant Medical Officer, Salary £150 per annum, with board, furnished apartments, and washing. Applications to Dr. Goodall, Medical Superintendent, The Asylum, Carmarthen.

Kettering and District General Hospital.—Resident Medical Officer, Salary £80 per annum, with board, residence, &c. Applications to H. T. Berry, Hon. Sec., 3, High Street, Kettering.

Macclesfield General Infirmary.—Junior House Surgeon, Salary £70 per annum, with board and residence at the Institution. Applications to the Chairman of the House Committee.

Royal Albert Edward Infirmary and Dispensary, Wigan.—Junior House Surgeon, Salary £80 per annum, with board, apartments, and washing. Applications to W. M. Taberner, General Superintendent and Secretary.

The Guest Hospital, Dudley.—Senior Resident Medical Officer, Salary £100 per annum, with board, residence, attendance, and washing. Applications to the Secretary.

The Royal Waterloo Hospital for Children and Women, Waterloo Bridge Road, S.E.—Head Dispenser. Applications to the Secretary. (See Advt.).

Worcester General Infirmary.—House Surgeon, Salary £70 per annum, with board and residence. Applications to William Stallard, Secretary, Worcester Chambers, Pierpont Street, Worcester.

Appointments.

BERESFORD, R. DE LA POER, M.D.Glasg., Medical Examiner of Recruits for the Montgomery Imperial Yeomanry at Oswestry.

CORNER, EDRED M., M.B., B.S Cantab., F.R.C.S.Eng., Assistant Surgeon to St. Thomas's Hospital.

FRY, W. W. B., M.B., C.M.Edin., Medical Examiner of Recruits for the Montgomery Imperial Yeomanry at Builth Wells.

HUMPHREYS, C. E., M.R.C.S., L.S.A., Medical Examiner of Recruits for the Montgomery Imperial Yeomanry at Llanfair.

JONES, F. F., M.R.C.S., L.S.A., D.P.H., Medical Examiner of Recruits for the Montgomery Imperial Yeomanry at Llanfyllin.

KENWOOD, H. R., M.B., C.M.Edin., D.P.H., Professor of Hygiene and Public Health at University College, London.

MURRAY, J., M.B., C.M.Glasg., Medical Examiner of Recruits for the Montgomery Imperial Yeomanry at Llandrindod.

PROCTOR, THOMAS, M.R.C.S., L.R.C.P.Edin., Medical Officer and Public Vaccinator for the Fifth District of the Chipping Sodbury Union.

RICHARDSON, F. L. C., L.R.C.P. and S.Edin., Medical Examiner of Recruits for the Montgomery Imperial Yeomanry at Rhayader.

SALTER, F. W., L.R.C.P. and S.Edin., Medical Examiner of Recruits for the Montgomery Imperial Yeomanry at New Mills.

SMITH, WILLIAM ROBERT, M.D., B.S.Lond., F.R.C.S.Eng., Assistant Surgeon to the Hospital for Women, Nottingham.

Births.

DAWSON.—On February 4th, at 32, Wimpole Street, W., the wife of Bertrand Dawson, M.D., F.R.C.P., of a daughter.

SMITH.—On February 5th, at Waldon House, Watford, the wife of G. Francis Smith, M.R.C.S.Eng., L.R.C.P.Lond., of a daughter.

Deaths.

CHEESE.—On February 7th, at Woodville House, Amersham, Mary Jane, wife of John Cheese, and only child of Wm. Macmichael, M.D., F.R.S., F.R.C.P., Physician in Ordinary to His Majesty King William IV., and Principal Librarian to her late Majesty Queen Victoria.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, FEBRUARY 17, 1904. No. 7.

Original Communications.

THE APPLICABILITY OF RADIUM IN THE TREATMENT OF A CANCEROUS THROAT.

By DAVID WALSH, M.D.,

Senior Physician, Western Skin Hospital, London, W.; late Honorary Secretary, Röntgen Society of London, &c.

THE possibilities opened up in the treatment of cancerous growths by the discovery and introduction of radium are full of brilliant promise. For the moment, however, the results of patient investigation must be awaited before it is possible to speak with certainty as to the exact therapeutic value of this wonderful substance. At the same time it may confidently be asserted that we have in radium an agent whereby it is possible to modify profoundly, and in some cases apparently to cure, surface rodent ulcers and epitheliomata.

Encouraging reports of the treatment of malignant disease by radium have come from America, notably from Dr. Morton, of New York. In Vienna it has been somewhat extensively used for the same purpose. Exner and Holzknecht (*a*) have used it in cases of carcinoma and sarcoma, "with results that are so far satisfactory." An account of their cases was read before the Medical Society of Vienna on June 26th, 1903. The first case was that of a man, æt. 37, who had undergone an operation for melano-sarcoma of the humerus three years previously. For eight months he suffered from small subcutaneous, dark-coloured nodules near the seat of operation. Microscopically, a nodule was found to be of a melano-sarcomatous nature. Radium was applied to these small metastatic nodules, which varied in size from $\frac{1}{8}$ to $\frac{3}{8}$ of an inch in diameter. The method of application was to enclose the radium in a small india-rubber capsule with a mica window. The capsule was then fixed to the skin by means of a strip of adhesive plaster, exactly over the nodule, with which it was kept in contact from a quarter of an hour up to twenty-five minutes. In from two to forty-eight hours a dermatitis followed, resembling the X-ray or focus-tube dermatitis. Where the application had lasted less than fifteen minutes no change was found in the nodule at the end of a fortnight. On the other hand, in those nodules which had been treated for a quarter of an hour or more (up to twenty-five minutes) there was either a marked diminution or disappearance of the nodules. New nodules developed on the shoulders, breast, and left upper arm, but disappeared beneath the influence of the radium, their former site being marked by a flat depressed cicatrix.

The second case was that of a man, æt. 61, who was operated on for an epithelioma of the cheek in 1888, and for recurrences in 1891 and 1897. On May 11th, 1903, he was found to have an ulcer the size of a shilling at the right corner of the mouth, while a hard tumour the size of a small hazel-nut could be felt in the surrounding tissue. Six exposures to radium, each one lasting from fifteen to twenty-five minutes, were followed by shrinking of the tumour and healing of the ulcer, so that both had disappeared by June 26th. The patient, however, died of recurrence within a few months.

In a third case an epithelioma of the cheek, the size of a sixpenny piece, healed after three applications of radium. This patient passed out of observation.

In the United Kingdom brilliant results have been obtained by Mr. Mackenzie Davidson, M.B., the well-known inventor of an exact system of X-ray localisation. A brief note on the subject has been recently published by him. (*a*) His first case was one of rodent ulcer on the right side of the nose in a woman, æt. 69. The ulcer, which measured 1 by $\frac{3}{4}$ inch, had resisted treatment, both by the Finsen light and by the X-rays. Treatment by radium began on May 21st, and on June 11th, after four applications, "the ulcer was practically healed." Five months later there had been no recurrence.

The most important of Mr. Davidson's cases was an extensive rodent ulcer of the right side of the face. It would be more correct, apparently, to describe the condition as cancerous, inasmuch as the surgeons who saw the patient in the early stages stated that it was an undoubted case of epithelioma. When first seen, the whole of the cheek had been destroyed and the tongue and teeth were laid bare; the upper and lower lips were destroyed to within an inch of the middle line; the tongue was foul, and there was an offensive discharge from the whole of the ulcerated surface; the hard and the soft palates were invaded and the patient could not speak. Treatment began on July 30th, and continued for some months. The patient can now speak, the tongue is clean, the discharge inoffensive, and cicatrisation is going on steadily. The disease, according to Mr. Davidson, "has been arrested," and a complete cure may reasonably be expected. Full

(*a*) *Brit. Med. Journ.*, December 26th, 1903.

(*a*) *Brit. Med. Journ.*, January 23rd, 1904.

details of this important case will be published later.

Meanwhile, it is clearly a matter of general interest to know the methods of application and the limitations of radium. The radium is most conveniently used in the form of the bromide, and should be of good quality. The small glass tube containing the salt must be placed directly in contact with the ulcerating surface. It apparently is of no use if applied to the unbroken skin surface overlying, say, a scirrhus of the mamma. The action of the radium is strongest at the immediate point of contact, and lessens in power according to the distance from that point of contact. The radium may be applied for a quarter of an hour or more, up to thirty or forty minutes, but the length of application should be most carefully regulated by individual results. A reaction occurs usually on the eighth day of treatment. If it be moderate the temperature runs up to about 100° F., and the patient suffers little general disturbance. On the other hand, if the exposure has been unduly prolonged, the temperature may run up to 104° F. or even higher, and the patient be attacked by vomiting and other distressing symptoms. In one of Mr. Davidson's cases the ulcerating surface became scarlet and erysipelatous-looking during a period of severe reaction, but immediately afterwards underwent a marked local improvement. The suggestion of Mr. Davidson that the reaction may be due to the formation of an antitoxin is of great interest.

It will be at once apparent that the necessity of direct application of the radium to the tissues involved in the malignant process must for the present limit the field of applicability of radium. Still, much may be achieved by the exercise of a little patience and ingenuity on the part of the operator. Thus, a Continental surgeon (*a*) has treated malignant stricture of the œsophagus by passing bougies armed at the end with a bulb so constructed and placed as to bring the radium in contact with the stricture. In the case of an epithelioma inside the cheek there would obviously be little difficulty in maintaining contact of the radium tubes with the diseased surface for any required length of time. It is far otherwise, however, when one has to deal with a malignant invasion of the palate and fauces, when the structures are in a state of constant watchfulness to respond to and resent reflexly almost all kinds of direct stimulation. To keep one or more small glass tubes in contact with various parts of the reflexly sensitive and excitable soft palate and fauces might seem *a priori* to be an almost hopeless task. The object of this short preliminary communication is to show that it is quite feasible to treat the oropharyngeal region by the direct application of radium.

A patient came under my care suffering from early but rapid malignant invasion of the upper throat. At first I tried the application of the high frequency current of the X-ray tube, the latter especially to the glands at the angle of the left jaw, which were slightly enlarged and tender. At the same time I devised an apparatus whereby the rays from the focus-tube could be projected directly on to the back of the throat by means of a flattened vulcanite speculum. Some improvement followed this course of treatment, but not long after its commencement I made some inquiries as to radium and determined to try that agent.

By the kindness of Mr. Mackenzie Davidson I was enabled to carry out the treatment under his supervision. He most kindly and generously placed at my disposal four sealed tubes, each containing five milligrammes of pure radium bromide. These tubes were fastened at the end of a curved holder and enclosed in a covering of india-rubber extemporised from a finger stall. The throat was then cocainised and a gag inserted between the teeth. A light thrown into the mouth by a mirror enabled me to pass in the radium and press it with precision on the desired part. At first the patient showed the greatest intolerance of contact with the foreign body, but by dint of perseverance it was found possible to push the application sufficiently to give from a quarter of an hour to half an hour, or sometimes forty minutes, distributed on various parts of the palate, fauces and pharynx. As a matter of fact, the patient sometimes could not bear the contact for more than a few seconds, while at other times he could tolerate the pressure for one minute, two, and occasionally three or four minutes together. In estimating the time of application allowance had to be made for the continual stoppages, while the radium holder, and in many instances the gag also, were removed from the mouth. Anyone acquainted with throat work will realise that to stoop over a patient and hold an instrument in position under these circumstances demanded a good deal of patience, especially when the fœtor of a malignant throat is taken into consideration.

The parts involved were the left tonsil, which presented a sloughing surface, and the neighbouring pillars of the fauces, part of the posterior pharyngeal wall, the whole soft palate on the left side, which showed a deep sloughing pond-like depression, that would about receive the tip of an average-sized middle finger. The left palate was paralysed, so that the uvula was drawn over to the right by the action of the unaffected muscle of that side. The uvula was partly destroyed. The process had superficially attacked the right soft palate.

The appearance of the lesion was suggestive of other specific mischief, but that view was negatived —(*a*) by the history ; (*b*) by the opinion of various distinguished authorities on the throat ; (*c*) by two microscopical examinations, the report from which was detailed and emphatic.

The case is of importance inasmuch as it appears to be the first in which radium has been applied to a cancerous throat. It would be premature to give in this place an account of the results of this particular line of treatment. At the same time one may be perhaps allowed to say that the ordinary progress of that terrible condition, epithelioma of the upper throat and fauces, has been profoundly modified, if not, as one hopes, even arrested. Meanwhile, I have thought it my duty to lose no time in publishing the fact that it is possible to apply radium to the soft palate, the tonsils and the posterior pharynx. Henceforth, medical men who have cases of malignant disease of the upper throat and fauces will know that it is possible to apply radium to the seat of the disease. Further, in fairly early cases there appears to be a prospect of cure.

Since the above was written a patient has come under my care with an epithelioma of the tongue. He had been for several months abroad under-

(*a*) A fuller reference cannot be given here, as the report has been published only in the lay Press in this country, and awaits scientific confirmation.

going Dr. Otto Schmidt's method, based on his alleged cultivation of a parasite of cancer. By inoculations of increasing virulence of serum or of sterilised cultures it is hoped to obtain immunisation against cancer. In the case of my patient, in spite of several months of careful treatment by Dr. Schmidt, both the original growth and the glands of the neck showed a steady increase in size. He has now placed himself in my hands for energetic treatment by radium and high frequency current applied to the tongue, and by X-ray and high frequency to the enlarged glands.

A CASE OF AN APPENDIX ABSCESS IN THE RECTO-VESICAL POUCH. (a)

By EDMUND OWEN, F.R.C.S.,
Consulting Surgeon to St. Mary's Hospital.

A GENTLEMAN, æt. 45, was sent to me on August 17th last with a history of intermittent trouble with defæcation, and of a feeling of fulness and weight about the neck of the bladder. His doctor wrote that last May the patient had been treated for obscure abdominal pains which were centred in the hypogastric region. At that time no rectal examination had been made, but when the practitioner had recently introduced his finger into the bowel, he had found a tumour which felt like an enormously enlarged prostate gland. For several years the patient had had obscure abdominal pains, and he had become dyspeptic to such an extent that he was afraid to eat meat. Three months previously he had had severe pains in the hypogastric region, for which he was kept in bed. He told the doctor who was attending him that he thought he must have got appendicitis, so great was his distress. But the doctor, finding that there was neither swelling nor tenderness in the right iliac fossa, put it down to the after-effects of influenza, and applied fomentations over the hypogastric region. When the acute attack passed off, the patient was able to resume work, but he was very miserable and depressed, and was steadily losing weight.

The finger introduced into the bowel at once came upon a hard, tender swelling at the base of the bladder. It was about the size of a small hen's egg. It was not prostatic, but it was close to the prostate gland, and intimately attached to it.

On opening the abdomen in the middle line and working cautiously among coils of closely-adherent intestine, I found at the very bottom of the recto-vesical pouch a tightly-filled abscess, the walls of which were composed of the rectum behind, the prostate below, and the bladder in front, whilst a kinked piece of the colon formed its roof. To the right side of the abscess, and firmly glued to the base of the bladder, was the end of the appendix, inflamed and ulcerated.

Having removed the appendix, and having thoroughly wiped out the abscess-cavity with dry swabs of absorbent wool, I passed a very large drainage-tube down into the recto-vesical pouch and brought the other end out a little below the umbilicus.

Though the peritoneum showed itself proof against infection by the bacillus coli, the surface-wound became infected about a fortnight after the operation, and so severe was the attack of cellulitis caused thereby that some large branches of artery in the epigastric region burst out bleeding on two occasions, and the patient was near dying from secondary hæmorrhage. As it is, however, he completely recovered.

My explanation of the case is that, some indefinite time ago, he had probably had a mild attack of inflammation, which fixed the tip of a long and wandering appendix in the depths of the pelvis, and that a few months ago there was recrudescence of the inflammation with severe hypogastric pains, and with the formation of the abscess.

Had he been operated on just after his first attack (whenever that was) he would have avoided the grave risks which were inseparable from the more serious operation. The appendix was not in the pelvis originally; it was probably dragged there by the adhesions which formed about it at the time of its first inflammatory attack, and if it had been resected as soon as that attack had passed off there would have been no intra-pelvic abscess.

The more that I see of appendicular disease, of the danger of delay in operating, of the comparatively slight amount of risk which the early operation involves, and of the great sense of relief and freedom from anxiety which it affords, the more fully am I convinced that the patient had best take his courage in both hands and submit to a prompt resection after a first attack.

(a) Abstract of a Paper read at a meeting of the Harveian Society of London, February 11th, 1904.

GLAUCOMA AND THE GLAUCOMA THEORIES. (a)

By J. V. PATERSON, F.R.C.S.,Edin.

DEALING first with the normal intra-ocular tension and the escape of fluid from the eye, it was pointed out that the aqueous humour was secreted by the epithelium in the ciliary region, and was eliminated by the so-called "filtration angle" (between the iris and cornea) and to a less extent by the vessels of the iris. An outline of the experimental work done in investigating the question of the exact channels of outflow was given, and a number of slides of sections of human and animal eyes demonstrated, the latter to show the channels by which Chinese ink was eliminated after injection into the vitreous. As to the rate of flow through the eye, Leber's estimate that the fluid in the anterior chamber was renewed every forty minutes seemed rather too high than too low; there was no appearance of current in the anterior chamber, so that the outflow must be very gradual indeed. The intra-ocular pressure is intermediate between the arterio-capillary and venous pressures —probably about 25 mm. Hg. It is subject to very slight variation at different periods and is not, as Hess has shown, affected by accommodation. It can never, of course, exceed that of the arteries supplying the eyeball. In the living eye nothing was easier than to see how pressure with the finger first caused collapse of the veins, then venous pulsation, and finally arterial pulsation—the latter being a characteristic of glaucoma. To some extent the intra-ocular tension

(a) Abstract of Paper read before the Edinburgh Medico-Chirurgical Society, February 3rd, 1904.

ran parallel to the blood pressure—a fact which had been demonstrated experimentally on animals. Turning to glaucoma, which was defined as a state of increased intra-ocular tension, the speaker said he did not propose to discuss the clinical features of the condition. Part of our lack of knowledge of its pathology was due to the fact that attempts to produce it artificially in animals had met with little success. The condition might be either primary, or secondary to other diseases of the eye. A number of slides illustrating sections of eyes affected with secondary glaucoma were shown, and the mechanism by which the lesions had caused glaucoma was explained. In primary glaucoma, however, none of these simple mechanical explanations were adequate. A great obstacle to the elucidation of the pathology of the disease was the fact that eyes were not enucleated at an early stage, but only when secondary changes had set in. The morbid appearance of ordinary glaucomatous eyes at the stage at which enucleation was performed was now perfectly well known, but it was quite impossible to say which of these changes was the primary cause of the disease. For this reason, until by some fortunate chance a glaucomatous eye was got at its earliest stage, it was doubtful whether histology could throw any further light on the condition. Slides illustrating the changes in glaucoma were then shown, and the speaker proceeded shortly to discuss the various theories of glaucoma. Von Graefe and Donders thought it was due to hypersecretion, but this view is now generally abandoned. Knies had ascribed the condition to a blocking of the filtration angle by an adhesive inflammation of the tissues in that region, while Weber thought that a similar blockage took place in consequence of swelling of the ciliary body. While the lesion described by Knies was of the greatest importance, it could only be regarded as secondary, since it was absent in early cases of acute glaucoma. Priestley Smith supposed that, especially in hypermetropic eyes, the circumlental space became narrowed by the growth of the lens; that any swelling of the ciliary processes might completely obliterate it and prevent the flow of fluid forwards, and that in consequence the root of the iris would be pressed forwards and occlude the filtration angle. There was not, however, any direct evidence of the correctness of this hypothesis. The theories of Panas, Abadie, and others were passed in review, and shown to be untenable or inadequate. The speaker laid stress on the frequency with which chronic glaucoma was associated with general vascular changes, and thought that while undoubtedly some forms of eye (hypermetropic) were predisposed to glaucoma, while others (myopic) were not, a careful examination of the circulatory system by modern instruments for investigating blood pressure might throw light on the pathology of the disease. As he had already said, little more was to be gained from examinations of old glaucomatous eyes, nor from experiments on animals, but if, as he was informed, it should prove to be the case that domestic pets, kept under highly artifical conditions—*e.g.*, pampered lap-dogs—were occasionally the subjects of glaucoma, it might at some time be possible to get an eye in the early stage from this source.

A STRATFORD chemist has been fined £5 under the Food and Drugs Act for selling cream of tartar containing there-quarters of a grain of lead to the pound.

SOME RECENT OPERATIONS PERFORMED IN THE ROTUNDA HOSPITAL.

By E. H. TWEEDY, F.R.C.P.I.,
Master of the Rotunda Hospital, Dublin.

THE following cases which have recently been under my care in the gynæcological department of the Rotunda Hospital are of considerable interest:—

Case I.—Mrs. B—— was admitted suffering from acute pyosalpinx of the left tube. On the right was felt a hard mass of cicatricial tissue, the remains of a former pyosalpinx, for the cure of which an abdominal section had been performed two years ago. On that occasion the operation was much impeded by dense adhesions which prevented the disease being removed, and necessitated the mere drainage of the abscess through the vagina.

Her convalescence was prolonged and gave cause for much anxiety, and this history warned me against attempting a similar procedure.

I performed a posterior colpotomy instead, and burst into the tube by a finger inserted through the incision: washing out, curetting, and plugging the cavity completed the very simple operation, and the patient left the hospital with a normal temperature and cured of all subjective symptoms of disease within a fortnight.

I desire to strongly urge the propriety of this treatment in all cases of acute pyosalpinx; the cure of the disease follows it in a fair proportion of cases, and should the subsequent microscopic examination prove the disease to be tuberculous in origin or in the event of recurrence, Landau's very radical, rapid and safe operation can be subsequently undertaken.

Case II.—This is of interest to me as being the first in which I have performed the operation of symphysiotomy.

Mrs. M——, a delicate, nervous primipara, was admitted on January 22nd, in the early stages of labour; the fœtal head was freely ballotting above the brim, the conjugate vera measured four inches. In spite, however, of the slight degree of flattening of the pelvis I had no doubt that serious difficulty would be experienced in her delivery. I was led to this conclusion by adopting the device recently so cleverly described by Dr. Munroe Kerr, of Glasgow, and noting by its means the serious disproportion which existed between the fœtal head and the pelvis.

At the end of thirty-six hours the membranes ruptured during a vaginal examination, and the os was fully dilated. In six hours after this her pulse had risen to over 110, the lower uterine segment was greatly stretched, and in spite of a large caput having formed on the fœtal head, it had not moulded into the pelvis. Forceps was now applied, but failed in its object, though it was withdrawn and applied at different diameters of the skull.

The fœtal heart being still distinctly heard, there seemed no alternative open to me but to perform symphysiotomy. Accordingly, the patient was wheeled into the theatre still under an anæsthetic, and the symphysis was divided with comparatively little difficulty, and no complications. The child was easily extracted by forceps, but unfor-

tunately was born dead. The patient has made an excellent recovery, which would have been uneventful save for a slight attack of cystitis.

Case III.—M. T——, who had been operated on two years previously for an ovarian cyst, was admitted suffering from a tumour in the old scar. On this being excised and submitted to our pathologist, Dr. Neville, he reported that it consists of implantation tissue, the product of the tumour previously removed.

Case IV.—Mrs. R——, æt. 31, a collier's wife, was admitted with a history of deep laceration of the cervix; her last confinement had occurred three months before admission, and there was nothing to lead me to suspect from her appearance and from that of the lacerations that the case was one of malignancy. The suspicions of my assistants and myself were first aroused to the true nature of the case by the difficulty experienced in preventing the stitches which were applied from cutting through. A small piece of tissue was removed for microscopic examination, and Dr. Neville having pronounced it malignant, a vaginal hysterectomy was performed next day.

The disease having involved the vagina it became necessary to remove this structure very freely. This ringing of the vagina complicated the operation to no little extent, and the bladder was incised during the subsequent steps of the operation. Clamps were applied to the broad ligament, and the transverse incision of the bladder was brought together by catgut ligatures.

The patient's convalescence gave cause for great anxiety, as practically no urine was voided for the first forty-eight hours after operation. It was difficult to determine whether this was a case of suppression, or the result of occlusion of the ureters by the catgut sutures. At the end of fifty hours, quantities of blood-tinged urine came away, and this, taken in conjunction with the insatiable thirst experienced, the dull aching over the loin, and the absence of any pelvic pain inclines me to the belief that suppression and not mere retention was the cause of her trouble. The patient is still in hospital, suffering from a vesical fistula, which I intend to operate on when the ulcerated vagina resulting from the pressure of the clamps has been cured.

Case V.—J. W——, a nervous unmarried woman, æt. 43, was admitted suffering from severe hæmorrhage, the result of two myomata, the size of pigeons' eggs, situate one on the anterior, and the other on the posterior wall of the uterus. In this case I performed both anterior and posterior colpotomy, removing the tumours by a myomectomy, and leaving the uterus intact. Two gauze drains were inserted for twenty-four hours and the patient's recovery has been uneventful.

Case VI.—Mrs. ——, admitted suffering from pyosalpinx on the right side; the tube was greatly elongated, distended to the diameter of one's thumb, but was only slightly adherent to surrounding structures. It was easily removed by a posterior colpotomy and the subsequent history of the patient was uneventful.

Case VII.—Miss Y—— was admitted to the Rotunda Hospital suffering from painful tumours at either side of the uterus, of solid consistency and so closely connected with that organ that a diagnosis of multiple myomata was made by myself and my two assistants.

On opening the abdomen one of the tumours came into view, and was pierced by a corkscrew without the escape of any fluid resulting. On being pulled out through the wound it was seen to consist of solid ovarian tumour which Dr. Neville reports as being a very remarkable example of cancer.

On the other side the tumour proved to be a dermoid of the ovary. The patient is making a normal recovery, but I am much exercised in my mind as to the propriety of performing another operation for the removal of the uterus and broad ligaments.

PROGNOSIS IN HEART DISEASE. (*a*)

By JAMES BARR, M.D., F.R.C.P.,

President, Liverpool Medical Institution; Senior Physician, Liverpool Royal Infirmary; and Lecturer on Clinical Medicine, Liverpool University.

Mr. President and Gentlemen,—When I undertook to deliver an address on the above subject, chosen by members of this Society, I am afraid I did so with a light heart, but since I began to realise the difficulties of the subject, I have wished that I had demurred and selected another from the vast domain of heart disease dealing with hard facts as we find them, rather than prospective inferences. The subject of prognosis is one which was wisely and well cultivated by our forefathers, but in the present day so many disturbing influences have been introduced in the form of new methods of treatment that Nature does not now get a fair chance. Moreover, prognosis is not very profitable, many medical men considering that sufficient unto the day is the evil thereof, and consequently do not care to prophesy much more than twenty-four hours ahead. It is always wise never to prophesy until you know what is going to happen. Some say that it is always the unexpected which does happen, and so are careful not to give an evil prognosis until the end is near.

The public often insist on "knowing the worst," and occasionally they are quite satisfied when they hear it, but frequently they dispense with the services of the man who has given a fatal prognosis, and call in someone else who from sheer ignorance or cupidity may promise the impossible.

Personally, I think it is always right, whether it pay or not, to recognise the limits of our art and be fairly candid to the friends, if not to the patient. Many a good fee I have lost through candidly speaking the truth; I am afraid, therefore, I may be alluring you into dangerous paths where you may incautiously prove your own undoing. However, as general practitioners, in all cases of doubt or difficulty you can throw the responsibility on the consultant, though, in my opinion, the practitioner who sees the case from day to day, or month to month, or maybe year to year, is in a far better position to form an accurate prognosis than the consultant who may see the case a few times.

Fortunately, for one case where you have to give an unfavourable opinion you will meet with a score where the prognosis is good. There is no

(*a*) An Address delivered at the Southport Medical Society, January 27th, 1904.

other organ of the body more amenable to treatment than the heart, or more capable of adapting itself to altered circumstances, and there is no other organ the affections of which are better understood or more easily recognised. But in order to make a fairly accurate prognosis it is absolutely essential that you should have a clear conception of the condition of the organ. You must not only know the particular lesion affecting the heart, but also its extent, and the effect which it has on other organs of the body. As practical men I understand you wish me to give you methods of prognosis which can be applied to individual cases. Now, that is a very large order, and one which covers a very large scope; I must, therefore, assume that you are all well versed in cardiac diagnosis, and can form an opinion as to the extent of the lesion, *e.g.*, in a case of mitral stenosis you should not only diagnose the lesion, but also form an opinion as to the size of the orifice, the condition of the curtains, and the state of the muscle, the condition of the lungs, the right side of the heart, and the liver. Well, if you wish to read any articles on prognosis I can strongly commend to your attention the very able address delivered by Sir Dyce Duckworth at the meeting of the British Medical Association in Carlisle, and published in the *British Medical Journal*, 1896. Also a discussion at the Brighton meeting of the British Medical Association on a paper by the late Sir Andrew Clark, "On Cases of Valvular Disease of the Heart known to have existed for over five years without causing serious symptoms" (*British Medical Journal*, February 5th, 12th, and 19th, 1887). Among those who took part in the discussion may be mentioned Sir W. T. Gairdner, Dr. Clifford Allbutt, Dr. Bristowe, Dr. Leech, Dr. Frank Donaldson, and Dr. Thomas Oliver. You should be careful not to come under the stricture enunciated by Dr. Bristowe when he said:—"As to treatment, I am sometimes inclined to think it is a pity there are physicians; many persons would lead a happy enough life but for them. We should endeavour to keep up the health of the patients, and enable them to continue useful members of society. It is related of Dr. Murchison, seven or eight years before his death, that he found out that he had aortic regurgitation. He consulted as to what he should do, and he determined to go on enjoying himself as well as he could under the circumstances. It is certainly what I should endeavour to do, and it is what I recommend to patients." To a large extent I agree with the sentiments here expressed, but I consider the following sentences too pusillanimous to be worthy of an eminent physician: "Now I think it is quite time enough for persons to discover that they have heart disease when they begin to feel the effects of it. I do not believe that I have heart disease, I certainly hope I have not, but under no circumstances would I allow Sir Andrew Clark, or anyone else, to examine me for the purpose of finding it out."

I once examined a man for insurance who did not know that there was anything the matter with his heart, but he had a very atheromatous aorta, calcareous aortic cusps with moderately free aortic regurgitation, a hypertrophied left ventricle, and marked friction from white patches and early cardiac fibrosis. He only lived for about a couple of years after that, but I have no doubt if there had been early recognition, a good many of the degenerative changes might have been obviated by a careful life.

So far, gentlemen, I have been merely beating about the bush, but I hope you do not consider these preliminary remarks uninstructive. You may think that I am afraid to grasp the nettle for fear it may sting me, or to come to close quarters with my subject for fear you might discover my ignorance. Whatever may be the result of your verdict I must now try to give you my personal impressions on what appears to me a difficult subject. It was first suggested to me that I should give an address on the prognostic value of cardiac murmurs, to which I replied that they had no prognostic value except the general statement that as a rule the louder the murmur the less its importance. My friend and teacher, Sir W. T. Gairdner, in his "Clinical Medicine," 1861, said:—"The tendency of half instructed auscultators is to over-estimate the importance of the murmur, as a fact, and to under-estimate it as a means of investigation; to pay too much attention to the mere existence of the sound, and too little to the circumstances in which it occurs, and from this springs another tendency which is, to take too grave and sombre a view of cardiac murmurs generally, and especially of such as are loud and obtrusive." This is as true to-day as when it was written more than forty years ago.

In prognosis you have to carefully weigh the whole of the factors of the case, and not confine your attention entirely to the particular lesion from which the patient may be suffering. You must take into account the age, sex, temperament, habits, occupation, and hereditary proclivities of the individual. In the very young much depends on the care which they receive, while in the degenerative types of advancing years hard work lessens the chances of life, but it must be clearly understood that even hard work is not more pernicious than a life of luxury and indolence.

Pericarditis.—In ordinary sero-fibrinous pericarditis the prognosis of life is almost invariably good. Where there is much effusion the gravity is considerably increased. If the pulse become small, weak and irregular, the fluid should be immediately withdrawn. When the urgency of the case demands aspiration, do not delay as there is always a great risk of fatal syncope. In some of the mildest or less obtrusive cases, often a plastic gelatinous lymph is poured out, which glues the two surfaces of the pericardium together, and so the ultimate prognosis in such cases is worse than that of severe cases, where a coarse, honey-combed effusion of lymph takes place. In this latter variety adhesions are less likely to occur, and both the serum and lymph may eventually be absorbed. These forms of pericarditis generally occur in children, and the right side of the heart is much more involved than the left. The serum effused gravitates towards the back and lower part of the sac, and this prevents adhesions, while the heart is floated up, and thus the pericardial surfaces in front of the heart are brought into close contact; the adhesions cripple the right heart, and its development does not take place *pari passu* with the growth of the child. This becomes more marked if there have also been endocarditis involving one or both valves of the left side of the heart which demands hypertrophy

of the right ventricle; consequently these children rarely grow up to adult life, and the younger the child the worse the ultimate prognosis.

Pericarditis occurring with renal disease is generally a terminal affection, and almost necessarily fatal. Tuberculous pericarditis is also usually fatal, but I have a boy at present under my care who has had pericarditis, which I believe was tuberculous. After two tappings there has been no reaccumulation, and I do not think any of you could tell by examination that he ever had anything the matter with his pericardium. He also had double pleuritis with effusion, and now there is evidence of tuberculous mischief in the lungs. Hæmorrhagic pericarditis is associated with tubercle or malignant disease, and the result is usually fatal. Purulent pericarditis is generally septic, and associated with serious disease in other organs; the outlook is immediately grave, but some cases have recovered after incision and drainage. This treatment should be adopted at the earliest possible moment.

Pericardial Adhesions.—I take a much more serious view of all such cases than is generally adopted. Partial adhesions are no doubt compatible with fair length of life, but when the adhesions are so marked as to be easily diagnosed they have a great crippling effect on the heart, the weak right ventricle is much more involved than the left, and the trabeculæ of fibrous tissue penetrate between the muscular fibres and give rise to cardiac fibrosis. In mediastino-pericarditis the outlook is still more grave, as in such cases there is an enormous amount of fibrous tissue, not only fixing the two surfaces of the pericardium, but also anchoring the heart and involving both pleuræ. There is usually also perihepatitis, giving rise to the "sugar-coated liver." The so-called pulsus paradoxus which occurs in these cases I look upon as a favourable sign, as it is evidence that the respiratory pump is assisting the heart in carrying on the circulation. There is also often in these cases both mitral and tricuspid stenosis, and not infrequently pleural effusion and ascites. It is only with great care that the children thus affected—and the great majority are children—reach twenty years of age. Their growth and development are stunted.

Acute Endocarditis.—In simple acute endocarditis associated with rheumatism and chorea, the immediate prognosis is almost invariably favourable, even more so than in pericarditis, but in the majority of cases it leaves more or less crippling of one or more valves, leading to chronic valvular disease, with which we shall deal later on. The whole of the fibrous structure is vulnerable to the rheumatic poison, but the valves of the left side of the heart suffer most owing to purely mechanical causes, and the mitral valve, which is subjected to the greatest strain, suffers most. The beading and vegetations occur on the auricular surface of the valve just where the cusps are brought into violent apposition; and in the aortic valve the damage occurs on the ventricular surface, not at the edges of the cusps, but at the genu or bend where they are brought into forcible impact during the recoil of the aorta. In order to prevent the damage or limit its severity, it is absolutely of the greatest importance that the blood pressure should be kept at the lowest possible level compatible with life. As a prophylactic against valvular mischief, in my opinion the blood pressure should be kept low in every case of acute rheumatism. I believe that endocarditis can be diagnosed two or three days before the appearance of any murmur by the character of the first sound and the delay in the transmission of the pulse. Therefore, everyone who takes the trouble to carefully watch his cases of rheumatic fever has ample opportunity of limiting or lessening the valvular mischief and so improving the ultimate prognosis.

The right side of the heart usually escapes, although it is under the influence of the same poison, because its valves are not subjected to much strain, but in congenital heart disease the reverse happens, as during intra-uterine life the right side has the greatest amount of work to perform.

Infective or Ulcerative Endocarditis.—I have seen a few cases of infective endocarditis recover even when streptococci were found in the blood, but the great majority succumb, notwithstanding antistreptococcic serum. The duration is generally about six or eight weeks, but some chronic cases may last a twelvemonth. I have seen one case of infective endocarditis of the right ventricle which caused an aneurysm on each main division of the pulmonary artery; one of these ruptured, causing death.

Acute Myocarditis.—In pericarditis and endocarditis there is generally more or less involvement of the muscular structure, but acute myocarditis, involving a grave prognosis, is usually associated with such general diseases as diphtheria, typhoid fever, and pyæmia. In the former disease when the action is rapid, the sounds short and resembling each other in their *tic-tac* character, and the diastolic period lessened the prognosis is very grave. When the ventricles are dilated, the action slow, the first sound very short and the second rapidly succeeding it—thus indicating an only partial ventricular contraction—the prognosis is extremely grave. The early use of antidiphtheritic serum neutralises the poison, and lessens these effects on the heart.

In typhoid fever cardiac failure, owing to acute degenerative changes in the myocardium, is one of the commonest causes of death. In acute arsenical poisoning the myocardium often suffers, and may cause death. The same may be said for phosphorus poisoning and pernicious anæmia.

(To be concluded in our next.)

The Out-Patient Departments.

WEST LONDON HOSPITAL.

Dermatological cases under the care of
Dr. P. S. Abraham.

[Reported by Dr. G. N. Meachen.]

Case 1.—Erythema Iris.—The patient, a woman, æt. 38, came with an eruption on the hands, fore-arms, and knees, accompanied by considerable irritation. She had been subject to the complaint, on and off, for about five years. Her father died of phthisis, and three brothers and sisters had also died young from "bronchitis." She had never had any other illness. The attacks were generally preceded by headache and a slight feeling of malaise, and the bowels were habitually constipated. She never suffered from chilblains.

On inspection, the dorsum of the hands, both surfaces of the arms, and the front of the knees were seen to present numerous annular, concentric, raised, erythematous patches about the size of a sixpence, some of them being larger. A few were typically "target-like." The places on the knees, having under-

gone involution, were less characteristic. The patient was of a decidedly neurotic disposition.

This case illustrates several of the more important points met with in the erythemata as a class, namely, the nervous disposition of the patient, the hypersensibility of the cutaneous capillaries accompanied by impaired vaso-motor control, and the habitual constipation. The latter condition, by facilitating the absorption of toxins from the intestinal canal, has been shown to favour the appearance of many skin eruptions, notably those of an erythematous or eczematous nature.

The patient was given an aperient iron mixture and an anti-pruritic lotion of creolin for local application.

Case 2.—UNILATERAL LICHEN PLANUS HYPERTROPHICUS.—A man, æt. 24, presented himself with an eruption limited to the lower part of the outer aspect of the left leg. The history was that he broke his ankle about a year ago, and he believed that the spots began to appear around the seat of the injury a few weeks afterwards. Irritation had been considerable, though not intense. His general health was unimpaired.

The lesions consisted of several discrete, dark red, slightly scaly patches about the size of a shilling, raised above the surface of the surrounding skin, which was quite healthy, and showed a distinct heaping-up of the epithelium. They were grouped almost in a line parallel to the long axis of the limb, and were situated upon the lower third of the outer side of the leg and the ankle. The opposite limb was unaffected, neither were any other parts of the body covered by papules, the wrists, shoulders, and knees being perfectly clear.

The chief interest of this case lies in the peculiar unilateral distribution of the lesions, which were undoubtedly those of hypertrophic lichen planus. Superficially they might, perhaps, have been mistaken for syphilis, especially as their colour was of a somewhat "coppery" hue, but this criterion of the nature of cutaneous eruptions is one which is apt to be very deceptive, and he would be a bold physician who relied upon colour as an infallible diagnostic sign. Taken in conjunction with other signs, it may then be of some use.

With regard to the asymmetry of the eruption, it must be admitted that this is an unusual feature in lichen planus, but, recognising that the disease is most probably an inflammatory disorder of the skin of a neuropathic origin, it is not difficult to see that in this case the previous injury to the limb may have been sufficient to act as a determining factor in the distribution of the lesions in a predisposed individual. Generalised outbreaks of the disease have been known to follow nervous injuries, and, more rarely, a limited eruption has appeared in the course of the distribution of a cutaneous nerve. It is to the latter group that the present case would appear to belong.

The patient was given a lotion and an ointment containing creolin for local application.

Case 3.—DERMATITIS HERPETIFORMIS.—A married woman, æt. 38, came with an irritating eruption which she stated had been troubling her for about three months. She described the rash as beginning "with little blisters," which would break, leaving a sore, abraded surface. Around the umbilicus the eruption was likened to "mistletoe-berries." Her general health had suffered considerably during the past few weeks, the appetite and sleep both being impaired.

The lesions were seen to consist of small discrete vesicles, some of which had been severely scratched, and, consequently, presented some blood crusts upon their apices. The face, arms, and to a slighter extent the chest, were affected. A group of vesicles upon the inner side of the left wrist had run together and had progressed to superficial ulceration. The feet were not affected. The chief subjective symptom was that of itching.

The diagnosis of dermatitis herpetiformis of Duhring was based upon the character and grouping of the lesions, which were fairly symmetrically distributed, upon the typical history of their mode of appearance, together with the intense pruritus which they occasioned. The disease, which is distinctly a rare one, is generally characterised by considerable impairment of the patient's general health, and this is well illustrated in the present case, loss of appetite, weakness, and some irritability of disposition being marked. Treatment is not always satisfactory, the affection frequently showing an obstinacy to both internal and external medication, and sometimes becoming chronic. Relapses are also common, especially if the patient gets run down in health.

A mixture containing iron and strychnine was prescribed, together with a simple anti-pruritic lotion and ointment.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXXIII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE MALDON SANATORIUM.

IT is doubtless well that there should be all sorts and conditions of sanatoria for phthisical subjects, provided, however, that each makes the care of the patient the first object, and maintains a course of treatment which is thoroughly rational and based on a clear recognition of hygienic principles. Much in the institutional treatment of consumption must still be considered to be in the experimental stage. It is well, therefore, that as far as definitely ascertained scientific procedure will permit, there should be variations in detail and differences in non-essential routine. It is necessary to remember that for many patients, social, financial, and what we may term local considerations must be allowed to control to a great extent the selection of a sanatorium. It is not our intention at the present time to discuss the various factors which go to make a satisfactory sanatorium, but it is necessary to insist that medical control is essential. The dominant mind in every establishment should be that of the responsible medical attendant.

In our present series of articles we have had to deal with free public institutions, sanatoria built and maintained by co-operative effort, establishments semi-public and semi-proprietary, and not a few conducted purely as private ventures. Advantages and dis advantages are inseparable from any method of control, and the advising medical practitioner must exercise much judicious care in his selection of an establishment for his cases.

Many of the small and private establishments which adopt the title of sanatorium are really hygienic homes, rather than specially-constructed buildings. They, however, in many cases meet a real need, and provide useful education in the application of natural methods, and oftentimes the results appear to be as satisfactory as those attained in the more ambitious and very expensive new sanatoria.

The Maldon Sanatorium is an example of the small proprietary hygienic home. Maldon is a small country town and agricultural centre in Essex, on the river Blackwater, some ten miles from the sea, and one and a half hours' journey from London. Although much of the country in the immediate neighbourhood is low-lying, Maldon is picturesquely placed on the hill and its slopes, and the sanatorium lies at one extremity of the town, fairly well elevated, distant from the high road, pleasantly secluded, and with an attractive outlook.

The sanatorium is really an adapted old country house. It was once evidently a moated grange, and even still a moat filled with water surrounds a considerable part of the house. A portion of the building would appear to be some three of four hundred years old, while other parts have manifestly been added in the last century. The whole place has an old-world aspect. A verandah runs along the south side of the house.

The grounds are some five acres in extent, well-

wooded and sheltered, and include pleasant gardens, orchard, outhouse premises. Adjacent is a farm, while the neighbouring country offers ample opportunities for walks, and pleasant drives can be taken in the district.

The rooms are old-fashioned, but clean and airy, simply furnished, and six contain two beds. There is another room available for a single case. Some thirteen or fourteen patients can be accommodated. The dining-room is of fair size, and is also used as a recreation apartment when the patients cannot venture out of doors.

There is a somewhat elementary shelter in the grounds, and additional liegehallen might be secured with advantage. The meals are arranged to meet the needs of the class of patient received. Three meals a day are given, and at each a pint of milk is supposed to be taken.

There is no resident doctor, but Dr. W. E. Facey, a practitioner in Maldon, attends daily and at such other times as he may be desired. Miss Wilson superintends the nursing and general management of the patients, and is assisted by a probationer.

The establishment is evidently conducted with a view to strict economy, but as far as structural and other conditions will allow, satisfactory results should be attained.

The fees are £2 2s. to two and a half guineas weekly, "exclusive of wines, drugs, personal laundry and a special nurse, should one be required."

The sanatorium is near to Maldon East Station, and patients should avoid being taken to Maldon West, which is over a mile distant and at the other side of the town.

There is a fairly convenient service of trains from Liverpool Street Station on the Great Eastern Railway, but a change has to be made at Shenfield Junction.

THE GALWAY X-RAY CASE.

A case of much interest and importance to medical men occupied the Law Courts in Dublin for a considerable portion of the last two weeks. The action—M'Cullagh *v.* the President and Professors of Queen's College, Galway; William Haire, of New Line, Galway; and Nicholas W. Colohan, M.D., the Villa, Galway—was one in which Thomas M'Cullagh, an infant, suing through his father, sought to recover damages for personal injuries caused by the alleged negligence of defendants in the use of certain electrical apparatus. Plaintiff's claim was in respect of injuries alleged to have been caused by the Röntgen rays in the treatment of an injury sustained to the knee. Defendants denied the acceptance of any employment as to the treatment of plaintiff, or that there was any negligence or unskilfulness in the treatment of his injuries.

In counsel's opening statement it was alleged that the boy, who had got a needle in his knee, was taken to the late Dr. Quirke, of Galway, for treatment in December, 1902. This gentleman sent him to be X-rayed by a man named Haire, mechanical assistant to the Professor of Natural Philosophy in the Queen's College. Haire took a photograph which did not reveal the presence of the needle. Dr. Quirke then fell ill, and the boy was taken to Dr. Colohan, who again sent him to be photographed. Several photographs were done, and during the time they were taken a burn resulted.

The mother of the boy gave evidence to the effect that the boy was "under photograph" for half an hour at a time, and that "the piece of metal inside the globe became red as burning coal." The child was treated for the burn in the Galway Hospital, and then brought to Dublin in April, 1903. He was first taken to Mr. McArdle, F.R.C.S., who did not examine the knee, but sent him to Mr. Milford Lewis, a non-medical man, who makes a practice of X-ray work. Mr. Lewis, however, on seeing the burn, refused to take the photograph. The mother next took the boy to Mr. Lentaigne, who took the boy into the Mater Misericordiæ Hospital. The sore had now skinned over, but the boy was lame. She admitted that Dr. Colohan was most attentive to the boy.

The boy's sister gave evidence to the effect that Dr. Colohan had himself screened the knee, that he had put the tube "against the sore," and that in taking the photographs the tube was two or three inches from the knee.

Mr. Milford Lewis, professional X-rayist, said that he considered that anything less than six inches between the tube and the flesh was dangerous. The time of exposure with modern tubes would be a half to one and a half minutes. For an old-fashioned instrument and an old tube, allowance had to be given.

Dr. W. Haughton, Surgeon to Steevens Hospital and University Demonstrator of X-rays to Trinity College, said that the ordinary working distance was from twelve to fourteen inches. He usually worked at eighteen inches for a knee. His experience was that if he did not get a photograph in five miuntes he would not get one at twenty-five, and he habitually began with an exposure of one minute. Any tube requiring twenty-minutes' exposure was an improper tube to use. All low tubes were liable to cause inflammation of the skin. He considered that X-rays in careful hands were not dangerous.

Dr. R. L. Lane-Joint gave corroboratory evidence, and demonstrated the manner in which an X-ray examination was carried out.

For the defence, counsel urged that some fifty radiographs had been taken by Haire without accident, and that therefore Dr. Colohan was justified in sending the boy to him for examination. A medical man was not an insurer nor bound to effect a cure, and Dr. Colohan had acted throughout, as was admitted, with the interests of the boy at heart.

Mr. Haire then gave evidence. He admitted that, owing to former photographs having been without result, he had exposed the plate for thirty minutes, but stated that it had never been within two inches of the skin. Dr. Colohan did not interfere with the tube in any way or take a photograph on his own account. The platinum in the tube never became red-hot.

Dr. H. Lewis Jones, Medical Officer in charge of the Electrical Department, St. Bartholomew's Hospital, stated that he had examined and tested the tubes used in this case, and found little sign of use, and no sign of wear and tear. The platinum target showed no symptoms of injury. With the coil used in this case the minimum distance from the skin to the globe would be eight inches, and ten minutes would be a reasonable exposure. If pain was felt during an exposure, he would consider something wrong either with the patient or the instrument.

Mr. Hall Edwards, Surgeon in charge of the X-ray Light Department in Birmingham, had seen worse burns than the present one. A reasonable working distance would be about eight inches. On being shown a plate taken of the boy's knee, he considered that it was a good one and could not have been taken at a distance of two inches.

Sir Charles Ball and Sir Thornley Stoker also gave evidence.

Dr. O'Donnell, physician to the Mater Hospital, said that his average working distance was about six inches. He had often in the past exposed for twenty-five minutes, and sometimes for thirty-five, but now this time was greatly shortened.

Dr. Colohan gave evidence of his treatment of the child. He did not personally know anything of the use of the rays, but had sent patients previously to Haire, and had received excellent photographs. He had never himself rayed the child. The globe was to the best of his belief six or eight inches from the knee, and the exposure from twenty to twenty-five minutes. The globe never touched the boy's knee. One photograph was taken which showed the needle, but on making another effort to get supporting evidence it could not be seen.

Mr. McArdle gave evidence. He considered that the machine produced in Court for demonstration

purposes was not of a modern type. He had exposed his own hand for thirty-five to forty minutes at a distance of four to six inches without any injury. He had ordered the boy to be X-rayed without seeing the sore, as the X-rays would do no harm.

Further evidence was given, and, after the speeches of counsel, the Judge, in his charge, put certain questions to the jury. These, with their answers, are as follows :—

1. Were the Queen's College, Galway, and Haire, or one, and which of them, employed for reward to photograph by X-rays in December, 1902, and in April, 1903 ? —Haire was so employed, College was not.

2. Was the sore caused by the rays ?—Yes.

3. Were the rays negligently applied as regards : (*a*) Distance ?—No. (*b*) Duration of each exposure ? —No. (*c*) Consecutive multiplication of exposures ?— No. (*d*) The type of machine ?—No.

4. Was the sore caused by the operation—(*a*) Of December 15th ?—Cannot say which. (*b*) Of December 23th and 27th ?—Cannot say which. (*c*) Aggravated by those in April ?—No.

5. (*a*) Did the operations of Dr. Colohan, for which Haire is not responsible, contribute to the sore ?—Yes. (*b*) Did the operations of Haire, for which Dr. Colohan is not responsible, so contribute ?—Yes.

6. (*a*) Was Haire negligent in applying the rays ?— No. (*b*) Was Dr. Colohan negligent in applying or superintending ?—No.

7. Before the rays were applied in April, was (*a*) Dr. Colohan negligent in not diagnosing the sore as caused by X-rays ?—No. (*b*) Was Haire so negligent ?—No.

8. (*a*) Was Dr. Colohan negligent in applying the rays in April after the sore appeared ?—No. (*b*) Was Haire so negligent ?—No.

9. To what damage, if any, is the plaintiff entitled ? —None.

10. (*a*) Is any and what amount of such damages attributable to acts of Dr. Colohan only ?—Not answered. (*b*) Is any and what amount thereof attributable to acts of Haire only ?—Not answered.

On these findings a verdict was entered for the defendants.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, FEBRUARY 12TH, 1904.

DR. FREDERICK TAYLOR, President, in the Chair.

DR. SIDNEY PHILLIPS reported a case of

FIBROID DISEASE AND CALCULI OF THE PANCREAS.—JAUNDICE AND SUBSEQUENT DIABETES.—DEATH FROM COMA.—NECROPSY.

The patient was a married woman, æt. 26, who, at Christmas, 1901, began to suffer with epigastric pain. In February, 1902, jaundice appeared with absence of bile from the stools. There was no history of biliary colic. An exploratory operation was performed at St. Mary's Hospital by Mr. Edmund Owen on April 3rd, when a great enlargement, judged to be non-cancerous, of the pancreas was found. On June 14th, 8 per cent. of sugar was present in the urine, and six months later the jaundice entirely disappeared, but the diabetic symptoms progressed. On January 25th, 1903, she was attended at her home by a medical man for diabetic coma, from which she died on the following day. A partial autopsy was obtained. The pancreas was much enlarged and presented a considerable degree of fibroid change throughout, with numerous small calculi of varying size, so that sections of the organ cut gritty. Microscopically, there was almost complete replacement of pancreatic tissue by fibrosis, and destruction of the islands of Längerhaus. The occurrence of the jaundice was explained by obstruction of the common opening into the duodenum of the pancreatic and bile-ducts. The glycosuria was of the type usual in "pancreatic diabetes."

DR. NORMAN DALTON inquired whether the pancreas was smaller at the autopsy than at the time of operation, and pointed out that its diminution in size was probably analogous to that of a cirrhotic liver.

MR. LEONARD A. BIDWELL remarked that the gall-bladder was generally distended in cases of chronic pancreatitis. He had operated upon four cases of this affection, and in none of them was glycosuria observed after the operation. The cause of the jaundice in the present case might have been due to a calculus which had been originally impacted in the ampulla of Vater.

THE PRESIDENT asked what were the conditions of the motions.

DR. WILLIAM PASTEUR referred to the case of a man recently under his own care with increasing jaundice, which suggested cirrhosis of the liver. At the autopsy a scar was found exactly opposite the orifice of the pancreatic duct in the duodenum. All the ducts in the pancreas itself were dilated, but there was no fibrosis.

DR. SIDNEY PHILLIPS replied that there was always some difficulty in estimating the size of the pancreas. He did not consider that there was any evidence of gall-stones in his case, and he believed that pancreatic calculi were quite capable of producing jaundice.

DR. NORMAN DALTON narrated

TWO CASES OF MALIGNANT ANÆMIA,

due, apparently, to defective formation of the red corpuscles, and associated with caries of the teeth and suppuration of the upper jaw. The first case was that of a man, æt. 21, suffering from debility, pallor, anæmic bruits, epistaxis and other hæmorrhages, and vomiting. The disease lasted only eight months, and there was no post-mortem. There was no enlargement of the spleen or lymphatic glands. The interest centred in the urine, in the suppurative lesions, and in the blood. The urine was never high-coloured. The teeth were carious, and there was an alveolar abscess which, after incision, left a sinus in the hard palate. Otorrhœa was also present. The blood showed progressive oligocythæmia, the red discs falling from 1,200,000 per c.mm. on admission to 393,720 three months later. The hæmoglobin was also diminished, and there was marked leucopenia, the lymphocytes being in excess of the polynuclear cells.

The second case was that of a girl, æt. 17, who had lived in extreme poverty. She had been ailing for some time, but the illness only became acute three weeks before she was admitted to King's College Hospital, where she died five days later. The urine was pale, the teeth were carious, and there was an abscess in the upper jaw from which pus was constantly oozing. The blood only contained 816,000 red cells per c.mm., 17 per cent. of hæmoglobin. The leucocytes numbered 3,500. At the autopsy, there were subserous and submucous hæmorrhages. There was no free iron in the liver, and the red marrow was fatty. In neither case could surgical treatment be undertaken on account of the tendency to hæmorrhage. Dr. Pasteur had described an exactly similar case, but there was no suppurative lesion.

DR. WILLIAM HUNTER agreed that the cases corresponded in a remarkable way to those which he had described as "septic anæmia," which had been previously included under the title of pernicious anæmia, but were distinguished therefrom by the intense degree of anæmia, the presence of megaloblasts, the frequently associated gastric or intestinal symptoms, the absence of the hæmolytic changes in the urine, the presence of a low type of pyrexia, the absence of the bone marrow changes generally seen in true Addisonian anæmia, and the grave prognosis attached thereto, unless the focus of suppuration could be removed.

DR. WILLIAM PASTEUR referred to the case which he had read before the Society last November, in which hæmolysis was excessive, but there was no suppurative

lesion. He therefore concluded that, for the present, his case must stand alone.

Dr. LEONARD S. DUDGEON inquired if streptococci were present in the blood previous to the injection of anti-streptococcic serum.

Dr. F. PARKES WEBER understood Dr. Dalton to say that something more was necessary for the production of anæmia than sepsis alone.

Dr. DALTON replied that he considered that persons with carious teeth were always in danger, because at any moment an unknown factor might supervene and convert a condition of simple ill-health into a malignant form of anæmia which was rapidly fatal. He thought that Dr. Hunter's phrase of "septic anæmia" a little unfortunate, as tending to cause some confusion with the true Addisonian anæmia, in which a special form of sepsis occurred on the tongue. The blood in his case was not examined for streptococci.

Mr. J. JACKSON CLARKE described a case of excision of the neck of the lower jaw for temporo-maxillary ankylosis. The patient was a woman, æt. 35, on whom, four years ago, he had performed this operation on both sides for ankylosis following an infection, probably gonorrhœal in origin. She could now separate the edges of the incisor teeth three-quarters of an inch, and could masticate with comfort.

Mr. T. HORROCKS OPENSHAW referred to cases of his own in which he had resected both condyles with good results.

Mr. OPENSHAW also exhibited three cases of fracture of the bones of the leg treated by immobilisation in Hoeffitcke's apparatus and a modified Hessing's splint-case appliance.

Mr. EDRED M. CORNER read notes of two cases of primary and secondary tuberculosis of the thyroid gland. In the first case, a girl, æt. 9, the condition was found during life, an abscess in the right lobe and a sinus leading to a diseased left lobe being present. The wounds refused to heal until thyroid extract was administered. The child died seven months later from general tuberculosis. The second case was discovered post-mortem, as a caseous mass in the right lobe of the thyroid, in a woman who had died of pulmonary thrombosis and phthisis. The condition was really more of a clinical curiosity, as localised tuberculous deposits in the gland were extremely rare.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD FEBRUARY 3RD, 1904.

Professor CHIENE, President, in the Chair.

MR. DOWDEN showed (1) a patient after severe laceration of the arm; and (2) after osteo-myelitis of the tibia and secondary infection of the knee-joint.

Mr. ALEXIS THOMSON showed a boy, æt. 11, who had suffered from infantile paralysis at the age of three, peronei and extensor digitorum being chiefly affected, and the resulting condition being one of talipes equino-varus. Double division of the tendo-Achillis, along with transplantation of the tendon of the tibialis posticus to that of the extensor digitorum, had led to decided improvement.

Mr. SCOT SKIRVING showed the skull of a patient exhibited before the Society five years ago, showing total necrosis of the frontal bones and partial necroses of the parietal bones from syphilis.

Dr. LOVELL GULLAND read a paper on

THE GLYCOGEN REACTION OF THE BLOOD.

This reaction was first described by Ehrlich in 1883 as occurring in pus, but later research, both in Germany and America, had greatly extended its range of usefulness, although so far it had been somewhat neglected in this country. The *technique* was very simple, an air-dried blood film being placed on a drop of the staining reagent (iodine, 1 grain; potassium iodide, 3 grains; distilled water, 100 c.c.) on a slide, and examined directly with an oil immersion lens. A white light—daylight, or that from an incandescent gas burner—should be used, as the reaction was much less easily seen by yellow light. In normal blood the red corpuscles stain orange yellow, the leucocytes a faint lemon yellow. The lymphocytes are almost invisible, except from their different refractor index; the eosinophiles can always be made out on account of the high refractive power of their granules, while the polymorphonuclears are darker on account of their closely-set granules. Under normal circmustances the neutrophile polymorphonuclears show no red or brown stain, but a certain amount of extra-cellular glycogen is present in the blood plates. This is very variable in different diseases; it is increased in diabetes only, and is of no practical importance in diagnosis. A positive reaction, *i.e.*, presence of glycogen in the polymorphonuclear leucocytes, is often of great diagnostic value. The reaction is occasionally found in the myelocytes and basophiles (in rare cases of leukæmia), but practically it may be disregarded except when occurring in the polymorphonuclears. In these all glycogen may give rise to three different degrees of change—(1) a brown colour, (2) fine brown granules, (3) coarse granules with peripheral brown masses like pseudopodia. These glycogen granules are paraplastic, and have no connection with the ordinary neutrophile granules, which are simply nodes in the cytoplasmic reticulum; if, therefore, the former assume any dimensions, they can no longer be contained in the meshes of the reticulum, and are extended towards the periphery (pseudopodia). These granules do not consist of pure glycogen, but of a combination of glycogen with proteid. They are not found in the cells of the bone marrow, but are more abundant in emigrated leucocytes, and can, therefore, be well studied in films of pus. In the blood the percentage of cells giving the glycogen reaction varies from 5 per cent. of the neutrophile leucocytes upwards, and if after looking over two or three hundreds of these cells no glycogen is found, the reaction may be said to be negative. The degree of the reaction varies roughly according to the severity of the cause, and it is found under four principal conditions—(1) in anæmia, (2) in severe disturbances of respiration, (3) in toxæmia, (4) in suppuration. In various forms of anæmia it may be well marked, but it is doubtful whether anæmia *per se* has anything to do with it. It is not of any diagnostic importance in this disease. Any obstruction to the respiration—cardiac or pulmonary disease, &c.—produces it; but as soon as the embarrassment of the circulation is at an end, the reaction disappears. In toxic conditions following sepsis, malignant disease, &c., it is also present. In none of these conditions, however, is the reaction of more than pathological interest; its great clinical importance is its constant association with suppuration. Experimentally it has been produced by the injection into animals of staphylococci and streptococci, the bacilli of typhoid, diphtheria, and anthrax, the bacillus pyocyaneus, &c., while the organisms of tetanus and fowl cholera give negative results. Clinically, it is met with in man most markedly in infections in which there is a marked exudation. Thus a positive reaction is got early in pneumonia, and disappears with the crisis. It is also found in cases of broncho-pneumonia, but not in bronchitis, and hence may serve to assist in the diagnosis between the two conditions. It is also found in empyema, but not in dry or serous pleurisy, and in abscess and gangrene of lung. It is a much more constant accompaniment of all advancing suppurative processes than is a leucocytosis, and generally is equal in amount to the severity of the constitutional disturbance. The size of the abscess does not affect it; whenever an abscess is drained the glycogen reaction goes, only to return if drainage be interfered with. It does not occur in tuberculosis. In gangrene of the bowel, peritonitis, and appendicitis it is a better test than leucocytosis, and even than a relatively high polymorphonuclear count. It occurs very soon after the onset of appendicitis or peritonitis—within three, twelve, or fifteen hours.

Dr. STUART MCDONALD read a paper on

A CASE OF GENERAL STREPTOTHRIX INFECTION.

At the outset he pointed out that the case was almost unique. Most of the records showed that in

previous cases the infection had been local, and there had been difficulty in cultivating the organism. In his case the streptothrix had been cultivated quite readily, and inoculations into animals had given positive results, so that it had been easy to identify it. He hoped to show that it bore certain suggestive resemblances to tubercle. Some writers referred to such cases as actinomyces infection, but it was better to reserve the name for the specific variety actinomycosis. After referring to the literature of the subject the speaker said that the streptothrix found in his case seemed to be identical with that found by Eppinger in the pus from a cerebral abscess in a patient, who also showed pseudo-tuberculous lesions of the apices of the lungs and caseating glands. His case seemed to be the only one which had so far occurred in this country in which the streptothrix Eppingerii had been found. The patient's history, shortly, was as follows: A woman, æt. 65, had been complaining of a cough for six months, and had been for five weeks confined to bed. There was no expectoration. On admission to hospital she was drowsy, temperature 99·8°, pulse 112, respiration 28. There was consolidation of the left lung, paralysis of the left arm, conjugate deviation of the eyes to the right, and increase of the knee-jerks. She became comatose, and died two days later. As bearing on a possible source of infection, it was noted that her house was opposite a stable yard, and that quantities of chaff, &c., were always blowing about. The post-mortem revealed recent pleurisy, and an appearance of the lungs like general tuberculosis, though the lesions seemed more pyæmic than tubercles usually are. At the surface of the lung some of them had actually broken down into small abscesses. There was an abscess in one kidney and pyelitis, and multiple abscesses in the brain. Cultures from the abscesses gave a pure growth of streptothrix, very like, but not absolutely identical with, S. Eppingerii. Inoculation of guinea-pigs and rabbits showed that the organism was virulent to these animals. In some instances it produced lesions like those of pyæmia, in others like those of tubercle. It may be that by using an attenuated culture, changes even more like those of tubercle would be produced. The streptothrix stained by Gram's method; it was acid-fast, like tubercle, and alcohol-fast. Under certain conditions the cultures tend to give rise to bacillary and coccal forms of the streptothrix, and the former of these, being acid-fast, in many instances closely resembled tubercle bacilli. As to the lesions in the organs, the chief point was the amount of fibrinous exudation, which in some places even showed signs of organisation. The paper was freely illustrated by lantern slides, microscopic preparations, illustrative cultures, &c.

Dr. J. V. PATERSON read a paper on

GLAUCOMA AND THE GLAUCOMA THEORIES,

which will be found on page 165.

Mr. GEORGE BERRY discussed the relations of the glaucoma theories to treatment. He thought operations based on such hypotheses had been less successful than those which had been discovered empirically. Clinical investigation of the arterial system had not in his hands led to any very definite conclusions on account of the imperfections of the instruments in use at present.

Dr. George Mackay also discussed the paper, and Dr. PATERSON replied.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD THURSDAY, FEBRUARY 4TH, 1904.

JAMES BARR, M.D., F.R.C.P., President, in the Chair.

HOT-AIR CAUTERY.

Dr. GROSSMANN gave a short account of the hot-air cautery introduced by Dr. Hollander, of Berlin, and showed a modification adapted for ophthalmic surgery. He had employed it with satisfactory results in angioma of the lid, in corneal ulcers and similar affections. He considered it particularly valuable in cases of conical cornea. The different degrees of heat could be easily regulated, and the results were superior to those of actual cautery.

CHRONIC POISONING FROM ANTIMONY.

Dr. LESLIE ROBERTS exhibited a patient, a compositor, suffering from chronic poisoning by antimony and lead. The symptoms were sweating, tenderness of palms and soles, and pains in the muscles of arms and back. The patient had given up work on account of the tenderness of the fingers. The palms were pinkish-red, and drenched with perspiration. Scattered over them were small flat smooth papules. Microscopic examination showed the rete to be hypertrophied, the sweat-ducts much dilated, and the capillaries congested. The condition of the palms was like that seen in some forms of arsenical poisoning. The linotype metal was found to be composed of tin, antimony, and lead. The urine was free from albumin, but contained lead. The man had not suffered from colic. The plumbism seemed to have been modified by the antimony.

INTRA-VESICAL SEPARATION OF THE URINE.

Mr. ROBERT BICKERSTETH read a note on the intra-vesical separation of the urine from the right and left ureters as an aid to the diagnosis. He showed the "separator" introduced by Dr. George Luys, of Paris. He had used this instrument for the last six months, and he showed specimens of separated right and left urines, which proved the method to be of the greatest utility. The bladder is washed out and emptied before passing the "separator." In from fifteen to twenty minutes sufficient urine can be collected from each ureter to estimate the relative efficiency of the kidneys. A general anæsthetic is not necessary, for after the introduction of the instrument the patient should be placed in the sitting posture.

Mr. PAUL endorsed all that had been said in favour of the instrument. In one case, from the clinical symptoms he had decided to operate upon the right kidney, but fortunately the "separator" demonstrated that this was the better kidney of the two.

Mr. GEORGE HAMILTON said that in certain cases of renal hæmaturia, owing to the blood clotting, the utility of the instrument might be limited.

Mr. MONSARRAT had been greatly impressed with the value of the instrument.

PUERPERAL SEPTICÆMIA.

Dr. NATHAN RAW read a paper on the pathology, bacteriology, and treatment of puerperal septicæmia, with special reference to the value of antistreptococcic serum, based on an observation of sixty-one cases. The disease in no way differed in origin and in symptoms from that of any other infective and septic process, and was not peculiar to the lying-in state. The micro-organisms found in his series were as follows:—

Cases.	*Micro-organisms.*
27	Streptococcus pyogenes.
6	Staphylococcus aureus.
13	Mixed infections.
11	Bacillus coli communis.
1	Diphtheria.
3	No growth of organisms.
Total 61	

It was of the highest importance that before the serum was employed it should be demonstrated beyond doubt that the infection was streptococcal. This could readily be done by staining a little of the secretion from the uterus or, in advanced cases, from the blood. It was, however, difficult to recover streptococci from the blood unless taken from a vein in large quantity, say 5 c.c., and then they were not always found. His experience went to show that the serum was of the greatest possible value in pure streptococcal infections, if employed early in the disease. It reduced the temperature and the pulse-rate, and the patient passed into a condition of quiet and sleep. The dose he employed was 20 c.c., twice or thrice daily, and continued for several days. He had never known any harm or bad symptom arise from its use, if obtained from a trustworthy manufacturer, and with a bacteriological guarantee of its purity before use. *Table I.*—Total number of cases under observation, 61; recovered, 32;

died, 29; death-rate, 48 per cent. *Table II.*—Number treated with serum, 37; recovered, 24; died, 13; death-rate, 36 per cent. *Table III.*—Number treated without serum, 24; recovered, 8; died, 16; death-rate, 60 per cent. Several patients in Table III. were admitted in an advanced stage of the disease, when obviously no treatment would be of avail.

Dr. Gemmell said he had not felt confidence in the serum treatment, mainly because he feared to use it unless he felt certain that the specific germ was in the blood, and any examination of the blood must be made frequently and a sufficient quantity taken from a vein. Even so, the result was usually negative, and the procedure alarming. The presence of streptococci in the lochial discharges was not sufficient indication for the use of the serum.

Dr. Briggs had frequently used the serum, but had grave doubts as to its real utility. If the benefits claimed for its use in puerperal septicæmia were undoubted, it should also be of great value in surgical septicæmia and in ulcerative endocarditis.

Dr. Llewellyn Morgan pointed out that as no harm had come to any patient through the use of the serum, and as in many cases undoubted good had followed its use, therefore every case of septicæmia should be given the chance of the possible benefit.

Dr. E. T. Davies drew attention to the fact that though in maternity hospitals puerperal septicæmia was seldom or never met with, yet the incidence of septic infection in private practice remains appallingly common, thus proving that private practitioners and midwives do not pay the same attention to surgical cleanliness as obtains in hospital practice.

Dr. Grimsdale said the practical point to emphasise was that puerperal fever is a preventible disease, yet it is at present more prevalent in private practice than it was thirty years ago. Most importance should be directed to prophylaxis, and, secondly, to early diagnosis. Early diagnosis and efficient local treatment were the chief elements in success.

Dr. O'Flaherty said in many cases the source of infection was to be found, not in the uterus, but in some diseased pelvic organ, which had been injured during labour.

Dr. Grunbaum observed that in spite of the relative feebleness of antistreptococcic serum, it should always be given when the clinical symptoms pointed to puerperal septicæmia, whether streptococci were found or not. The administration should be continued for some time after apparent cure, on account of the feeble immunisation attainable against streptococci by man. Recent improvements in the manufacture of the serum made its use much more hopeful.

THE OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

Meeting held Monday, February 1st, 1904.

The President, Dr. Thomas Barr (Glasgow), in the Chair.

Introductory Address.

The President, reviewing the work of the last session, remarked on the fact that a very large portion of the communications dealt with suppurative diseases of the ear and their complications, and suggested that the Society might well devote a part of its time to a study of such affections as sclerosis of the middle ear, diseases which might not directly endanger life, but which made life almost unbearable. It would be of great advantage to otologists to have authoritative guidance as to the comparative utility of the numerous methods of treatment in vogue.

Mr. C. H. Fagge exhibited a specimen of "atresia auris congenita." The tympanic membrane, ossicles and osseous meatus were absent on both sides, and no cavity resembling a mastoid antrum could be found.

Dr. Tilley raised the question of the possible absence of the antrum in adult ears, which were otherwise anatomically normal.

Dr. Milligan (Manchester) read a paper on the etiology and treatment of labyrinthine suppuration. The invasion of the labyrinth from the middle ear or antrum took place generally through the foramina ovale and rotundum and the external s.c. canal. Extensions from the labyrinth were most frequent to the cerebellar fossa by way of the internal auditory meatus, the cochlear and vestibular canals, but might reach the middle cerebral fossa through the prominence of the s.s.c. canal. Facial paresis, vertigo, loss of bone conduction, and deep-seated pain occurring in a case of middle ear suppuration would lead to a suspicion of labyrinthine suppuration. Mixed cases of labyrinthine and intracranial disease (especially suppurative meningitis, extradural abscess and cerebellar abscess) were not uncommon, and the differential diagnosis would depend largely on examination of the outer wall of the labyrinth. The presence of optic neuritis and focal symptoms would favour a diagnosis of intracranial abscess; mere "pressure" brain symptoms, on the other hand, might be caused by simple meningeal exudation excited by the labyrinthine disease. Dr. Milligan's paper was illustrated by cases, and by lantern slides of the temporal bone.

Discussion of the paper was adjourned, at the suggestion of Mr. Ballance, to the next meeting.

Mr. W. H. Kelson showed a patient with a cicatricial condition of the tympanum and meatus, following prolonged suppuration of the middle ear. On examination with a speculum the meatus presented the appearance of a hollow cone, the ear being free from suppuration and the other one normal. Members present advised leaving well alone.

Mr. Hunter Tod showed a specimen of sarcoma removed by operation from the external meatus of a woman, æt. 67. The specimen was referred to the Pathological Committee.

Mr. Hugh E. Jones exhibited a portable surgical hand-motor, designed to obviate the necessity for carrying about an electrical accumulator. The motor will be made for sale by Messrs. Mayer and Meltzer, who have fitted it with their patent flexible cable and aseptic hand-piece.

Mr. W. C. Bull showed a left temporal bone obtained from a man, æt. 21. Purulent otorrhœa twenty years, no intracranial symptoms, facial paralysis fourteen days, complete postaural operation; bone around tympanum and antrum found blackened, and an opening into the Fallopian canal discovered. Death occurred three days after operation from an undetected cerebellar abscess.

ULSTER MEDICAL SOCIETY.

The fourth general meeting of the Session was held in the Medical Institute, Belfast, on Thursday evening, February 4th, the President, Dr. John Campbell, F.R.C.S., in the Chair.

On the motion of Dr. Houston, seconded by Dr. O'Neill, a motion, recommended by the Council of the Society, was passed supporting the resolutions recently sent to his Majesty's Government by the Council of Queen's College, Belfast, urging the necessity for the better equipment of the college.

Dr. J. C. Martin (Portrush) showed a pathological specimen of atheromatous and aneurysmal condition of the abdominal aorta and both iliac arteries. The man from whom the specimen was taken died at eighty-seven years of age, not from any of the usual terminations of aneurysm, but from asthenia.

Dr. A. B. Mitchell, F.R.C.S.I., showed a case in which the whole of the right clavicle had been resected. There was very good movement and power in the right arm.

Dr. Mitchell also opened a discussion on the surgical treatment of malignant tumours of the breast. His paper was very fully illustrated by lantern slides showing the anatomy of the gland and the histology of some of the tumours operated on, and by photographs of some of his cases and pathological specimens. Dr. Mitchell said that he had tried the Röntgen rays and Colley's fluid, and had come to the conclusion that an operation was the best treatment. His rule was "Operate—operate early (do not wait till the

tumour is painful); operate completely." He advocated the removal of the pectoralis muscle, not so much because it might be infiltrated with the growth as that its removal enabled him to clear the axillary and other lymphatic glands more completely away. He sounded a note of warning as regards the age of the patient; it had been taught that carcinoma of the breast was not common below thirty years of age. He did not altogether agree with this teaching, and not only had he found such malignant tumours below that age, but he had found excessive malignancy in such as did occur.

Professor SINCLAIR, F.R.C.S., said he agreed with this statement as regards patients below thirty years of age. He also had lost confidence in Röntgen rays and Colley's fluid; the latter, some time ago, he had found not only do no good, but do absolute harm. He usually preferred a Mitchell Banks operation, and removed the sternal part of the pectoralis major to get at the glands in the subclavicular triangle. It was very necessary to remember the triangular shape of the organ, as in old days the angles of the mamma were left to propagate fresh growth.

Professor BYERS was very pessimistic with regard to the treatment of malignant tumours of the breast; he had only seen two cures in the course of twenty years' practice. He thought the knife was the best treatment, but a very poor best; we should have to learn more about cancer before we could learn to treat it successfully.

Dr. KEVIN, speaking as a general practitioner, said he generally found recurrences in eighteen months. Dr. Byers had proclaimed himself a Jeremiah, and he (Dr. Kevin) was Jeremiah II.

Dr. ROBERT CAMPBELL, F.R.C.S., agreed with Dr. Mitchell in always removing the pectoralis major, in order that he might clear away the lymphatic glands.

Sir WM. WHITLA said that when house-surgeon in the Royal Hospital, Belfast, he had traced a number of cases treated by old methods, and all had died in years.

Dr. MITCHELL briefly replied.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

MEETING HELD FEBRUARY 5TH, 1904.

The President, DR. ALFRED SMITH, in the Chair.

DR. ALFRED SMITH showed a uterus removed by panhysterectomy containing a large senile polypus.

Dr. E. H. TWEEDY showed two dermoids, and one cancerous ovary removed by abdominal section.

The adjourned discussion on Dr. Purefoy's report of the Rotunda Hospital for the year 1902-03 then took place. Drs. Tweedy, Jellett, Wilson, FitzGibbon, Fitzgerald and the President spoke, and Dr. PUREFOY replied.

The meeting then adjourned.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, February 15th, 1904.

AT the Society for innere Medizin Hr. Albu showed

PREPARATIONS FROM THE INTESTINAL TRACT.

The first was a traction diverticulum of the duodenum. The patient was a man who suffered from violent pain in the upper part of the abdomen and obstinate constipation. An ulcer of the duodenum and stenosis of the pylorus were diagnosed. An operation was performed, at which it was ascertained that the pylorus would admit a finger. Behind the pylorus was a hard mass—peritonitic bands. Gastro-enterostomy was performed, but the man died some days afterwards of pneumonia. The autopsy revealed an ulcer in front of the pylorus; by the peritonitic bands the duodenum was dragged forwards, and in this way a diverticulum had been formed.

The second was an invaginated tumour of the small intestine. The patient, a man, æt. 53, who had always been healthy previously, suffered acute pain in the abdomen for four or five days—with diarrhœa. Palpation revealed a movable tumour in the right side. There was dulness above the tumour, which disappeared, however, on inflation. The patient was transferred to the surgical klinik, where high fever set in, and an abscess developed in the right side, from which pus escaped after incision. The patient died shortly afterwards. A tumour of the small intestine was then found, a fibro-adenoma, which had undergone necrosis at the circumference, and which had then led to suppuration.

The third was a case of cancer of the pylorus, originating in an ulcer. The patient, a man, æt. 30, was supposed to be suffering from pernicious anæmia. On examining the blood, however, nothing appeared to justify this diagnosis, and Hr. Albu suspected cancer of the stomach to be the cause of the anæmia. Opposed to this, however, was the fact that no motor insufficiency could be detected in the stomach. After a fortnight paralysis of the left facial nerve and of the left upper extremity came on, which improved to some extent in the course of a few days. Shortly afterwards the patient died. The autopsy showed cancer of the pylorus that had developed on the base of an ulcer. The suspicion of cancer was therefore justified, although there had been no motor insufficiency. No clot was discoverable in the brain as the cause of the hemiplegia, but hydrocephalus internus and a diffuse fibrous arachnitis.

The fourth case was one of carcinomatous ulcer of the pylorus, not deep, but rather superficial. The patient, a woman, æt. 63, had never been ill, and had no pain in the stomach, nor hæmatemesis. The microscope showed that the carcinoma had developed out of an ulcer.

Hr. Litten remarked on the third case with hemiplegia, that he had observed a similar case in which hemiplegia was associated with carcinoma of the pylorus. The brain was afterwards examined most carefully, and slight cancerous metastases, that might easily have been overlooked, were found to have affected the ganglia.

EXPERIMENTS WITH FLUORESCING SUBSTANCES.

Professor Tappeiner and Dr. Jesioneh related some experiments they had made on the subject in a recent number of the *Münch. med. Wochensch.* It had been shown that fluorescing substances, eosin, fluorescin, acridine, and quinine, among others, even when diluted to a millionth part, had a destructive power over low organisms, such as the ciliated epithelium of the frog, and that they had the property of destroying the power of enzymes and toxins. The authors named were led, therefore, to try if these substances had any therapeutic properties. They painted diseased portions of skin with a 5 per cent. aqueous solution of eosin and then exposed the part for a long time to sunlight or the light from an arc lamp. Three cases of carcinoma of the skin so treated showed striking improvement after sixty, fifty, and thirty days respectively. A similar beneficial effect was produced in a case of tubercle of the testis in a boy, æt. 14, who had also scrofulous ulcers on the scrotum; here the eosin solution only was injected. In lupus the specific tissues disappeared under the influence of the eosin and light treatment. Condylomata on the female genitals also disappeared in ten days, and likewise a primary lesion of the tongue. Here the regionary secondary swellings also disappeared. A case of primary genital lesion with inguinal scleradenitis

also promptly disappeared, but sixteen weeks later there was a sparse roseola on the abdomen.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, February 14th, 1904.

The Theory of Hearing.

At the Gesellschaft der Aerzte, Exner and Pollak gave an exhaustive paper between them on the theory of hearing. The sum and substance of their arguments was a faithful adhesion to Helmholz's original idea, or the resonating theory, *i.e.*, when a tuning-fork is set in motion the outside sound comprehends one-half of the sound, but, if a resonator be conducted from between the prongs, a double or complete wave of the tuning-fork will be obtained.

The necessary irritation to produce hearing at all was modified by physiological and anatomical construction differing in some measure from the other senses, such as taste and smell, which were more chemical in action, and depending upon the moisture of the mucous membrane involved in the physiological transformation.

The sensation of feeling was purely mechanical, while sight depended on a photochemic action.

In the ear we have two senses so closely related that it becomes difficult to separate the one from the other, *viz.*, static and auric, which are probably both mechanical in origin, depending on the wave transmission of vibrating molecules of air, whose movements are delicately conveyed by intermediate organs to the fibre of Corti, which has a basal membrane, and, having different lengths, is suited to receive wave sounds varying from 33 per second to 4,000 in the same time. They seriously assure us that this theory has been assailed of late with an intermediate theory of intermission.

Besunning the Throat.

At the meeting of the Innere Medizin Association, Sorgo showed a case in which he had treated a tuberculous growth in the throat with reflected sun's rays with perfect success. The neoplasm was about the size of a large pea. The treatment was intermittent, owing to persistent vomiting, that seriously delayed any methodical application of the treatment.

Schrötter remarked that this idea of Sorgo's was not a new one, and had been in practice at the Third Imperial clinic for a long time past; but, owing to some delay in the preparation of particular apparatus, the treatment had been somewhat suspended, although the results so far obtained had been favourable in many cases; but it must be admitted that this therapy of the bacilli is not all that could be desired. In many cases the tubercle will disappear entirely, but in others it will persist in spite of the most heroic treatment, more especially in such cases where the neoplasm seems to shrink and almost disappear. Such cases cannot be assumed to be cured either locally or generally, although the growth has been very much reduced, while the source and general nucleus lies still active and undisturbed. It must be admitted that this is a temporary expedient in many cases, and not a cure.

Elevated Climates.

Sucke gave a theoretical explanation of elevated situation on disease, and attributed the successful treatment of tubercle, &c., to the high radio-activity of the sun's rays. After long and laborious observations he finds that the emanations are five or six times as great at 5,900 ft. above sea level as it is on the seashore. The potentiality is equal to the difference of tension between the positive air and negative earth. Thus the human tissues are acted on after Becquerel's theory in proportion to the surroundings.

Variation of Temperature in Insects.

Bachmetjew, Professor of Physics at Sofia, has recently added to our knowledge the astonishingly wide variation of temperature that prevails in the insect order of life. In the Tropics, where the air is very dry and the heat intense, the hydrocatitharis beetle, according to Girard, exists in wells of an enormous temperature. Cantoni has fed the caterpillar of the Bombyx mori at a temperature of 47° C., or 112·6° F., without the slightest injury to the insect. On the other hand, different insects and caterpillars are found in glaciers without having suffered in any way. Again, the eggs of the Bombyx rubri have been treated to temperatures varying from 39° C. to 59° C., or from 70° to 122° F., without being disturbed in their activity, which must be accepted as an interesting biological experiment to know that this insect can be cultivated at different temperatures than the geographical positions at present assigned to them. In discussing the accommodation of these insects, Bachmetjew attributes the power of resistance to the condition of the air and moisture of the insect. At ordinary temperature the insect remains undisturbed; but a rise to 37° C., or 98° F., will increase the moisture and body heat in proportion to an unbearable extent; but to overcome this the insect throws off a large quantity of its moisture, thus reducing the body temperature to something like 15° below the temperature that would be attained if it had not gone through that transformation. These changes are accomplished through the skin and body, and the usual pulmonary apparatus of the insect.

The vital maximum temperature, therefore, ranges between 45° and 54° C., or 113° and 129° F. The vital minimum is placed at 8° to 10° C., which is the lowest temperature the fluids of the insects are able to resist before the critical or freezing point, when death takes place.

Continental Health Resorts.

[FROM OUR SPECIAL CORRESPONDENT.]

CHATEL-GUYON.

The Thermal Station of Châtel-Guyon is situated in the department of Puy-de-Dôme (part of the old province of Auvergne), France. It is accessible from Paris by the Paris-Lyon-Mediterranée Railway, *viâ* St. Germain-des-Fosses and Clermont-Ferrand. The nearest railroad station is Riom, seven hours' rail from Paris and half an hour carriage drive from Châtel-Guyon. There are several excellent trains from Paris each day, and a good omnibus service from Riom.

At Châtel-Guyon are two bath establishments, both belonging to the same company and under one management. The two establishments include excellent hydropathic arrangements of high merit and of wide variety. The new one ranks among the best of modern European hydropathics. It is especially notable for its excellent and special appliances for vaginal injections, "washings-out" of the stomach, and for general intestinal lavages. The electro-therapeutic department has also peculiar adaptations for electric baths, as also its mecano-therapic annexe for the active gymnastic treatment of the abdominal muscles.

Châtel-Guyon lies on a slope of the Dôme mountains at 1,200 feet altitude; its mineral waters descend underground from high levels, finding their way to the surface (partially through natural fissures in the rocks

and partly by borings) at temperatures varying from 75° to 101° Fahrenheit.

There are here twenty-seven mineral spirngs, with a combined flow exceeding three million litres every twenty-four hours. This enormous quantity makes Châtel-Guyon one of the most important Spas of the world, as the mineral waters are not only great in quantity, but also of high excellence in quality.

The most celebrated spring, Source Gubler, shows, by analysis of Dr. Magnier :—

Gaz acide carbonique libre	1·1120
Chlorure de magnésium	1·5630
Chlorure de soude	1·6330
Bicarbonate de chaux	2·1796
Bicarbonate de fer	0·0685
Bicarbonate de lithine	0·0194
Bicarbonate de potasse	0·2583
Bicarbonate de soude	0·9550
Sulfate de chaux	0·4990
Silice	0·1108
Arsenic	Traces
Acide phosphorique	Traces
Acide borique..	Traces
Alumine	Traces
Total	8·3986

The Châtel-Guyon waters are used both internally and for bathing. The baths are given with running water, coming directly from the springs, and so having all advantages of natural temperatures and combinations. They stimulate the skin functions and promote circulation. The first sensation in the baths is one of coolness, but in a few minutes the body is covered with gas-bubbles, and heat is produced. On emerging from the bath the body is red, the blood rushes to the skin, and there follows a decongestion of the internal organs. This beneficial effect aids and increases the decongesting action which had been produced internally by drinking the waters.

Owing to the constant running of the water while in the bath its theraputic action is maintained during the whole period of immersion, and, because of the different temperatures of the springs, baths can be given varying from 75° to 95° F. without any artificial heat.

The good effects from drinking and bathing can be further extended at the physician's pleasure by adding local applications and internal irrigations.

The chief indications for a course of treatment at Châtel-Guyon are obesity, constipation, dyspepsia, enteritis, appendicitis, congestion of the liver and spleen, diseases of the kidneys, ovaries, uterus, &c.

Châtel-Guyon has during the summer season a very competent medical staff, including English-speaking physicians. It has also good hotels, pensions, villas, and furnished apartments. Prominent amongst the hotels are the Splendide and Nouvel (succursales of the well-known Hôtel Mirabeau, of Paris), which occupy a beautiful situation in the park of the thermal establishment, and have all modern comforts. The large park also includes the baths, buvettes, music kiosques, casino, covered promenade, and gymnasiums.

Around the isolated hill on which Châtel-Guyon stands are many interesting excursions near and far. The old town of Riom, and various ancient châteaux, are within thirty minutes' drive, and also comparatively near are the city of Clermont-Ferrand and the adjoining fashionable town of Royat. The whole Auvergne district is one of the most attractive in all France, attractive alike to archæologist, antiquarian, curiosity-seekers, and lovers of the picturesque. Those fond of delicacies would likewise be gratified by visits to the popular preserved-fruit factory of Vieillard, in Rue Pascal at Clermont-Ferrand, and to the unique chocolaterie of Rouzaud-Bouchet, at Royat.

Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

OPERATIONS FOR FISTULA IN ANO.—Mr. MAYO COLLIER operated on two cases of fistula *in ano*, one of which, he pointed out, was of exceptional interest. The patient was a man, æt. 55, who had suffered some years before from some affection of the rectum, the nature of which apparently could not be clearly made out. He had suffered from pain and difficulty in defæcation for some weeks. This was followed by an abscess outside the rectum, which burst in the ischio-rectal fossa ; subsequently to this, his condition mended for a time, but this was again followed by a recrudescence of pain and discomfort, succeeded by a second abscess, which burst in the opposite ischio-rectal fossa. No history of syphilis could be elicited, nor could history of bladder or prostatic affection be made out. The family history was good, and, apparently, there had been no tubercle in any members of his family. The lungs and heart were seemingly sound, and there was no albumin in the water. On examination, the whole perinæum was found to be riddled with sinuses and marked with scars and unhealthy-looking tissue as far as the tuberosities of the ischia. The prostate could be felt apparently normal, and there was nothing abnormal within the rectum excepting evidence of a hard fibrous stricture at the upper margin of the internal sphincter. It was curious, Mr. Collier thought, to note, in association with this stricture, that at no time had there been difficulty of defæcation, nor had the word stricture, so far as the patient remembered, ever been mentioned to him. Again, Mr. Collier pointed out, none of the external sinuses led into the bowel above the stricture, nor, as far as could be made out, was there evidence of these sinuses having at any time communicated with the rectum, the coats of the bowel above the stricture feeling quite normal to the touch. On probing the sinuses, it was found that they extended up into the pelvis as far as the division of the pelvic fascia at the white line ; the levator ani muscle was perforated and partly destroyed, and the lower half of the rectum was apparently completely denuded. Other sinuses led outwards, burrowing beneath the skin and denuding the deep fascia for several inches. The whole lower pelvic cavity was seemingly riddled with abscess burrows. Mr. Collier said that no hope of cure could be entertained unless the stricture of the rectum could be completely divided and the parts set at rest. Mr. Collier, therefore, having passed his finger into the rectum above the stricture, divided all the tissues backwards to the coccyx, thus laying the internal and external sphincters completely open. The other sinuses were carefully investigated and curetted, and the undermined skin laid open. Strips of gauze soaked in tincture of iodine were packed into the recesses, and the wound in the rectum plugged with strips of iodoform gauze. Mr. Collier said that this was a most interesting case, and although there was apparently a complete absence of history of syphilis, yet the stricture associated with the course of the disease could only be explained by a specific infiltration of the outer wall of the rectum leading to gumma and the usual breaking down of the new tissue.

The second case was that of a man, æt. 45, which illustrated, Mr. Collier pointed out, the relationship of tuberculous disease of the lung to fistula *in ano*. This association, he said, had been recognised and well understood for many years, and, indeed, in the early days of surgery the student was taught that the fistula *in ano* acted in the same way as a safety valve to the

tubercle, and prevented its rapid extension. In this case, Mr. Collier remarked, there was marked thickening of the tissues immediately adjacent to the rectum in the ischio-rectal fossa. The external sinus was found to communicate with the cavity of the rectum, and there was some burrowing forwards and backwards. The parts were laid open, the sinus well scraped and packed with gauze soaked in iodoform emulsion. Mr. Collier anticipated in this case a satisfactory recovery. The two cases, he thought, were interesting as illustrating the causation of fistula *in ano* from two distinct points of view.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX"

WEDNESDAY, FEBRUARY 17, 1904.

THE TREATMENT OF CANCER.

The victories of modern medical science are being won with a swiftness and a completeness that are simply amazing. The introduction of aseptic surgery alone has probably achieved more for the advance of the art of healing and the benefit of humanity than the united labours of all previous workers in the same field. There nevertheless remains a wide territory yet to be conquered. Take the case of cancer, using that term in a broad sense to include malignant growths generally. The origin of that terrible and apparently increasing scourge of mankind remains a profound mystery, just as its treatment is for the most part hopeless and discouraging. For all that, there are many signs of the times that this most elusive foe is being gradually out-manœuvred. In considering the position with regard to cancerous maladies it is reassuring to recall the course of events with regard to a disease that hardly a generation ago was no less mysterious, and but little less disastrous and hopeless when once established—namely, tuberculosis. To-day phthisis is read like an open book, and its prevention, treatment, and cure are carried out with the precision and success that are begotten of knowledge and experience. There is no particular reason, so far as can be seen, why scientific medicine should not one day unravel the secrets of malignant growths as she has done in the case of tuberculosis. But meanwhile, as we have said, our knowledge, full and adequate, is yet to come. Bacteriology, which furnishes the key to tuberculosis, has hitherto been appealed to in vain as regards malignant neoplasms. Many persons have fondly hoped they have found a specific "cancer" micro-organism, but no such discovery has stood the test of experience. One of the most recent claims of the kind was that of Dr. Otto Schmidt, of Cologne, who devised a method of immunising treatment by serum obtained from a "pure culture" of a specific organism alleged to have been isolated. Dr. Schmidt, it is to be feared, has persuaded himself into an untenable position. Dr. John Shaw, the well-known London physician, has personally investigated the matter and has published his observations and conclusions in a fair and judicial pamphlet. A more crushing exposure of pseudo-scientific fallacy parading in the garb of responsible medical wisdom could hardly be imagined. Dr. Jossé Johnson, in communicating the pith of Dr. Schmidt's conclusions to the Abernethian Society (*a*) observed that "Dr. Schmidt isolated one single parasitic cell, and by artificial cultivation under varying conditions of light, air, moisture, and warmth produced all the other forms from it." The lavish variety of the descendants of that "single" organism may be gathered from Dr. Shaw's account. He was shown a pure culture of an alleged parasite from melanotic sarcoma under the microscope. His astonished eye was presented with a field of granules varying in size from that of a red blood corpuscle to that of a gonococcus. Another "pure culture" from an epithelioma of the breast showed similar variations in size of granules. It appears that Dr. Schmidt has abandoned injections of serum in favour of increasing doses of sterilised cultures. Dr. Shaw examined various patients said to have been benefited by the treatment. In one case a woman was going home with the cancerous process "perfectly cured," but he found that the tumour on her forehead was about one-third larger than when seen a few weeks previously. An English medical man under treatment was said to have improved markedly, but Dr. Shaw found serious extension of the growth. This case we have ourselves examined and can certify that there is no appearance of arrest of the malady. In short no medical man should countenance a visit on the part of a patient to Dr. Schmidt unless he has first carefully read Dr. Shaw's pamphlet. Of other new forms of treatment, notably the focus tube, the high frequency current and last, and most wonderful agent of all, radium, we cannot as yet speak more than hopefully. It is clear, however, that in certain cases we are able to modify profoundly the progress of carcinomata and sarcomata. The curative influence of the X-ray tube upon secondary enlargement of glands and recurrent nodules is definite, as well as upon ulcerating surfaces. The high frequency current appears to have cured some accessible sarcomata and it certainly removes

(*a*) *Lancet*, November 14th, 1903.

the pain of cancer and arrests other symptoms in a remarkable way. The most promising agent, however, is radium, which may now be regarded as having curative powers over rodent ulcer, and over epitheliomata if not of too old standing. It is safe to predict that radium will be the object of universal investigation in the immediate future. Hitherto the surgeon has failed in his attempts to arrest the progress of cancer when it has once gained a footing in the human body. Here and there he may appear to gain an isolated success, but in the vast majority of cases he is powerless. It is to the discovery of a trustworthy therapeutic remedy that the hopes of scientific medicine must naturally turn. Has that much-desired specific agency been placed in our hands by the discovery of radium ?

THE TEACHING OF HYGIENE.

RECENT researches into the problems of disease have gone far to secure evidence of the scientific truth that "prevention is better than cure." Already the life work of many medical men is being definitely directed to prophylaxis, and the admirable work accomplished by our medical officers of health has amply demonstrated the value of a scientifically directed service of public health. The slow-moving mind of the general public has realised something of the advantages arising from improved sanitation and the enforcement of measures for the protection of the physical welfare of the Commonwealth. The "healer," it may be hoped, will always be treated with respect and accorded sympathetic support, but it is well that the "teacher" of sanitation should be accorded a status meet for the important responsibilities and duties which devolve upon him, and we believe the medical man of the future will render service chiefly as an adviser in all matters pertaining to the preservation of health and the prevention of disease, rather than by a mere practice of the apothecary's art. We are glad to find, therefore, that medical practitioners throughout the country are supporting the very influential petition which is to be presented to the central educational authorities of the Kingdom, urging upon them the necessity of providing compulsory teaching of hygiene in all public elementary and secondary schools. We understand that already more than fourteen thousand signatures have been appended to this remarkable and most representative appeal of the registered medical men of Great Britain. It is likely that such a document will do much, not only to influence our educational authorities, but also to draw public attention to the functions of the physician. For too long the practitioner has been willing to follow rather than insisted on his right to lead. In all that pertains to the health of the people the medical man should play the part of the pioneer. In the document to which we have referred special reference is made to the necessity of imparting trustworthy information to the scholars of our public schools concerning the dangers arising from the abuse of alcohol. The widespead prevalence of alcoholism among our people and the growing addiction of women to a dangerous indulgence which is threatening the race with serious deterioration make such a step most desirable. Apathy, ignorance and, we venture to add, a fanaticism born of misconception and partial knowledge, have done much to make us "a drunken nation." If intemperance is to be arrested it must be by a scientifically controlled effort to secure sound education in the principles and practice of hygiene, of which, of course, temperance should form an important part. It is to be hoped that medical men throughout the country will not rest satisfied with a mere approval of such action as is proposed, but will afford active support, and we hope the day is not far distant when in connection with every school throughout the country there shall be a thoroughly qualified medical man or medical woman who shall be responsible for the well-being of the scholars and shall act as adviser in all that pertains to the hygienic condition of the school.

THE CENTRAL MIDWIVES BOARD AND IRISH MATERNITY HOSPITALS.

WE print in another column a letter from the Master of the Rotunda Hospital to the Secretary of the Central Midwives Board regarding the position which Irish trained nurses occupy under the new Act, and the Board's reply thereto. The resolution adopted by the Board will, we fear, prove incomprehensible to the ordinary individual. It reads as follows :—"That, having considered the letter addressed to them by the Master of the Rotunda Hospital, the Board regret that the suggested alterations were not brought to their knowledge before the Rules were sent to the Privy Council, as having been now approved by that Body, it is impossible for the Board to alter them." We presume the Board meant this resolution to convey some meaning, but we confess that we are unable to even guess what it is. The Board say that the Master of the Rotunda Hospital should have brought the conditions under which nurses are trained at the Rotunda Hospital to their notice before the draft copy of rules recommended by the Board was submitted to the Privy Council. We venture to ask the Board at what exact stage of their proceedings could the Master of the Rotunda Hospital have taken this step. Did the Board invite suggestions or seek information from the heads of lying-in hospitals before drawing up their rules ? The account which has gone out to the public, be it a correct one or not, we do not know, is very different. It is that the Board after its appointment had many stormy meetings *in camerâ*. That these meetings resulted in the drawing up of a majority and of a minority report. That the majority report was one which was not consonant with the assumed object with which the Act was passed and that it, in fact, proposed rules which would not have conduced to the improvement of the present type of midwife. That the Privy Council refused to sanction the majority report and sent the draft rules back to the Board in a form which adopted many of the points on

which the minority report insisted. That all these proceedings were regarded as confidential, and that not until the Rules had been approved by the Privy Council were they allowed to see the light of day. If this was so, the question naturally arises, When should the Master of the Rotunda Hospital and the heads of other Irish maternity hospitals have brought to the notice of the Board the "suggested alterations" in the rules. Perhaps the Board will suggest an answer. There were two occasions on which the authorities of the Rotunda Hospital were able to make representations on behalf of their training school. One was during the passage of the Act through Parliament, the other was when the Rules were made public. Representations were made on both occasions. On the first occasion, these authorities were informed that nothing in the Act would prove prejudicial to the Rotunda nursing school, and that the promoters of the Act recognised that that institution was deserving of support. On the second occasion—the present one—they are informed that the Board is sorry, but that they cannot admit Rotunda trained nurses to their examination. We have read Mr. Heywood Johnstone's letters to the Royal College of Physicians of Ireland, at the time of the introduction of the several Midwives Bills, letters in which he gave a definite guarantee that the Bill, if passed, would in no way interfere with the Chartered Irish Maternity Hospitals, as he was "well aware of the good work they had done." Mr. Heywood Johnstone is a member of the Central Midwives Board, and that body has unanimously adopted the resolution given above. We presume that Mr. Heywood Johnstone did not attend the meeting at which the resolution was adopted, but he must have known that Dr. Tweedy's letter was to come before the Board, and to our mind he should have been in attendance to support his pledge. The resolution, however, conveys one item of information that may prove of value. It conveys the fact that the Board "regret" that their ignorance of the course of training for midwives considered advisable by the great maternity hospitals led to the drawing up of rules which excluded the nurses trained in the largest of these hospitals. If the regrets of the Board are not a mere *façon de parler*, we presume that they will be willing to support the application which we understand the Irish hospitals are about to make to the Privy Council. If they refuse to support such an application, their action will, we fear, be added to the list of broken pledges with which, rightly or wrongly, many Irishmen associate English rule in Ireland.

Notes on Current Topics.

The Health of the Emperor of Germany.

The accounts of the health of the Emperor of Germany are, to say the least of it, not reassuring. When the operation on the throat was announced some time ago, alone of the medical journals in this country The Medical Press and Circular raised a note of warning as to premature conclusions about the real nature and gravity of the Kaiser's illness. In the face of the detailed microscopical report and the emphatic statements of other medical journals, both in this and other countries, it required some courage to adopt that attitude. It is difficult to understand how a responsible medical editor could countenance the publication of positive assertions of the innocency of a particular malady upon the strength of bulletins and reports published under strict official censorship. A report given at the present moment by an unimpeachable medical authority would be of far greater value than that given at the time of the operation. It is to be hoped that such an authoritative statement will be shortly forthcoming and that it will reassure the sympathising world that exists outside Germany.

Epilepsy and Genius.

The belief that insanity and genius are so closely interdependent as to be regarded by some as all but synonymous is one which was largely shared by the older psychologists. Genius—the *ne plus ultra* of intellectual activity—is, in reality, the highest expression of nervousness, using the word not as it is usually interpreted, but to indicate the most highly exalted condition of nervous organisation of which the human mind has shown itself to be capable. It is its very perfection, in fact, which tends irrevocably towards its ultimate deterioration. The seeds of decay are inherent in the most luxurious bloom of intellect. "Le génie," according to Lamartine, "porte en lui une principe de déstruction, de mort, *de folie*, comme le fruit porte le ver." The truth of the Aristotelian maxim, "Nullum magnum ingenium sine mixtura dementiæ," is abundantly verified by everyday observation, for it is the exact expression of a modern psychological doctrine. Of all mental disorders accompanying genius, epilepsy is the one the occurrence of which perhaps surprises us most in this connection. It can be readily understood that acute mania, for instance, might result from mental strain, leaving the patient but little damaged after recovery, but, knowing the mental obtuseness and deterioration so often seen in those of epileptic tendency or heritage, it is more difficult to realise that any good mental work can be achieved by such. Yet there are many well-known instances of epileptics who were men of real power and genius. Julius Cæsar, Mahomet, and Napoleon are each supposed to have been subject to epileptic fits. A far greater number, of course, of statesmen, poets, musicians, and scientists are included in the "glorious group of madmen" who have enriched our knowledge, and left behind them the indelible imprints of their noble intellects. In common with some epileptics, they were all men of highly-strung nervous systems possessing refinements of thought and reasoning unknown to minds of more sober but less active mental organisation. As in some over-ripe fruit the more subtle and delicate aromatic flavours appear, so in the mind which is over-developed in certain directions are peculiarities and eccentricities, often the precursors or associates of true

epilepsy, prone to manifest themselves. Epilepsy in early life is generally regarded as fatal to the subsequent mental development of the individual, but all who are epileptics in childhood and who outgrow the disease do not deteriorate; on the contrary, many show distinct evidences of intellectual superiority, "perilous" though this may sometimes be. The recognition of these facts has led to a great change in the manner in which this form of mental disorder is regarded and also in the various modes of treatment adopted for its relief or cure. The value of psychical influences, of an adequate amount of rest and nourishment, of exercise, and of genial surroundings are becoming more generally appreciated in this as in other diseases of the mind. As an evidence of mental degeneration it must still remain, but in consideration of its relationship to some of the highest grades of mental activity it will not bear the social stigma to such an extent as other forms of alienation.

The Regius Professorship at Oxford.

A GOOD deal of feeling has been aroused by the recommendation made to the Prime Minister to fill the Regius Professorship of Medicine at Oxford, vacant through the resignation of Sir John Burden Sanderson, by the appointment of the present Reader in Pathology. An important meeting of Oxford medical graduates took place under the presidency of Sir William Church and protested strongly on public grounds against thus handing the Professorship over to a specialist in one branch of medicine. There has been no attempt at introducing personalities into the contest, and it is known that Dr. Ritchie, the Reader in Pathology, has made himself a *persona grata* to all his colleagues since he came south. The plea put forward on behalf of his appointment is one of economy, that the funds of the University would be relieved of a strain if the Readership could be merged into the Professorship, and, moreover, it has been urged that no Oxford medical graduate of the position and parts necessary to make an ornamental and useful Professor would be forthcoming to fill the chair. The Regius Professorships at Oxford and Cambridge are ancient and dignified offices, and the holders of them are something more than mere provincial physicians. They emphatically embody, or should embody, all that is modern in progress of the day with all that is sound in the learning of the ancients, and their position is one that commands the ear of the whole medical world. There has never been any difficulty in getting a Regius Professor of high learning and wide culture at Cambridge, but a few years ago, when Sir George Humphry died, the University could not get a suitable candidate at the time to fill his chair. The Professorship of Surgery, however, is not a royal one, and is of quite modern origin, being created, in fact, for Sir George Humphry, when he resigned the Professorship of Anatomy in 1888. In that case the University appointed a competent Reader to give the lectures, and waited The wisdom of this course has recently been demonstrated by the happy induction of Mr. Howard Marsh into the chair. If it really be the case—which seems open to grave doubt—that no Oxford graduate of sufficient eminence will come forward at the moment, Oxford might imitate the example of her sister University, and bide her time. There are many erudite and cultured physicians who would welcome the learned leisure of the Isis as a relief from the turmoil and buzz of practice.

State Medicine in Russia.

OUR hygienic reformers are wont to complain of the difficulties that surround them, and of the inertia of the legislative machine when they strive to put it in motion. Local authorities are obstinate and short-sighted, and members of Parliament are complacently indifferent. In Russia, however, indifference is not displayed by the Government, and obstructive measures are not in favour. The political advisers of the Czar keep a very vigilant eye on most things that are going on, and if they do not approve of the trend they are taking, they have sharp and incisive methods of dealing with objectors. In their scheme the passive resister has no place. At the recent National Congress of Medical Men resolutions were submitted on various subjects urging reform and progress, especially in the education of the peasants. These resolutions pointed out that it was hopeless to expect intelligent co-operation in hygienic reforms from a proletariat little better than the lower animals in their knowledge and intelligence. An official intimation was conveyed to Dr. Rostovtseff that the resolutions were not pleasing to his Majesty's advisers, and that they had better be dropped. The Congress was loth to have its views set at naught, and demanded that the resolutions should be read and put. This the President declined to do—and for his sake it is perhaps as well that he did not—and he proceeded to declare the sittings ended. His action created considerable indignation, and the murmers of the members were drowned by the music of a military band. "A tumult then arose and loud protests were made. As if by magic policemen appeared in the midst of the angry doctors, and they were dispersed by the gentle methods that the Russian gendarmerie acquire by long practice. Numerous arrests were made." After this, one feels that though we have our obstructions to remove over here, our brethren in the Czar's country have their own special difficulties—to which ours are mere child's play. The part of sanitary reformer is not likely to become really popular amongst Russian medical men while it is mounted on a stage controlled by a brutal police and backed by a desolate prospect of Siberia.

Boasting Extraordinary.

It has often been maintained by THE MEDICAL PRESS AND CIRCULAR that every medical man, who is at all qualified for it and can spare the necessary time, should enter in some way or other into the public life of his district. Much of the

neglect and misunderstanding from which the profession suffer is due to the onerous nature of its work, which denies its members the chance of championing its own interests and the interests of the public health from positions of authority. Even when considerable sacrifice of personal ease and recreation is entailed, it is well worth while for the medical practitioner to sit on public bodies, if not for his own benefit at least for that of the profession and the community. In the report of a mayoral banquet recently held, we regret to note that the mayor, himself a medical man, seems to have employed the occasion offered him by his speech to denounce Koch's "treatment" for tuberculosis, and to boast what he would do if Mr. Rockefeller would provide him with a bacteriological laboratory. The mayor appears not to have any particular skill in laboratory research himself, and his grasp of the principles of Koch's "treatment" seems to be more forcible than discriminating. The tubercle bacillus seeks, according to the mayor, to kill his offspring by overcrowding, while he (the mayor) would kill them by inoculating stronger ones that would speedily overpower them. The report of the speech does not indicate the result on the patient himself; if he cannot resist the puny tubercle bacillus, it seems difficult to understand how he could survive the "infinitely more powerful" bacilli that the mayor would provide. Perhaps, however, a patient would not be needed, as, if the mayor were only presented with a laboratory, "he would speedily convince the world of the truth of his statements." We are all anxious that research into scientific problems may be pushed by every proper means, but this sort of Thrasonical magniloquence is more likely to hinder than to help the cause we have at heart. The moral of this Dartmouth oration is that medical men should not air purely personal and unproved theories in public; there is plenty of solid and established fact available for after-dinner purposes.

The Japanese Medical Services.

Whilst all eyes are turned to the East watching our sturdy little ally engaged in a life and death struggle with a mighty European power, the medical man will feel a peculiar interest in the arrangements made for the care and treatment of the victims of the contest. As a straw shows which way the current is flowing so does efficiency in the secondary or auxiliary services demonstrate preparedness in the primary ones. The first object of an army or navy is to become an efficient fighting machine, to which end, of course, must be subordinated all purely humanitarian considerations. But no sound, well-administered army or navy can afford to neglect its medical service. The disregard shown for generations to the medical establishment of our own Army is now seen to be only a part of the general *laissez aller* policy that governed the whole of the War Office system. That, it is hoped, is now in course of being righted. With Japan it is different. "Happy is the nation that has no history," and Japan can claim to be making history without being hampered by pedantic precedents or effete regulations. She has built up a first-rate fleet and a first-rate army, and every detail of their organisation and equipment has been worked out with a thoroughness and an expedition that are wholly admirable. Perhaps the greatest testimonial to their efficiency is that their medical services fall not a whit below the general level of excellence. The pathetic incident of an admiral signalling a request for lint after an action, as happened in the Spanish-American war, is not likely to be repeated, from the Japanese side at all events. The pattern on which the medical service is organised is that which many of our reformers have contended for for years. Each unit of each arm of the service has its own medical staff—and a very complete one, too—which forms an integral part of equipment. A most important point is that the medical department has its own transport, and is therefore not dependent on the goodwill of the commissariat corps. As wastage occurs in the ranks and men are moved to hospital, a proportionate part of the medical staff goes with them, so that the ratio between the officers serving in the field and the officers serving in hospital varies according to the demands for each. The discretionary powers left in the hands of the executive in the field are very large, and references to headquarters are reduced to a minimum. If a medical military *attaché* were to accompany the Japanese army, there is little doubt but that he could supply our War Office mandarins with some information that would be better for the rank and file of the Army than for their own dignity.

Universal Training and National Physique.

It is stated that "the most important topic which can exercise the mind and the intelligence of anyone dealing with racial phenomena" is the question of our alleged physical deterioration as a nation. The Royal Commission appointed to deal with this matter is now busily engaged in receiving evidence on one side or the other from those who are in a position to give authoritative opinions upon the subject. Whether or not the adoption of a system of universal service—a modified form of conscription, so to speak—would be the best means for improving our national physique and rendering the citizens of our Empire thoroughly fit to defend their hearths and homes is a question which may well occupy the minds of statesmen and sanitarians alike. In the current number of the *National Service Journal*, the official organ of the National Service League, Lieut.-Colonel W. Hill Climo, M.D., points out that, as a preparation for such service, special attention is required at the three critical periods of infancy, childhood, and adolescence. Stress is laid, and rightly so, upon maternal responsibility as being capable of influencing materially the national physique for good or evil. Among the classes from which recruits are drawn it is, unfortunately, only too true that the women are "singularly ignorant of the duties of maternity." In more senses than one, the physical life of man is fashioned in the cradle. The returns of the

Inspector-General of Recruiting, of which mention has already been made in our columns, show plainly that there is a considerable increase in the percentage rejected for various ailments. The introduction of some system of universal service, whether purely military or partaking more of the nature of a compulsory course of physical training at school or college, would go far towards counteracting the unhealthy influences now at work upon our national physique.

The Ocular Basis of Migraine.

MUCH has been written lately with regard to the part played by eye-strain in the production of many physical evils, chiefly of the nervous system, especially in those who follow literary or other occupations necessitating the habitual accommodation of the eyes. Dr. George M. Gould (*a*), of Philadelphia, the chief exponent of this modern theory, believes that migraine may be similarly caused, and that the use of the eyes at near range is at the root of this distressing affection in the great majority of cases. The disease is one which renders the life of the sufferer therefrom well nigh intolerable while it lasts, and its victims live in perpetual dread of the next attack. It is hardly to be wondered that such individuals will fly at anything which they think will relieve their symptoms, but, strangely enough, the condition of their eyes is the last thing to which attention is drawn. The interval between the attacks is only too often spent in a round of social excitement, in travel, or in closer application to their work. It is noteworthy, too, that the affection is more common in those of finely strung nervous organisations and those who are capable of getting through an immense amount of mental work. As the French say, "La migraine est le mal des beaux esprits." The cases are, therefore, seen more frequently in private than in hospital practice. Dr. Gould states that the condition may be produced experimentally by wearing misappropriate glasses, and he is convinced that some error of refraction will generally be found in these patients if it be looked for. On account of the association of vomiting and gastric disturbances, it is very generally believed that the source of the trouble lies in the liver or stomach, but in how many cases has it not been observed that the treatment of these disorders after the most approved fashion has failed to prevent the recurrence of the malady? The ocular theory of migraine is one which deserves the weightiest consideration of every practitioner under whose care the patient happens to be.

Traumatism and Phthisis.

THE ready ingress of the ubiquitous tubercle bacillus into any part of the body whose tissues have been damaged by injury and their resisting power to infection consequently lowered is one of the commonest pathological events. It is, perhaps, in surgical work, especially in bone and joint affections, that tuberculosis is frequently seen as a sequela of injury. Similar lesions of the internal organs resulting from traumatism are of comparatively rare occurrence, and in this connection it may be observed that of all the predisposing and exciting causes of pulmonary phthisis injury to the chest is one about which less has been written than many others of minor importance. It might be supposed that unless the injury to the thoracic wall also involved the lung, as in the case of a bad fractured rib or a perforating wound, it could have but little influence in lowering the vitality of that organ, and so rendering it a more easy prey to tuberculous infection. The case described by Dr. Nogués (*a*) has an important bearing on this point. A criminal was sentenced to one hundred and fifty lashes. At the conclusion of the punishment he was taken away to the prison infirmary in a state of unconsciousness. Within the next few days cough, dyspnœa and hæmoptysis appeared until a condition of phthisis was well advanced. It was stated that the anterior aspects of the lungs were scarcely affected at all. This may appear a somewhat exaggerated instance of the influence of traumatism upon the development of the disease. As a result of a fractured rib from the kick of a horse a man recently recovered substantial damages in the Edmonton County Court, not so much for the injury itself as for the fact that phthisis had ensued, which, according to the medical evidence, was directly set up by the accident. The so-called "accidental phthisis" is, therefore, far from being a myth.

(*a*) *Journ. Amer. Med. Assoc.*, January 23rd, 1904.

Music and Digestion.

THE gratification of one or more of the special senses in some form or other has long been recognised as one of the most agreeable, and at the same time the most valuable, accompaniment of the table. It is not only by stimulation of the palatal nerves that the appetite for food is quickened, the influence arising from the auditory and visual organs upon the digestive processes themselves, when of a pleasing character, are distinctly beneficial. The presence or absence of cheerful surroundings, entertaining conversation, or distant melodious strains materially affect the enjoyment of a meal, such is the power of the mind over the vital functions of the body. The effect of music in this direction was well known to the ancients, and in modern times a restaurant is incomplete without its orchestra. Nor is it the æsthetic and social qualities alone which render melody and harmony such useful adjuncts to the pleasures of the table, for it would seem as if music were capable of directly influencing the gastric functions. Scientific proof of such influence would be difficult, indeed, to provide, especially as these effects are far from constant, and vary in proportion to the individual's susceptibility and musical sense. Thus, the statement recently made in court by a lady to the effect that a certain street-organ produced indigestion is freed from the domain of fancy when considered from the standpoint of the

(*a*) *Lancet*, vol. i., 1888, page 1,044.

musician and the neurologist. The music may have been insufferably bad, a concession which will be readily made, and, at the same time, the reflex nervous arc may have been abnormally excitable. The grinding of the "instrument of torture," in common with other unpleasant external stimuli, may be quite sufficient to exert an unfavourable inhibitory influence upon the digestive processes, even in those who are not of a musical disposition.

The U.S.A. Antitoxin "Trust."

For some time past sensational paragraphs have gone the round of the British Press with regard to the inhumanity of a "corner" in antitoxin, whereby the cost of that absolutely essential drug had been unduly forced up by a few monopolists who controlled the supply. We are glad to learn on no less an authority than that of Messrs. Parke, Davis and Co., one of the three producers of antitoxin in the United States, that the report is based on a misconception of the facts of the case. The exclusion of a weak and ineffective antitoxin, and the sale of a standard product in larger packages, has necessitated a somewhat higher price for the latter. So far from losing, however, the purchaser gains in value received. "For instance," says the *American Druggist*, "the 1,000 unit package now costs $2, as against $2.25, and the 2,000 unit package now costs $3.50, as against the former price of $4." The manufacturers explain their change to larger standard packages on the ground that the tendency is to use larger doses of the remedy, it being safer to use large doses rather than to run the risk of a small dose being insufficient to bring about immunity. That the whole affair is a mere "storm in a teacup" is shown by the fact that at the present moment the original small packages of 500 and 1,000 units can still be purchased at the old prices. We are glad to learn on such good authority that an adequate explanation for the "rise" in the price of American antitoxin may be found in the fallacy above exposed. Finally, it may be noted that no change in prices has taken place in the English market.

The Galway X-Ray Case.

In another column will be found a full and special report of this important case, which has occupied the Dublin Law Courts for many days. We may at once remark that we are in complete accord with the finding of the jury. There was no doubt that the sore was caused by the rays, but both Dr. Colohan and Mr. Haire did their best for the patient. In all new applications of science accidents are bound to occur, and if a medical man is to be exposed to an action for malpraxis and damages on every occasion that such an accident occurs it will put a stop to all advance, and eventually result in depriving patients of much that science has to offer. Dr. Colohan's actions were inspired by the best motives, they were performed with due care, and with the full amount of knowledge that can be expected from a non-specialist in a special subject, and it would have been a miscarriage of justice if he had to suffer on their account. We are glad to see that the College authorities did not retire from the case, although they had the opportunity of so doing, and we trust that they will, in financial matters, come to the aid of their Professor and of their assistant Haire.

A Viceregal Slight to the Medical Profession.

The Lord-Lieutenant of Ireland—the Earl of Dudley—has intimated to the Royal Colleges of Physicians and Surgeons of Ireland that he has withdrawn from their future Presidents the right of private *entrée* to the Levées and Drawing-rooms at Dublin Castle. We presume that Lord Dudley has well considered the necessity for an action which has been regarded by the medical profession as an undeserved slight, and that the withdrawal of a long-existing right was dictated by necessity. The Presidents of the Royal Colleges are the *ex-officio* heads of the medical profession in Ireland, and we cannot agree that their right to the privilege of private *entrée* is a whit inferior to that of the heads of Government offices—for whom the privilege is to be in future reserved. Lord Dudley to be consistent must also deprive the Provost of Trinity College, the President of the Queen's Colleges, and similar officials of the right, and we fear that such a radical action will not meet with general approval. Lord Dudley's action is all the more strange when his personal indebtedness to the Irish medical profession is remembered—an indebtedness which he himself acknowledged, and which he expressed himself as desirous of discharging.

Radium in Malignant Disease of the Throat.

Of all the radio-active substances hitherto introduced into the field of therapeutics none is pregnant with greater hopefulness than radium. That substance has been applied, both in the Old World and in the New, with considerable success to malignant growths in accessible places, such as the cheeks, tongue, and surfaces of the body. Elsewhere in the present number of The Medical Press and Circular we print a remarkable article by Dr. Walsh describing the application of radium to such sensitive structures as the soft palate, tonsil, fauces, and posterior pharynx. The object of the writer is simply to call the attention of the medical profession to the fact that it is henceforth possible to treat cancerous processes of the upper throat and fauces by the direct contact-application of radium. From their peculiar anatomical relations it is obviously difficult, and in many cases impossible to bring the X-ray tube to bear upon those parts. Operation, again, if carried out in that region, has to be so extensive, and is so uncertain in its results, that it is very rarely resorted to. It would be hard to overestimate the importance of a new procedure that brings a reasonable method of alleviation, and possibly of cure within the reach of sufferers from a terrible and hitherto hopeless malady.

PERSONAL.

DR. HENRY CORBY, of Cork, has been elected High Sheriff of that city for the ensuing year.

A SIXTY milligramme tube of radium has been presented to Queen's College by the Lord Mayor of Belfast, Sir Otto Jaffé.

DR. S. H. R. MONTGOMERY has been appointed Inspector-General of the Insane, Western Australia, under the New Lunacy Act.

THE Milroy Lectures for 1904 will be given shortly by Dr. W. Williams on the important subject "Deaths in Children, a Preventible Mortality."

THE Gillson Scholarship in Pathology of the London Society of Apothecaries has been awarded to Mr. Leonard Stanley Dudgeon, M.R.C.P.Lond.

THE Senatus of Edinburgh University has resolved to confer the honorary degree of LL.D. in April next upon Professor Alexander Macalister, F.R.S.,Cambridge.

A PAPER on "Tropical Diseases" will be read on March 8th by Sir Patrick Manson at the West India Committee Rooms, under the presidency of the Duke of Marlborough.

AT a meeting held on February 9th, of the Governors of Steevens' Hospital, Dublin, Dr. Winter was elected Assistant-Physician; Dr. Stephenson, Assistant Surgeon; and Dr. Charles Benson, Anæsthetist.

IT has been decided to invite the Duke of Devonshire, who is the President of Owens College, Manchester, to become President of the Victoria University, in which it is proposed to merge Owens College.

WE regret to hear that Sir Samuel Wilks is lying at his residence at Hampstead suffering from appendicitis. An operation was successfully performed on Thursday last, and favourable progress is reported.

The patients of Dr. John Smith, formerly Vice-President of the Border Counties Branch of the British Medical Association, have presented him with a life-sized portrait on his retirement from practice.

THE important post of Superintendent of Statistics under the Registrar-General of Scotland, left vacant by the death of the late Dr. Blair Cunyngham, has been filled by the appointment of Dr. James Crauford Dunlop.

THE Senatus of the University of Edinburgh has awarded the Cameron Prize in Practical Therapeutics to Professor Niel Finsen, M.D., of Copenhagen, in recognition of his work with regard to light therapeutics.

MR. FREDERICK PURSER, F.T.C.D., has presented the sum of £2,000 to the equipment fund of Queen's College, Belfast, to found a studentship in mathematics in memory of his brother, the late Professor John Purser, D.Sc., who was for many years a member of the staff of the college.

SIR DOUGLAS POWELL will deliver the lecture to the Congress of the Sanitary Institute to be held in Glasgow in July next, and Sir Charles Cameron has accepted the presidency of the Conference of Medical Officers of Health, to be held in connection with the congress.

MR. W. P. JOHNSTONE, M.B.Edin., Witwatersrand, South Africa, has been presented with several valuable mementos by the officers of the 1st Battalion Gordon Highlanders in recognition of his services when in charge of the temporary hospital at Mariasburgh during the recent war.

THE Goulstonian Lectures of the Royal College of Physicians for the year will be delivered by Dr. R. Hutchison, on March 8th, 10th, and 15th, on "Some Disorders of the Blood and Blood-forming Organs in Early Life." The Lumleian Lecture of the same college will be given by Dr. F. Taylor later in March on "Some Disorders of the Spleen."

Special Correspondence.

[FROM OUR OWN CORRESPONDENT.]

BELFAST.

THE HEALTH OF THE CITY.—At the last monthly meeting of the Corporation, the quarterly report of the city analyst was presented by the Public Health Committee. This report contained some serious statements about the milk supply of Belfast. "From a careful study of the results of my analyses I cannot arrive at any other conclusion than that the milk being supplied to Belfast has diminished in quality during the past two years. It would be difficult to say how far this may be due to the milk regulations, or to the smallness of the fines frequently imposed, even in some serious cases of adulteration. . . . Watering to such a large extent or so frequently as formerly does not now take place, but I am afraid that the use of skimmed or partially skimmed milk as an adulterant is on the increase." Councillor M'Innes, in a vigorous speech, called attention to the gravity of these remarks, considered in conjunction with the high death-rate of infants and young children. The report of the Medical Superintendent Officer of Health stated that in the five weeks ending January 23rd, 233 cases of zymotic diseases had been notified, viz., 86 cases of scarlatina, 58 erysipelas, 27 typhoid, 23 simple continued, 17 diphtheria, 14 small-pox, 6 puerperal fever, and 2 membranous croup. During the same period the total deaths numbered 869, and the births 1,034. The deaths from zymotic diseases numbered 88, those from phthisis and diseases of the respiratory organs 107 and 310 respectively. The annual death-rate from all causes was 25·3, or 1·2 more than the corresponding period last year.

BELFAST UNION AND BOARDING-OUT OF CHILDREN.—At the present time the Belfast Guardians have placed no less than 155 children out at nurse, and at a recent meeting of the Board a most interesting report on them was received from Mrs. Dickie, the Local Government Board Inspector, which is worthy of note by all medical men concerned with Poor-law work. She states that the boarding-out system possesses one great advantage over all other systems, and that nowhere has this been more impressed on her than in Belfast, and that is, that the children acquire a *home*, where they make friends, are nursed in sickness, and often live on in after they go to work. "Of the boys who go into the Army and Navy, the majority write 'home' frequently, sending money from time to time, and they come 'home' on furlough as if they were members of the family. Other systems may turn out children better disciplined and better trained, and, where the supervision is inadequate, even better treated and better fed; but no other system provides those somewhat indefinable adjuncts which go to make a 'home.' This, in the boarding-out system is, I think, too often overlooked, and yet it is one of the most humanising influences which can be brought to bear on the waifs and strays of our population with which the Poor-law has to deal."

THE CENTRAL MIDWIVES BOARD AND IRISH MATERNITY HOSPITALS.

Sir,—Will you kindly insert the following correspondence, which has taken place in reference to the examination of midwifery nurses to be held under the direction of the Central Midwives Board ?—

I am, Sir, yours truly,
E. Hastings Tweedy, F.R.C.P.I.
Rotunda Hospital, Dublin, February 8th.

Rotunda Hospital, Dublin,
January 25th, 1904.

Dear Sir,—I shall feel much obliged by your bringing the following matter before your Board, as it is obviously of much importance that a definite pronouncement should be obtained as to the position our midwifery nurses, trained in the Rotunda Hospital, will occupy in respect to the State Examination to be held under the direction of the Central Midwives Board.

The training of our midwives is strict and full, including everything that is requisite for making a good nurse. They reside for a period of six months in the hospital; they watch the progress of over 200 confinements, of these they personally conduct at least two; they have to make not less than ten vaginal examinations; they palpate many scores of abdomens; they attend the lying-in woman from the time of her admission to the hospital to her discharge on the eighth day; each nurse takes entire charge of three lying-in women daily, with their respective children during the puerperium; they take records of temperatures and pulses, under the supervision of the Master of the hospital and the assistant masters; they receive constant instruction in the art of midwifery, are systematically trained in asepsis and antiseptics; they pass catheters, give enemas, are taught to distinguish between normal and abnormal labours, and finally do not receive our certificate until a stringent examination has been passed.

The Rules that at present seem to preclude them from qualifying are as follows:—

Form III.—A woman must have "attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour, and personally delivering the patient."

Form IV.—A woman has "to my satisfaction nursed twenty lying-in women during the ten days following labour."

It would be impossible for our resident nurses to follow the course of the puerperium for ten days, as Irishwomen will not remain in hospital for more than eight days. In this connection it may be mentioned that the Scottish Universities and Conjoint Boards require a student to produce evidence that he has personally conducted twelve cases of labour, or that he has taken out a three months' course in a recognised institution, in which case the personal conduction of six cases is sufficient. Durham University requires a student to have personally conducted twenty cases of labour, or to have attended the indoor practice of a lying-in hospital for three months. Dublin University, London University, and the Royal University of Ireland compel a student to take a six months' course in a lying-in hospital, but they do not specify any necessary number of personal conductions, and they refuse altogether to recognise instruction received, or labours attended elsewhere than in a lying-in hospital.

I may summarise by saying that the licensing bodies and Universities regard a six months' course of instruction in a recognised lying-in hospital as the ideal training in practical midwifery for a student; that some of them accept a three months' course, with the addition of a small specified number of personal conductions; and that only those who do not require any proof of attendance at a recognised institution require even a medical student to personally conduct as many as twenty labours.

It will thus be seen that a course of six months' instruction in the intern department of a lying-in hospital is regarded as the ideal training for the medical student, and as being much preferable to a longer course of instruction from a non-hospital practitioner, and that the reasons which render this course much better in the case of the medical student are still more cogent in the case of the midwife, who admittedly is best trained when trained in a hospital.

Taking all these facts into consideration, and having regard to the undoubted spirit of the Bill which was framed in the interests of the lying-in patient, I trust that your Board will be able to accept our curriculum as an equivalent, or to make such exception or modification in the present rule as will enable our nurses to qualify for the State Examination in Midwifery.

I remain, yours faithfully,
E. Hastings Tweedy,
Master, Rotunda Hospital.
To the Secretary, Central Midwives Board.

Central Midwives Board,
6 Suffolk Street, Pall Mall,
London, S.W., Feb. 1st, 1904.

Dear Sir,—Referring to your letter of January 25th, I have to inform you that the subject raised therein was taken into consideration by the Board at their meeting on the 28th ult. I am directed to point out that the Rules were approved by the Privy Council on August 12th, 1903, for a period of three years, and to forward you a copy of the resolution, which, having regard to that fact, the Board passed unanimously.

I remain, yours faithfully,
G. W. Duncan, Secretary.
The Master of the Rotunda Hospital, Dublin.

Copy of a resolution moved and carried at the meeting of the Central Midwives Board, held on January 28th, 1904:—

"That, having considered the letter addressed to them by the Master of the Rotunda Hospital, the Board regret that the suggested alterations were not brought to their notice before the Rules were sent to the Privy Council, as having been now approved by that body it is impossible for the Board to alter them."

[The above correspondence is of first importance not only from the point of view of the Irish maternity hospitals, but also of the whole administration of the Midwives Act. That measure was conceived and passed in the interest of the child-bearing population of the United Kingdom. If its administration is to be inaugurated by the exclusion of the midwives who admittedly have a training second to none in the Kingdom, things had better have been left alone. What have Mr. Heywood Johnstone and other active supporters of the Act to say as regards this retrograde and short-sighted policy? The subject is dealt with in a leading article of our present issue. It cannot be allowed to rest in its present unsatisfactory position, which is simply an outrage upon common sense and justice, and the spirit of what is, upon the whole, a salutary Act, at any rate in its inception.—Ed.]

Correspondence.

[We do not hold ourselves responsible for the opinions of our correspondents.]

LIFE ASSURANCE FEES FOR MEDICAL EXAMINATIONS.

To the Editor of The Medical Press and Circular.

Sir,—In your issue of January 27th you call attention to the fact that certain insurance companies are now "sweating" the medicals in the matter of fees. This, too, when the united funds and the annual income of the life assurance business are going up by leaps and bounds. Well, I am glad to see this coming about. If any class of men think they will get their proper dues in this life without organisation and combination, then such "men"—if we can call them men—must stand their being taken at only their own value. The "nigger" is not thought much of, and evidently medicals are at a discount. Why? All over England 80 per cent. of the medicals are quite willing—to judge by their actions—to give medical and surgical treatment and medicine for one penny a week.

Please do not think I am making a joke! Also, over 5,000 are now gladly taking a half-penny per week from life assurance offices, who supply medical aid and death policy. I think this is quite too excessive payment for such doctor "men."

But there is a much graver side to this question—the question of honesty. Honesty in examinations and honesty in reports. Now in common it is quite understood that if an employé is paid a smaller salary than he deserves, he is supposed to make up the difference by swindling his employer. In this country swindling is not a crime—unless one is found out. Now that insurance against sickness is widening out there is a wider field for agreement between the patient and the doctor as to stating that the disease is an "insured disease," while it is not. In such a case the medical will "get even" with the company. Again, in cases where a medical sees that a patient has died from a disease for which the company will refuse to pay, here again the medical can "get even" with the company by substituting another named disease. Again, take the case where a medical is asked to "put a patient in order," so that he can run the best chance of "doing" the company's medical! Again, take the case where the patient asks the medical to put him up to what he should take to make him look and feel seedy, with a view to getting good terms for an annuity, and soon.

Now, I have no sympathy with any company which cuts down the examination fee—because the company "can get a medical who will do it for less." Such deserve scant respect. While the companies, and the public, too, become wealthier, they think it *right* to cut down medical fees. Amongst the working-men they laugh at the "club doctor's physic." The time will come when doctors who examine for companies will be similarly laughed at, and where mutual contempt and distrust will set in.

The public have this matter in its own control. Let the public try to act with honesty, and the profession will not fail to serve them faithfully.

I am, Sir, yours truly,
ROBERT R. RENTOUL.

[We have inserted the foregoing letter, but think it well to record our conviction that in our own country the honesty of the medical insurance examination is not a matter of fees. At the same time we agree that to lessen fees is not the way to strengthen the standards of honesty. Highly skilled and responsible services demand an adequate reward. A general lowering of medical fees on the part of the insurance companies would probably end, sooner or later, in disaster.—ED.]

ALOPECIA AND DENTAL CARIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The letter of your correspondent "M.R.C.S., L.D.S.," comes upon one like a hot blast of a simoon. It passes away, however, and one is not "a penny the worse." In my letter of the 3rd inst., I remarked: "The statement that the solid constituents of the teeth, once deposited, undergo no further change" seemed to me pure assumption. "M.R.C.S." accepts this as an assertion from me that they undergo such a change. Heaven forbid! He then proceeds to pulverise and annihilate me for what I never said. Let me hasten to say that I have the greatest respect for the brilliant researches of the late Sir John Turner. I have not found time to refer to his work, but I dare swear he never made any dogmatic statement that the solid constituents of teeth, once deposited, *never* change. Why does not "M.R.C.S." support his case by a concise quotation from Turner? His generalisations seem to hinge chiefly upon the reverence one should have for Turner. It is this blind, unquestioning acceptance of authority that constantly proves the greatest hindrance to scientific progress.

"M.R.C.S." is evidently a master of his subject, but why be angry? It so happens I have a nodding acquaintance with the work of Miller in the microbic invasion of the teeth. I do not see that my argument as to some teeth being obviously less resistent than others is upset by anything in your correspondent's didactic criticisms. Some teeth break off short in youth and middle age, while others last for a hundred years—some decay early, others do not decay at all, and last for a long lifetime whole and sound. Why should "M.R.C.S." wax indignant because I assume there is some difference of structure in teeth as in other tissues, that makes them more or less resistent to microbial and other adverse invasions, and accounts for the differences in question?—

I am, Sir, yours truly,
MEDICUS SENEX.

Literature.

HERBERT ON CATARACT EXTRACTION.(a)

THIS small practical handbook has passed already into its second edition, and Major Herbert has taken the opportunity to set right a number of small errors and has brought his statistics up to March, 1903.

We have already during the past year reviewed this book at length, and we have nothing further to add, save to insist that it is an eminently suitable work for all ophthalmic surgeons to possess, and we have great pleasure in recommending it. The change from a stiff cloth to a limp leather cover has greatly increased the handiness of the book, and we have little doubt this second edition will confirm the opinions formed by leading ophthalmic surgeons of the book when it first appeared a short while since.

THE AFTER-TREATMENT OF OPERATIONS.(b)

THIS is a difficult subject to put in a handy and useful form, for the after-treatment of operation cases adopted by different surgeons varies very considerably. But, as the author states in his preface, "no good purpose would be served by a recital of all the different methods"; he has, therefore, given in each case that line of treatment which seems to be most practical. We must congratulate Mr. Mummery on the excellent way he has performed his task, for the book is wonder fully complete. The chapters we would like particularly to praise are those dealing with abdominal operations—*viz.*, Chapters XII. and XIII., and Chapter IV. on "Shock and Collapse"; the latter, based as it is on the more recent physiology of the subject, tends to put the treatment of this complication on a more scientific footing.

This book, which replaces a long-felt want, is one we can strongly recommend, not only to the practitioners and house surgeons for whom it is intended, but to everyone concerned in the successful after-treatment of operations.

ELEMENTS OF SURGICAL DIAGNOSIS. (c)

WE welcome the third edition of this useful little book. The whole text have been revised, much has been rewritten, and many additions have been made.

A section on the diagnosis of the intra-cranial complications of middle ear disease has been added to the chapter on diseases of the head. This is an important addition, and the author deals with it in a very clear manner.

Two new chapters have been introduced, one on the diagnosis of abdominal tumours, the other on certain acute abdominal diseases for which surgical aid is now

(a) "The Practical Details of Cataract Extraction." By H. Herbert, F.R.C.S.Eng., Major I.M.S., Professor of Ophthalmic Medicine and Surgery, Grant Medical College; in charge of the Sir Cowasjee Jehangir Ophthalmic Hospital, Bombay; Fellow and Late Syndic of the Bombay University. Second edition. London: Bailliere, Tindall and Cox. 1903. Pp. x and 114. Illustrations and plates. Crown 8vo, price 4s. net.

(b) "The After-Treatment of Operations." By P. Lockhart Mummery, F.R.C.S.Eng., B.A., M.B. B C.Cantab., Demonstrator of Operative Surgery, St. George's Hospital; late senior House Surgeon, St. George's Hospital. London: Bailliere, Tindall and Cox. 1903. Pp. viii. and 221. Illustrations 29. Crown 8vo, price 5s. net.

(c) "Elements of Surgical Diagnosis." By A. Pearce Gould, M.S.Lond., F.R.C.S Eng. Third Edition, revised and enlarged. London, Paris, New York, and Melbourne: Cassell and Co., Ltd. 1903.

sought. These two chapters go far towards making the book thoroughly up to date, and we consider them of great value. We can strongly recommend this book to all students, and it will well repay most practitioners to read it.

YEAR-BOOK OF PHARMACY. (a)

This excellent year-book contains a good account of the investigations on the subject of radium, together with a summary of the history of the element, by C. W. Ranolt. Everything connected with this marvellous substance which has already given pause to many of our fundamental theories on chemistry, is deeply interesting, and the concise statement of Mr. Ranolt makes the present volume one of the most valuable of a very valuable series. Hardly less interesting are the experiments of H. Moissau on the behaviour of the allotropic forms of carbon at high temperatures. Old-established views are further shaken by J. Dewar's demonstration that fluorine retains its chemical activity at very low temperatures—252° C. Coming to materia medica we find that ipecacuanha still gives occupation to analytical chemists without much reward for their labour. Mr. Mueller's suggestive and useful paper on the solubilities of alkaloids is given with sufficient fulness to allow of his experiments being followed and understood. The continuous struggle between sophistication and analysis is well-known in the study of essential oils, notably in the adulteration of peppermint oil with triacetin, which apparently largely increases the ester value of the oil. It is interesting to note that there is a growing tendency to use curious animal products, and as we read Kebler's and Pancoast's papers on bear's grease, rattlesnake oil, and skunk oil, we seem as if reading a page of Bullen's "Quincy," or "Culpeper," or Mr. Brooks' "Batu na Abubuan Hausa," in which he describes the making of the Hausa arrow poison, thus :—"Seek the head of the striped snake, the head of the black snake, and the fruit of wild lime, pepper, and tobacco. These are all mixed together, pounded, and put into a clay bowl, boiled and smeared on a spear." We are glad to notice that the editors consider that many of the new remedies foisted on the notice of therapeutists as synthetic preparations are unworthy of notice. Some formulæ from the new Pharmacopœia of St. Thomas's Hospital, and from formulæ employed in British naval hospitals, are included ; which cannot but be helpful to the practitioner. We have given more space than usual to this year-book, for we think that our medical brethren cannot know how much information it contains or they would more generally subscribe for it.

WARDEN'S HANDBOOK TO THE PARIS MEDICAL SCHOOL. (b)

This is an extremely useful little guide to the Paris hospitals. Under each is given a list of physicians and surgeons with their hours of attendance. The readiest means of reaching the various hospitals mentioned is clearly set out, so that foreigners may have no difficulty in finding their way about. A table of the medical societies is supplied with their dates of meeting and correct addresses. The best part of the guide is that entitled "Daily Diary," in which we have noted down under each day of the week the names of the various lecturers, their hours, subjects, and place of meeting. The foreigner may be surprised to find Sunday included, but in Paris this is no day of rest for those holding hospital appointments in the same sense as it is here. A list is also given of the Paris members of the Continental Anglo-American Medical Society. We have no doubt Dr. Warden's pocket-book will find a home in many a medical vagabond's pocket. We trust he will keep the work well up to date, and would suggest that a smart map of Paris indicating the situation of the various hospitals and medical and scientific institutions should be added in the next edition.

(a) "Year-Book of Pharmacy, comprising Abstracts of Papers Relating to Pharmacy, Materia Medica, and Chemistry, contributed to British and foreign journals from July 1st, 1902, to June, 1903." By J. O. Braithwaite. London: J. and A. Churchill. 1903.

(b) "An English Handbook to the Paris Medical School." By A. A. Warden, M.D., Visiting Physician to the Hertford British Hospital, Paris. Price 2s. net. London: J and A. Churchill. 1903.

Obituary.

DR. GEORGE PATRICK O'CONNOR.

The accidental death of Dr. George Patrick O'Connor at the early age of thirty-one will be the cause of much regret to his many friends in Ireland. At the beginning of the year he met with a carriage accident, being thrown over a precipice one hundred feet in depth, and sustained injuries which proved fatal a few weeks later. Deceased was the son of Dr. M. O'Connor, of Chatteris, Cambridgeshire, and was Medical Officer of Health for Harding in Alfred County, South Africa. His death took place at Pinetown Bridge, Natal.

DAVID THOMSON PLAYFAIR, M.D.

By the death of David Thomson Playfair, M.D., Bromley has lost one of its busiest and most popular medical practitioners. His death took place somewhat suddenly at Bournemouth at the comparatively early age of forty-eight. He was a son of the Rev. David Playfair, of Abercorn, N.B. He studied at Edinburgh, where he qualified as L.R.C.S. and P. in 1877, M.B., C.M. or Edinburgh University in the same year, and M.D. in 1888. For many years he acted as honorary medical officer to the Bromley Cottage Hospital. Deceased was well-known as a skilful musician and photographer. Death was due to appendicitis.

MR. WARBURTON, M.R.C.S., L.S.A.

We regret to announce the death of Mr. Warburton, of Treherbert, a well-known medical practitioner. Deceased, who was sixty years of age, had carried on practice in the neighbourhood for the last thirty years, during the whole of which period he acted as surgeon to the Ynsfew and Blaenavon Colleries.

DAVID PORTEOUS, M.D.GLASG.

We regret to announce the death of Mr. David Porteous, who was medical officer to Sir John Ross's expedition in 1850 to the Arctic regions in search of Sir John Franklin, at Middleton St. George, Darlington, recently, at an advanced age. In early manhood he was an assistant-surgeon in the Navy, and had medals for service in the Arctic region, in the Baltic and Crimean campaigns, and in the Indan Mutiny. He graduated as M.D. of Glasgow in 1848 and for thirty years practised at Middleton.

DUNCAN CAMPBELL LONGDEN, M.B., M.R.C.S.ENG., D.P.H.ED., F.R.C.S.ED.

It is with much regret we announce the death of Mr. D. C. Longden, at his brother's house in London, at the early age of 37. His education began in 1884 at Edinburgh University, where two years later he took a gold medal in anatomy, and later became Senior Demonstrator of Anatomy. Some time after qualification he became lecturer on anatomy at the School of Medicine for Women, but some years later was compelled to go abroad on the return of chest symptoms. For five or six years he acted as surgeon to a steamship line, and then became Medical Officer to the Boer Refugee Camp. Soon after his return home his fatal illness was ushered in by an attack of hæmoptysis, and the end speedily came to a career of more than usually brilliant promise.

E. C. GARLAND, M.R.C.S., D.P.H., OF YEOVIL.

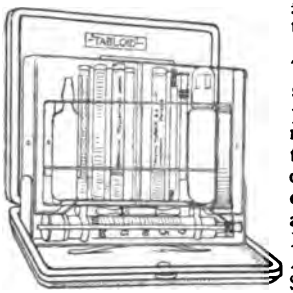
The death took place recently at Yeovil, of Dr. Garland, Medical Officer of Health of that town. Deceased, who was 70 years of age, was educated at Sherborne School, and qualified as M.R.C.S. in 1855. He also held the diplomas of L.S.A., L.R.C.S., and L.R.C.P.Ed., and D.P.H. He was consulting surgeon to the Yeovil Hospital, and for many years Deputy

Coroner for the late Dr. Wybrants, of Shepton Mallet. His loss will be felt by a wide circle of friends and by his two children.

New Inventions & Medical Appliances.

THE HYPODERMIC "TABLOID" BRAND POCKET CASE (No. 21.).

THE attention of medical men generally may be drawn to the Hypodermic "Tabloid" Brand Pocket Case (No. 21), which is now issued in gun-metal. All in want of an aseptic hypodermic outfit may avail themselves of this useful and extremely compact case. The outside measurements are 3½ ins. by 3¼ ins. by ¾ in., and the case may therefore be carried in the waistcoat pocket. The fittings comprise a special detachable nickel-plated aseptic frame and revolving rack for nine tubes of "Tabloid" hypodermic products, capsule of ether, glass stoppered and capped phial, the B. W. and Co. All-Glass Aseptic Hypodermic Syringe, with one exploring and two regular needles. This *multum in parvo* is one of the neatest and most ingenious cases ever contrived to lighten the anxiety of the busy practitioner. Armed with this, he may with confidence encounter many an emergency when thrown upon his own resources far from the aid of chemists or consultants. For every-day routine work it is simply perfect and unsurpassable in its up-to-dateness.



Medical News.

Lectures on Medical Jurisprudence.

On February 4th, Dr. F. J. Waldo, coroner for the City of London, delivered the fourth of a series of six lectures before the Council of Legal Education at the Old Hall, Lincoln's Inn. Sir Alfred Marten, K.C., vice-chairman of the council, presiding. Dr. Waldo said that the two standpoints, that of law and that of medicine, with regard to insanity were of a different nature, although both agreed in the absence of any satisfactory definition of the term "insanity." He then described at some length the various types of "medical insanity" from the modern point of view—namely, mania, melancholia, delusional insanity, general paralysis dementia, and idiocy. One practical fact insisted upon was the necessity of a medical examination of persons of previously blameless life who suddenly committed some offence that brought them into the custody of the police, as it not infrequently happened that the prisoners were not responsible for their actions. The second halt of the lecture was devoted to the legal attitude with regard to insanity, chiefly in its particular application to the criminal responsibility of the insane. Lord Hale in 1675 ruled that "if a traitor become *non compos mentis* before conviction he shall not be arraigned; if after conviction he shall not be executed." In 1843 the House of Lords repudiated the old test of sanity as an abstract knowledge of right and wrong and substituted a knowledge of right and wrong as regards the particular crime of which a person was accused.

Royal College of Surgeons in Ireland.

THE annual charter dinner of the Royal College of Surgeons in Ireland took place in the College, Stephen's Green, on Saturday night. The Museum, in which the dinner was served, was tastefully decorated. At either end of the room were large representations of the Royal Arms and motto, and numerous flags were neatly arranged in various positions.

Sir Lambert H. Ormsby, President of the College, occupied the chair, having on his right his Excellency the Lord Lieutenant, the Right Hon. the Earl of Westmeath, Right Hon. Mr. Justice Ross, Sir Philip Smyly, Sir Christopher Nixon, Sir Charles Cameron, C.B., Sir Charles Ball, and Sir Augustine Baker. To the left of the President were Lord Ashbourne, Lord Chancellor of Ireland; Lord Plunket, K.C.V.O.; the Right Hon. Sir Anthony P. MacDonnell, K.C.S.I., K.C.V.O.; the Hon. A. Browne, Sir Arthur Macan, President Royal College of Physicians; Sir James Murphy, Bart., and Major-General Vetch, Commanding 13th Infantry Brigade, Dublin. The vice-chairs were occupied by Mr. G. F. Blake, J.P., Registrar, and Mr. J. Barton, F.R.C.S., Secretary to the Council.

After dinner, and the toast of "The King" had been proposed, the President proposed the toast of "His Excellency the Lord Lieutenant, and prosperity to Ireland." His Excellency, in returning thanks, said that it had been suggested that in some of his speeches he had used vague and ambiguous language. He had always attempted to be frank and straightforward in the opinions he had expressed. While not claiming that the utterances of the Lord Lieutenant should be absolved from legitimate criticism, he protested against their being invested with meanings that were never intended. He specially objected when this was done by people sitting in London whose opinions were cramped by the recollection of past discomfitures. As to the Land Act, there were undoubtedly some defects in its provisions which it would be their duty to rectify on the earliest possible occasion. However, having regard to the present state of the money market, it was by no means an unmixed evil that the Land Act should be working steadily but surely. He echoed the opinion expressed by the President of the College that land purchase would not have the effect of driving the resident gentry from Ireland.

Sir Thomas Myles proposed, "The Navy, the Army, and Auxiliary Forces." Sir Charles Cameron proposed "The Royal College of Physicians," the Vice-president of the College, Mr. Chance, "The Guests," and the Lord Chancellor, "The Royal College of Surgeons."

The Royal University of Ireland.

LIST OF EXAMINERS IN MEDICAL SUBJECTS FOR 1904.

IN THE FACULTY OF MEDICINE.

Anatomy.—Ambrose Birmingham, M.D., Joseph P. Pye, D.Sc., M.D., Johnson Symington, M.D.

Physiology.—John J. Charles, M.A., M.D., Denis J. Coffey, M.A., M.B., B.Ch., B.A.O., *T. H. Milroy, M.D.

Medicine.—*James A. Lindsay, M.A., M.D., John I. Lynham, M.D., M.Ch., M.A.O., *Joseph F. O'Carroll, M.D.

Surgery.—John S. M'Ardle, F.R.C.S.I., Charles Y. Pearson, M.D., M.Ch.

Ophthalmic Surgery.—*Arthur W. Sandford, M.D., M.Ch., *Louis Werner, M.B.

Midwifery.—*John W. Byers, M.A., M.D., M.A.O., *Alfred J. Smith, M.B., M.Ch., M.A.O.

Medical Jurisprudence and Sanitary Science.—*Patrick T. O'Sullivan, M.D., Antony Roche, M.R.C.P.I.

Materia Medica.—*Martin Dempsey, M.D., *Sir William Whitla, M.A., M.D.

Pathology.—*Edmond J. M'Weeney, M.A., M.D., *James Lorrain Smith, M.D.

Sanitary Science.—*Sir Charles A. Cameron, C.B., M.D.

EXTERN EXAMINERS.

Surgery.—*Charles Stonham, F.R.C.S.E.

Midwifery.—*Henry Jellett, M.D.

Pathology.—*Alexander C. O'Sullivan, M.D.

Ophthalmology.—*William G. Sym, M.D.

Examiners marked thus (*) were reappointed for the year 1904. The names of Fellows of the University are not marked. Mr. Jack and Mr. McElderry are appointed for 1904.

Volunteer Army Medical Corps.

COUNTESS HOWE recently distributed the prizes to the London Volunteer Companies of the Royal Army Medical Corps. Colonel J. E. Squire, explaining the position, said he was obliged to report a further diminution of the strength of the corps. At the end of 1901 the total was 471; a year later 440, and last year 383. The letters of resignation were nearly all to the effect that the writers were unable to comply with the new Volunteer regulations. With regard to recruits, they were only 57 last year, against 113 in 1901. Only with regard to numbers had the corps cause for regret. Its efficiency was as high as ever, and in some respects higher. The prizes having been distributed, Colonel Squire asked Lady Howe to unveil an oak tablet on one of the walls of the hall recording the names of 86 members of the corps who served in the South African War. Lady Howe, having unveiled the memorial, said she could testify to the excellence of the men of this corps from the reports she received of them and their comrades when they manned the Imperial Yeomany Hospital and Bearer Company in South Africa.

Balneological Congress at Aachen (Aix-la-Chapelle).

THE twenty-fifth Balneological Congress will be held at Aachen from March 3rd to 7th, under the presidency of Herr Liebreich, of Berlin. The opening ceremony is announced to take place at the Kurhaus at 8 p.m. on Thursday, March 3rd. The Congress will open at ten on the following morning with speeches from Herr von Hartmann, "Regierungs Präsident"; Herr Veltmann, "Oberbürgermeister"; Dr. Breuler, rector of the Hochschule; Dr. Beissei, Sanitätsrath; and others. Communications are announced from Herr Polis, of Aachen, on "The Climatic Conditions of the Rhine Provinces"; Herr Burwinkel, of Nauheim, on "Acute Rheumatism in the Joints"; Herr Rothschild, of Soden, on "The Climatic Treatment of Heart Complaints"; Herr Kugler, of Marienbad, on "Balneophysics and Climatic Health Resorts"; and others. Among the entertainments there will be a special performance of Haydn's "Creation" in the large concert-room of the Kurhaus. Further particulars will be supplied by Herr Sanitätsrath Dr. Beissel, 18 Kleinkolnstrasse, Aachen.

The Royal Commission on Shell-fish.

A CONFERENCE of oyster merchants and others interested in the shell-fish industry was held at the Great Eastern Hotel, Liverpool Street, London, on Friday, February 5th. Mr. D. J. Morgan, M.P., presided, and the business was to consider the recent report of the Royal Commission on Sewage Disposal bearing upon the protection of shell-fish layings.

Darmstadt Poisoning.

THE eleventh death from the eating of poisonous beans at Darmstadt has occurred. The latest victim was an elderly lady, who was one of the first to exhibit the symptoms of poisoning, but she had so far recovered that the doctor on Tuesday considered her out of danger.

PASS LISTS.

Army Medical Service.

THE following is the official list of Candidates who were successful at the recent examination in London for Commissions in the Royal Army Medical Corps, and for which fifty-eight candidates entered :—

Marks.	Names.
590	Rugg, G. F., M.R.C.S.Eng., L.R.C.P.Lond.
588	Thomson, D. S. B., B.A., M.B., B.Ch., B.A.O. Dub.
562	Arthur, A. S., M.B., B.S.Durh.
555	Fairbairn, J., M.B., B.Ch.Edin.
542	Anderson, R. G., M.R.C.S.Eng., L.R.C.P.Lond.
542	Bousfield, L., B.A., M.B., B.C.Cantab., M.R.C.S. Eng., L.R.C.P.Lond.
540	Douglass, J. H., B.A., M.D., B.Ch., B.A.O., D.P.H.Dub.
537	Le Bas, D., M.R.C.S.Eng., L.R.C.P.Lond.
532	Lewis, R. R., M.R.C.S.Eng., L.R.P.Lond.
527	Turner, C. H., M.R.C.S.Eng., L.R.C.P.Lond.
526	Noke, F. H., M.B., B.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond.
520	Cathcart, G. E., M.R.C.S.Eng., L.R.C.P.Lond.
519	Whitehead, E. C., M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond.
518	Lucas, T. C., B.C.Cantab., M.R.C.S.Eng., L.R.C.P. Lond.
511	Turnbull, J. A., L.R.C.P. and S.Edin., L.F.P.S. Glasg.
509	Wiley, W., B.A., M.B., B.Ch., B.A.O.Dub.
508	Hole, R. B., M.B., B.Ch.Edin.
506	Otway, A. L., B.A., M.B., B.Ch.Dub.
503	Vaughan, W. F. H., M.R.C.S.Eng., L.R.C.P.Lond.
500	Grant, M. F., B.A.Cantab., M.R.C.S.Eng., L.R.C.P.Lond.
500	Harding, H., M.B., B.Ch.Edin.
495	Johnstone, D. P., L.R.C.P. and S.Edin, L.F.P.S. Glasg.
489	Moore, E. H. M., M.R.C.S.Eng., L.R.C.P.Lond.
480	Garland, F. J., M.B., B.Ch., B.A.O., R.U.I.
478	Ahern, M. D., L.R.C.P. and S.Edin.
472	Connell, H. B., L.R.C.P. and S.Edin.
468	Hayes, G. S. C., M.R.C.S.Eng., L.R.C.P.Lond.
462	Bowle, S. C., M.R.C.S.Eng., L.R.C.P.Lond., L.D.S.Eng.
461	Meaden, A. A., M.R.C.S.Eng., L.R.C.P.Lond.
457	Cahill, R. J., M.B., B.Ch., B.A.O., R.U.I.

Royal College of Physicians, Edinburgh, Royal College of Surgeons, Edinburgh, and Faculty of Physicians and Surgeons of Glasgow.

THE quarterly examinations of the above Board, held in Edinburgh, were concluded on the 29th ult., with the following results :—

Final Examination.—Of 66 candidates entered the following 38 passed the examination, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G. :—Edith Serjeant, Hunts; Walter Alphonso Dorion, Canada; James Sydney Cooper, London; Alexander Hugh Blaxell Pearce, Edinburgh; Harry Lorne Pavey, Canada; Robert Brodie Anderson, Canada; Rupert Allen Clayton Rigby, Ceylon; John Daly Nicolas, Calcutta; John James Andrews, Montreal; Ida Margaret Guillaume, London; Leo Ferdinando Bianchi, England; William James Purves, Hartlepool; Henry Murray Agnew, Lurgan; William Rotherham, Lancs.; Joseph Stark, Lanark; William Black Hendry, Edinburgh; James MacGregor, Montreal; Henry Maurice Madden, Cork; Samuel James Mathewson, Tyrone; Ian Campbell, Perthshire; Henry Ronald Leonard, Malta; Patrick Shaw, Melbourne; Jesudawson Joseph Anthony-Pillay, S. India; Sheik Nizam ud din, Punjab; Edward Rolston Langrill, Toronto; Ram Sarup Varma, India; Andrew Malachy Walsh, co. Waterford; John Herbert Yearsley, Welshpool; John Mounette Huey, Londonderry; Denham Cecil Woods, India; Thomas Sargent Pearse, New Zealand; Eulalia Sisley Richards, Battle Creek, Mich.; Charles Henry Arthur Alderton, India; William Lang Hodge, Plymouth; John Watson, co. Armagh; Houland Samuel Rasaiah, Ceylon; Kershaw Dinshah Khambatta, India; and Sidney Percival Joseph, Ceylon; and 11 passed in medicine and therapeutics; 1 in surgery and surgical anatomy; 4 in midwifery; and 3 in medical jurisprudence.

Trinity College, Dublin.

THE following candidates passed the Final Examinations in surgery at the Hilary term, 1904 :—Thomas C. A. Sweetman, Robert Bailey, Charles E. Moore, Winslow S. S. Berry, Washington P. Tate, John C. Hall, Herbert Stone, William M. Wade.

Conjoint Examinations in Ireland.

THE following have passed the examination for the Conjoint Diploma in Public Health :—Joseph P. Dee, M.B., &c., R. Julyan George, M.B., &c., Christopher A. Johns, M.B., &c., J. M. S. Levis, L.R.C.P.&S.I. (Honours), Thos. J. Nicholl, L.R.C.P.&S.I., E. M. J. O'Farrell, F.R.C.S.I., Thos. Rhind, M.R.C.S., L.R.C.P., Alex. W. Sampey, L.R.C.P.&S.I., Lieut. R.A.M.C. (Honours), Ed. J. Tynan, F.R.C.S.I.

THE General Medical Practitioners' Association has circulated some adverse comments on the new London University scheme for centralising the teaching of medical science subjects. It maintains that these subjects can best be taught, as now, in class-rooms of moderate size rather than in vast and crowded laboratories in South Kensington.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

NEW TREATMENT OF RENAL AND CARDIAC DROPSY.

Our French correspondent has sent us the abstract of an important paper by Professor Renaut on a new treatment of renal and cardiac dropsy with reports of cases in which it had proved very efficacious. Report in our next issue.

A PROVINCIAL PRACTITIONER.—If you will furnish us with data on which to form an opinion, we shall be pleased to go into the matter and state our views.

A CORRESPONDENT writes:—"What fee should I charge a patient—living in a £28 per annum rental—for the operation of injecting diphtheritic serum.—(*a*) When on my ordinary round? (*b*) When as a special visit, two miles off and a cab fare of 2s. 6d, at 8.30 p.m.?" [Perhaps some of our readers will furnish the desired information, —ED].

A SHEFFIELD SURGEON.—The craze for erecting large and costly sanatoria for consumption must speedily come to end. The essence of successful treatment of tuberculosis is isolation and simplicity.

U. A. S. (Enfield).—The case would be most suitable for treatment in the house of a medical man. There is an association in Bournemouth for the registration of medical men who can take such resident patients. The Hon. Sec. is Dr. Crallan.

BURGOYNE.—Madeira is generally considered unfitted for gouty persons. That is so, speaking generally, but if the patient be abstemious, as a rule a glass of sound Madeira now and then will do no harm. *Crede Experto.*

DR. PEARSE (Plymouth).—We hope to have space for your paper on 'Immunity" in an early number.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, FEBRUARY 17th.

ROYAL MICROSCOPICAL SOCIETY (20, Hanover Square, W.).—8 p.m. Mr. C. L. Curties: Exhibition of Specimens of Marine Objects mounted by Mr. H. J. Waddington. Papers:—Mr. E. M. Nelson: (1) On the Vertical Illuminator; (2) The Influence of the Antipoint on the Microscopic Image shown Graphically.—Mr. K. Lucas: A Microscope with Geometric Slides.

ROYAL METEOROLOGICAL SOCIETY (Institute of Civil Engineers, Great George Street, Westminster, S.W.).—7.30 p.m. Papers:—Mr. E. Mawley: Report on the Phrenological Observations for 1903.—Mr. W. H. Dines; Observations by means of Kites at Crinan in the summer of 1903.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. E. Owen: Clinique. Surgical.) 5.15 p.m. Mr. S. Stephenson: Some of the Newer Remedies in Eye Disease.

THURSDAY, FEBRUARY 18th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique (Surgical.) 5.15 p.m. Mr. E. Clarke: Errors of Refraction, their Diagnosis and Treatment.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.).—5 p.m. Dr. T. N. Kelynack: Principles and Practice of the Sanatorium Treatment of Consumption. (Post Graduate Course.)

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—6.15 p.m. Dr. M. Dockrell: Fungus Diseases of Skin. (Chesterfield Lecture.)

FRIDAY, FEBRUARY 19th.

EPIDEMIOLOGICAL SOCIETY OF LONDON (11, Chandos Street, Cavendish Square. W.).—8.30. p.m. Paper:—Dr. M. Coplans: The Etiology of Scurvy.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. D. Grant: Clinique. (Ear.)

MONDAY, FEBRUARY 22nd.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN (20, Hanover Square, W.),—Papers by Mr. Cornelius Robbins and Mr. J. Thornton Carter on Further Notes on some Prehistoric Skulls.—Dr. H. Bellamy Gardner will give a Casual Communication on Variations in the Atmospheric Pressure, and their Influence upon the Inhalation of Anæsthetics.

TUESDAY, FEBRUARY 23rd.

THERAPEUTICAL SOCIETY in the Apothecaries' Hall at 4 p.m. (1) Dr. J. Burnet on Ichthoform and Ichthorgan: An Account of their Therapeutic Applications. (2) W. McAdam Eccles on Some Remarks respecting Trusses and their Use.

Vacancies.

Birmingham and Midland Eye Hospital.—House Surgeon, Salary £75 per annum. Applications to the Chairman of the Medical Board on or before Monday February 29th. Any further information may be obtained on application to the Secretary. By order, J. Cranmer Gell, Secretary, Secretary's Office, Church Street, Birmingham, February 13th, 1904.

Bradford Children's Hospital.—House Surgeon, Salary £100, with board, residence, and washing. Applications to C. V. Woodcock, Secretary, Bradford.

Cheltenham General Hospital.—Junior House Surgeon, Salary £70 per annum, with board, lodging, and washing. Applications to H. T. Carrington.

City of Sheffield.—Second Assistant Medical Officer, Salary £150 per annum, with board, lodging, and attendance. Applications to H. Sayer, Town Clerk, Town Clerk's Office, Town Hall, Sheffield.

Civil Service Commission.—Forthcoming Examination. Junior Assistant in the Department of the War Office Chemist, Woolwich. Applications to the Secretary, Civil Service Commission, Burlington Gardens, London, W. (See Advt.).

Clayton Hospital and Wakefield General Dispensary.—Junior House Surgeon, Salary £80 per annum, with board, lodgings, and washing. Applications to the Hon. Secretary, Clayton Hospital, Wakefield.

County Council of Middlesex.—Medical Officer of Health, Salary £700 per annum. Applications to Richd. Nicholson, Guildhall, Westminster, S.W. (See Advt.).

Gesto Hospital, Skye.—Resident Medical Officer, Salary £200 per annum, with furnished house, coals, light, and taxes. Applications to the Secretary, J. Simpson, North of Scotland Bank, Limited, Portree, Skye.

Joint Counties Asylum, Carmarthen.—Junior Assistant Medical Officer, Salary £150 per annum, with board, furnished apartments, and washing. Applications to Dr. Goodall, Medical Superintendent, The Asylum, Carmarthen.

Lancashire County Asylum, Winwick, Warrington.—Assistant Medica Officer, Salary £150 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.

Lincoln General Dispensary.—Resident Male Medical Officer, Salary £150 per annum, with furnished apartments, fire, and gas provided. Applications to William Dean, Secretary, Board Room, Lincoln.

Roscommon Union.—Medical Officer of the Ballyleague Dispensary District, Salary £100 per annum. Applications to T. J. O'Keeffe. (See Advt.).

Royal Albert Edward Infirmary and Dispensary, Wigan.—Junior House Surgeon, Salary £80 per annum, with board, apartments, and washing. Applications to W. M. Taberner, General Superintendent and Secretary.

Royal Surrey County Hospital, Guildford.—Resident House Surgeon, Salary £100 per annum, with board, residence, and laundry. Applications to the Hon. Secretary.

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant-Medical Officer, Salary £140 per annum, with board, &c. Applications to the Medical Superintendent.

West Riding Asylum, Wadsley, near Sheffield.—Fouth Assistant-Medical Officer, Salary £150 per annum, with board, &c. Applications to the Medical Superintendent.

Appointments.

AWDRY, WALTER ROBERT, M.B., Durh., M.R.C.S., Honorary Surgeon to the Berkeley Hospital.

BATTEN, R. WINTERBOTHAM, M.D., F.R.C.P.Lond., M.R.C.S., Honorary Consulting Physician to the Berkeley Hospital.

BOWES, T. A., M.D. Cantab., Certifying Surgeon under the Factory Act for the Herne Bay District of the county of Kent.

FLEMING, R. J., M.D., House Surgeon to the Richmond, Whitworth, and Hardwicke Hospitals.

GRANT, L., L.D., M.S.Edin., Certifying Surgeon under the Factory Act for the Ballachulish District of the county of Argyll.

HEDLEY, A. S., M.B., B.S.Durh., Certifying Surgeon under the Factory Act for the Rothbury District of the county of Northumberland.

LANCASTER, ERNEST LE CRONIER, B.A., M.B., B.Ch.Oxon., M.R.C.S. Eng., Physician to the Swansea General and Eye Hospital.

LEE, DR. R. H., elected House Physician to the Richmond, Withworth and Hardwicke Hospitals.

MILWARD, F. VICTOR, M.B., B.C.Cantab., F.R.C.S.Eng., Medical Referee under the Workmen's Compensation Act for Birmingham, Bromsgrove, Redditch, and Solihull.

NUTHALL, A. W., F.R.C.S.Eng., Surgeon to out-patients to the Birmingham and Midland Free Hospital for Sick Children.

SALOMON, HENRY, M.D.Boston, L.R.C.P., L.R.C.S Edin., L.F.P.S. Glasg., Medical Officer to the Leicester Dispensary.

WILSON, J. CLARK, M.D., C.M.Edin., D.P.H.Camb., Pathologist to the Friedenheim Hospital, Upper Avenue Road. N.W.

Births.

BARTHOLEMEW.—On February 9th, at Cranbrook, Lansdowne Road, Aldershot, the wife of Captain E. Urquhart Bartholemew, Royal Army Medical Corps (Militia), of a son.

CAMERON.—On February 10th, at 9, Elms Road, Clapham Common, London, S.W., the wife of Albert Cameron, M.B., C.M., of a son.

COLMAN.—On February 11th, at 5, Home Terrace, Broughty Ferry, N.B., the wife of Horace C. Colman, M.D., of a son.

SOLLY.—On February 7th, at Strathlea, Harrogate, the wife of Ernest Solly, M.B., F.R.C.S., of a daughter.

Marriages.

BRIDGE—DAVIS.—On February 11th, at St. Matthew's Church, Ealing, John Crosthwaite Bridge, M.R.C.S., L.R.C.P., son of the late Rev. J. H. Bridge, vicar of Mucking, Essex, to Bessie Coleridge Davis, eldest daughter of the late Gateward Coleridge Davis, barrister-at-law, Inner Temple.

CAMERON—MACKINNON.—On February 11th, at the Parish Church, Welwyn, Herts, by the Rev, P. M. Wathen, rector, Captain Kenneth M. Cameron, R.A.M.C., to Norah Charlotte, second daughter of the late Walter Carr Mackinnon, 87th Regiment and 3rd Buffs.

Deaths.

BRIDGE.—On Fedruary 10th, at 49, Lissenden Mansions, London, N.W., Emily Sarah, widow of the late Alexander Bridge, M.D., M.R.C.P., of Argyll Place, W., aged 82.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, FEBRUARY 24, 1904. No. 8.

Original Communications.

PROGNOSIS IN HEART DISEASE. (a)

By JAMES BARR, M.D., F.R.C.P.,

President, Liverpool Medical Institution; Senior Physician, Liverpool Royal Infirmary; and Lecturer on Clinical Medicine, Liverpool University.

(*Concluded from page* 169.)

Mitral Stenosis.—This is a lesion which usually commences very early in life as the result of rheumatic endocarditis, or of chorea, and progresses very slowly. It is much more common in females than in males, as they are more emotional, have more active thyroids, and consequently are more liable to palpitation with straining and forcible impact of the mitral cusps. This leads to sub-endothelial proliferation of the connective tissue, with subsequent scarring, contraction, and narrowing of the orifice. If the lesion starts in early childhood, it is likely to end fatally within ten or fifteen years; but if it begin after puberty, when the body is fairly developed, the patient may live to forty or fifty years of age, enjoy fairly good health, and bear a large family, though this is the lesion of all others most seriously affected by gestation. If there be a loud auricular systolic murmur, a regular pulse, about 80, of fairly good volume and moderate tension, and no evidence of failure of the right side of the heart, the prognosis is good. On the other hand, if the orifice is much contracted, the auricle dilated, perhaps no murmur at the mitral orifice, the pulse small, irregular in force and rhythm, infrequent, and only relatively high tension, a diastolic murmur at the pulmonic orifice, dilated right side of the heart with incompetency of the tricuspid valve, and a large pulsating liver, the prognosis is very grave. They are usually patched up for a time by rest, digitalin, strychnine, and nitro-glycerine, but under any stress or strain they break down and, after a few years' invalid life, succumb. Many patients in the early stage of this affection, if they happen to come under the care of an energetic therapeutist, scarcely get a fair chance; they are practically poisoned with digitalis, which raises the already far too high blood pressure, contracts an already too small ventricle, and further strains the mitral cusps and hastens the progress of the mischief. At this stage the patients require moderate exercise, a dry diet, and, if any medicine be necessary, it must be something like nitro-glycerine, which lessens the arterial blood pressure, allows a greater accumulation of blood in the systemic circuit, and lessens that in the pulmonic system. Patients suffering from advanced mitral stenosis are specially liable to embolism in the left middle cerebral artery from soft clots formed in the auricle. On the other hand, those suffering from infective endocarditis are more liable to infarcts in the spleen and kidneys. I look upon mitral stenosis as a lesion very amenable to treatment if intelligently dealt with during all its stages, but still, withal, a very serious affection, second only to aortic incompetency, not only from its effect in shortening life, but also from its crippling effects on the whole organism. Owing to the high arterial blood pressure, there is no anasarca until a late stage, when cardiac failure occurs.

Ascites frequently precedes the œdema of the lower extremities, and when there is also tricuspid stenosis, pleural effusion is not at all uncommon. Occasionally there is mitral stenosis following granular kidneys, but in such cases the contraction of the orifice is never very great, and the prognosis depends more on the renal affection than on the cardiac.

Mitral Stenosis accompanied by Mitral Incompetence.—The puckering of the mitral cusps and thickened edges often causes a buttonhole opening in the centre of a diaphragm, or at the end of a funnel-shaped orifice. This not only causes mitral obstruction but, being permanently open, allows of more or less free regurgitation. In advanced cases, the orifice may be very narrow, in some instances not larger than would admit a lead pencil, and consequently the ventricular systolic murmur may be very loud and musical, this being an exception to the dictum that the louder the murmur the less serious the lesion. In many of these cases the auricle is so much dilated that it fails to produce an auricular systolic murmur, hence many competent observers, who depend too much on murmurs in their diagnosis, fail to recognise the obstructive lesion, and treat such cases as those of pure mitral incompetency. Probably from these failures in diagnosis has arisen the impression in many minds that mitral incompetency is a more serious disease than mitral stenosis. In my opinion the regurgitation really adds nothing to the gravity of the case, and I hold that the man who cannot diagnose any cardiac lesion independently of the existence or non-existence of a murmur has only half learnt his work. In fact, he should have practically made his diagnosis before he puts his ear to the stethoscope. The prognosis in these cases largely depends on the extent of the lesion, which can be readily inferred from the secondary

(a) An Address delivered at the Southport Medical Society, January 27th, 1904.

conditions, such as the character of the pulse, the congestion and subsequent brown induration of the lungs, the competency of the pulmonic valves, the state of the right side of the heart, including the tricuspid valve, and the condition of the liver. I have seen some of these advanced cases last a few years as chronic invalids. The duration of these cases depends on the primary condition of stenosis, and is not practically affected by the incompetency. That the regurgitation is usually not great is shown by the arterial tension remaining relatively high, and there being no anasarca until there is cardiac failure.

Mitral Incompetency.—A pure mitral incompetency arising in early life from rheumatic endocarditis is, in my opinion, the most harmless valvular lesion. Moreover, it is the disease which is most benefited by digitalis, and therefore one to which the amateur physician can do least harm. A fellow-student of mine had mitral regurgitation of some standing, and has since been engaged in active practice for over thirty years. However, like any other lesion, there are different degrees of severity, and if you get marked hypertrophy with dilatation of the left ventricle, the chances of a long life are not great. This is more especially the case if the pulse be very irregular in force and rhythm, and there be a marked delay in its transmission; if there be frequent attacks of œdema of the lower extremities not very amenable to treatment; and if there be much dyspnœa and other pulmonary symptoms with secondary involvement of the right side of the heart.

Mitral incompetency arising in late adult life from degenerative changes in the aorta and coronary arteries, with dilatation of the left ventricle and enlargement of the mitral orifice, is a very serious lesion, and, although in the comparatively early stage is amenable to treatment, soon leads to cardiac failure and death. It is very difficult to put a time limit on this condition, but if life is to be prolonged, the patient must live at a low level, and avoid all stress and strain, whether physical or moral. The mitral regurgitation which frequently occurs in advanced chronic Bright's disease is merely an indication that the heart is giving way sooner than the vessels, and shows that the case is drawing to a close.

Aortic Obstruction.—This is generally looked upon as the least serious valvular defect—in fact, a very simple and usually harmless cardiac lesion—but it all depends on what is meant by aortic obstruction. If you look upon every case of an aortic systolic murmur due to slight thickening and roughening of the aortic cusps arising from an attack of rheumatic endocarditis as one of obstruction, then the prognosis may be considered extremely good. In such cases little or no hypertrophy is required, and the less the hypertrophy the more favourable the prognosis. If there be much obstruction from narrowing of the orifice, with perhaps two of the cusps fused together, the pulse long, slow, and infrequent, and the ventricle considerably hypertrophied, the prognosis becomes correspondingly more serious. But such cases may last for many years, even with an exceedingly small orifice, if the coronary arteries have escaped. The ventricle hypertrophies sufficiently to meet the obstruction, and remains healthy, provided the patient eschew alcohol, tea, coffee, and tobacco, and is not dosed with arsenic.

In cases of aortic systolic murmurs arising in advanced adult life and associated with atheroma or calcareous degeneration of the aorta, aortic cusps, and coronary arteries, the outlook is very bad. The clear ringing or clanging short, second sound indicative of a dilated and inelastic aorta is very ominous. If there be any suspicion of small aneurysms about the size of pigeons' eggs in the sinuses of Valsalva, you may be on the look-out for sudden death from rupture into the pericardial sac. The best that could happen in such a case would be aortic incompetency, but failing that, the blood pressure should be kept low. In cases of aneurysm of the thoracic aorta you not infrequently find that the aortic cusps become secondarily incompetent; but in cases of primary aortic incompetency due to rheumatic endocarditis you never get aneurysm. Hence I look upon the incompetence in such cases as a conservative lesion. In a case of aneurysm of the thoracic aorta I have seen all the pressure symptoms disappear and life much prolonged by such an occurrence. The greatest obstruction occurs in cases of granular kidneys, where, to use an Irishism, there is no aortic obstruction at all. Some time ago Dr. J. D. Wright and I had under our care a very clever and well-to-do engineer, but a rather cantankerous and obstinate patient. He was suffering from gouty kidneys, an aortic systolic murmur, an hypertrophied and powerful left ventricle with a mean blood pressure of over 250 millimetres of mercury. He had also peripheral neuritis with complete absence of the knee-jerks. I wished to make him a teetotaller and a vegetarian, but he strongly resented my treatment, and said that to hear Dr. Wright and myself talking, one would think that he never went to bed sober, but he could assure us that there was not a plainer-living man in Liverpool. I told him that was where the difference of opinion came in, and that I thought it would have been much better for him if he had gone occasionally to bed drunk, even with his boots on, rather than have continually lived at what I considered a high level. I plainly told him that if he did not lower the head of the liquid—to use an engineering term—the boiler would soon burst. However, he was not a man who was afraid to die, and while alive he was not going to be deprived of the pleasure of worrying his medical attendants. Under my treatment he declared he was "getting weaker and weaker every day," although I could point to the return and gradual improvement in the knee-jerks, and increased muscular power. Eventually he thought he would like other and perhaps more agreeable advice, and I gave him a letter to an eminent London physician who had done some good work on the diseases of the circulation. He evidently expressed his opinion very freely about me and my treatment, because I was very much amused to find in the letter which I received from my London friend that he took credit to himself for having patched up a quarrel between me and the patient. He did not know that when I give the best advice I can, I am not very particular whether the patient is pleased or not. If he does not take my advice that is his look-out, and he had better go to someone else. In impressing the patient with the great benefit which he had derived from my treatment, my friend told him, *inter alia*, that I had found albumin, now he could assure him there was not a trace. This was no doubt a fact, but in granular kidneys the presence or absence of albumin is of very little diagnostic and of no prognostic value. It is not what is excreted, but

the waste products which are retained that work the mischief. My friend relaxed my *régime* very considerably, of which the patient did not fail to apprise us when he returned. He soon afterwards got a slight apoplectic seizure. Our advice was again sought and followed. He recovered sufficiently to go a trip up the Mediterranean, a voyage which was undertaken by his own firm determination. He said the sea always did him good, and if he were going to die he might as well die there as anywhere else. He returned much improved, went to Llandudno, had another apoplectic seizure, and died.

Aortic Incompetency.—This is a lesion about which there have been very varied expressions of opinion. My own belief is that it is the most serious of all cardiac valvular lesions. On the other hand, Rosenstein, in Ziemssen's "Cyclopædia," says:—"The prognosis as regards the length of life and activity of the patient is more favourable in aortic insufficiency than in any other valvular disease. He may enjoy years of undisturbedly good health, as long as the increased force of the left ventricle suffices to prevent any stagnation of the circulation." I published a case where the disease lasted more than thirty-five years, during the whole of which time the man led an exceedingly active life, and for at least twenty years, as a School Board visitor, he walked fifteen to twenty miles or more daily. In this case the regurgitation was slight, the compensation good without much hypertrophy, and he led a very temperate life. The prognosis largely depends on the extent of the lesion. If the regurgitation is free and the dilated hypertrophy great, degenerative changes and cardiac failure set in early. For this reason the lesion occurring in the very young is certain to be progressive, and the life of the individual comparatively short. If it arise from an attack of rheumatic endocarditis about the age of 20 to 25, when the heart has attained its normal development, the prognosis is usually good. In such cases the lesion is not progressive, and if compensation do not require much hypertrophy, the patient may, with ordinary care, have a long life. The coronary arteries escape and the aorta retains its elasticity. These cases are easily separated from those arising from degenerative changes in the aorta by the slight but appreciable delay which takes place in the transmission of the pulse wave; hence I look upon this delay as a favourable omen. Healthy exercise is essential for the maintenance of healthy tissues, and every patient should avoid alcohol, tobacco, tea and coffee. When incompetency results from degenerative changes in the aorta the regurgitation is often very slight, and if the patient can be induced to lead a healthy life and avoid all gout-producing agents he may run the allotted span of life; but in many of these cases, before regurgitation has taken place and before advice is sought, the coronary arteries may be involved in the degenerative processes, and cardiac failure soon takes place. When compensation fails, the left ventricle gets more dilated and the mitral valve becomes incompetent, and you get much dyspnœa and œdema of the lower extremities, the end is not far off. This is the disease of all others where you get sudden death, and this is especially apt to occur where there are frequent intermissions in the pulse. There may have been no previous evidence of any failure of the left ventricle, but the coronary arteries are involved and the right side of the heart is often fatty; under any strain requiring increased oxidation it suddenly fails and the left side follows suit.

Aortic Incompetency, Mitral Stenosis, and Mitral Regurgitation.—This combination of lesions usually arises from rheumatic endocarditis. The mitral stenosis does not attain to any great degree of severity; the prognosis chiefly depends on the aortic lesion, and is practically always grave.

Angina pectoris is generally associated with aortic lesions. There are many cases of pseudo-angina, but in a true case, especially where the aorta is atheromatous, dilated, and walls thin, as indicated by a short, clear, ringing second sound, the patient is on the brink of a precipice.

Aortic and Mitral Lesions in the very Aged.—In people from 70 to 80 years of age or over, it is remarkable what loud, rasping, aortic systolic and diastolic, and mitral systolic murmurs are often heard without causing much, if any, cardiac disturbances. These murmurs are due to calcareous deposits in the valves, but the muscular structure is healthy, hence the freedom from symptoms, except those of senility.

Pulmonic Obstruction.—This lesion, we may say, is always congenital and usually associated with imperfect septum. It is only an exceptional case that reaches adult life.

Pulmonic Incompetence.—This lesion arises from high intra-pulmonary pressure due to mitral stenosis. It is very amenable to treatment; the prognosis is that of the mitral lesion.

Tricuspid Incompetence.—This is nearly always a secondary lesion, due to cardiac failure from some primary disease of the left side and often marks the terminal stage. However, it is not always so, and if the muscular structure be fairly healthy it is very amenable to treatment. Some eight months ago I was asked to see an old gentleman, the father of an eminent surgeon, who was supposed to be dying from heart disease. I found extensive arterial degeneration, aortic and mitral incompetency, congestion, and œdema of both lungs, very free tricuspid incompetency with a tender, pulsating, huge liver, which extended much below the level of the umbilicus. He recovered, and is now fairly well, but the murmurs are there, and the liver, though much reduced in size, still gives a very forcible pulsation. When the incompetency is due to acute strain from over-exertion or mountain climbing, the prognosis is, as a rule, good, if the patient gets over the immediate effects, both as to life and the complete recovery of the ventricle.

Tricuspid Stenosis.—This is frequently congenital, though it may be acquired from endocarditis in early life, and, I may say, is always associated with mitral stenosis. It is always less in extent than the mitral lesion, and I do not think adds much to the gravity of the latter affection. However, certain complications more readily occur, such as pleural effusion, ascites, pulmonary infarcts, and the venous sinuses in the heart are dilated. At present I know a child a few months old who has got well-marked tricuspid and mitral systolic murmurs; the child is perfectly well, and the murmurs were discovered accidentally. I daresay that the case will eventually end in mitral and tricuspid stenosis. As the child gets older the lesions may stunt her growth and development without giving rise to any cardiac symptoms.

Cardiac hypertrophy and dilatation, from

whatever cause arising, is sure to be followed by degeneration, and the greater the hypertrophy the earlier does failure take place.

Chronic Myocarditis and Fatty Degeneration of the Heart.—The diagnosis of these conditions is usually very difficult, unless the affection be far advanced, and then the prognosis is correspondingly serious. I differ from many writers in thinking that the right side of the heart is more frequently affected in an extreme degree than the left, and it is very fortunate for the patients when such is the case. At post-mortems I have often seen the right ventricle so fatty or fibroid that it must have been of very little use for years, and yet the patient had enjoyed fair health. I am inclined to think that, given a vigorous left ventricle and an active respiratory pump one might get on with only a simple reservoir on the right side. I know an old lady, now nearly eighty years of age, active and vigorous, who has had evidence of chronic myocarditis affecting chiefly the right side of the heart, such as arterio-sclerosis, irregular action of the heart, short, dull, right first sound, frequent doubling of first sound, and irregular pulse, for more than twenty years. Her mental energy often makes her undertake more work than she is capable of performing, and then she gets knocked over, has a bilious attack, &c., but with rest quickly recovers.

A STRANGE RESULT OF IODOFORM DRESSING. (*a*)

By H. MACNAUGHTON-JONES, M.D., &c.

THE local toxic effects of iodoform occasionally result in cutaneous conditions which are more or less serious, according to the extent of their invasion of the skin and their spread to other parts. The more common, which I have frequently seen, are general redness and swelling of the skin of the abdomen and down the thighs, sometimes extending from the trunk to the upper extremities, the eruption being very similar to that of scarlet fever. In several cases it was associated with a fine vesicular eruption, principally affecting the region of the wound. Other observers have had cases in which the vesiculation has extended into the deeper layers of the skin, resulting in considerable œdema, and, in some instances, in a sanguinolent effusion resembling superficial gangrene. (*b*)

A patient, æt. 30, on whom I recently operated for retroversion of the uterus by ventro-suspension, at the same time resecting an ovary, was progressing favourably until the third day after the operation. She then complained of irritation, and some smarting in the neighbourhood of the wound, which had been stitched with celloidinzwirn, a pad of moist sterilised 10 per cent. iodoform gauze being placed over it, and covered with coeletin. On raising the dressing, the nurse found some slight swelling and redness along the area of the incision. On the following day, when I examined the wound, the redness had extended to a considerable area, and the entire surface of the skin for a few inches at either side was vesicated. Attributing the condition to the iodoform, I had this removed, and the wound lightly sponged over with some weak formalin solution, dried, and dusted with dermatol (the subgallate of bismuth), covered with plain sterilised gauze and protected with coeletin. The distress continued, and on removing the dressing the next day I found several large vesicles, like those raised from an ordinary blister. One or two had burst, and the others were opened, and a quantity of serous fluid evacuated. There now appeared on the arms and hands some eczematous vesicles, and also a papillary eruption here and there, which was attended by great irritation. Much the same condition followed on the legs. The palms of the hands became red, and finally desquamated. Some three days later fresh vesicles appeared in the neighbourhood of the wound. There were no constitutional symptoms, and the range shows that there was but slight elevation of temperature on a few occasions, while the pulse remained normal. The skin healed by first intention, the suture being removed on the eleventh day.

Inquiring into the history of the case, it appeared that many years previously the patient had had an ulcer on the leg. This had been dressed with iodoform, when much the same effects had followed, the leg becoming œdematous, and a slough, extending some distance up, leaving an extensive cicatrix. The effects of the dressing were not discovered until after the toxic consequences had resulted. From her childhood she had suffered from an eczematous tendency, and there were symmetrical palmar patches of dry eczematous desquamation of long standing on the hands.

She left the Home perfectly well at the end of the fourth week, with only some remains of the eczematous condition in parts.

I have not seen the record of any case exactly similar to this, which is peculiar in the large blebs, somewhat like those of pemphigus, that appeared in the neighbourhood of the incision. One cannot help pondering on the consequences which would have followed in such a case had vaginal hysterectomy been performed, and the vagina tamponed with iodoform. I had the wound photographed when the vesiculation was at its height, but unfortunately, owing to the defective light, the photograph was not successful. One thing is clear—it is worth while inquiring, in any abdominal or pelvic operation in which iodoform is likely to be used, whether the patient has been subject to any cutaneous affection, and if so, to substitute another dressing for that of iodoform.

(*a*) Read at a meeting of the British Gynæcological Society, February 11th, 1904.

(*b*) "Reference Book of Practical Therapeutics." By E. P. Foster. Page 339, Vol. I., 1397. "Taylor's Jurisprudence," p. 427, Vol. I.

NOTE ON ONE OF THE CAUSES OF BLADDER IRRITATION IN GIRLS. (*a*)

By W. DUNNETT SPANTON, F.R.C.S., &c.,
Surgeon to the North Staffordshire Infirmary.

EVERY surgeon must have sometimes met with obscure cases of bladder irritation or cystitis in little girls, in which it has been difficult to assign a cause. Some instances have occurred in my practice which will tend to throw light on this subject, and are, therefore, I think, worth recording.

(*a*) Read at a meeting of the British Gynæcological Society, February 11th, 1904.

When a child is brought to the surgeon complaining of pain in the vesical region, frequent micturition and urethral irritation, the urine cloudy, perhaps containing a small quantity of blood and mucus, or muco-pus, without any constitutional disturbance, one generally would ascribe it to one of the following conditions :—

Diabetes, azoturia, calculus or other foreign body in the bladder, or urethra, or kidney, or possibly tubercle or malignant growth. The two last are rare and improbable.

Of course, the first thing to be done is to examine the condition of the urethra, and after examining the urine, to explore the bladder. The urethra may show signs of urethritis, but insufficient to account for all the symptoms ; the examination of the urine may indicate an excessive amount of uric acid, sugar, mucus, pus, blood, and possibly such irritating substances as oxalate of lime or triple phosphates.

If either oxaluria or azoturia exist, simple remedies will soon suffice to remove the irritation, but the presence of any inflammatory products will render this less likely. Then it will probably be found that the orifice of the urethra is sore and tender, and there may be discovered a tiny caruncle—and these will have to be eliminated from consideration. We then explore the bladder and find nothing ; when the puzzle as to the cause remains unsolved.

It is in such a case as this I found the wisdom of going more minutely into the question. And I will give a short account of three little patients in whom the same condition was found to exist, which will serve as an illustration :—

The first was a bright, healthy little girl about three years of age, who cried in micturition, which became very frequent, only small quantities of urine being passed each time. I found the urethral orifice tender and sore, and thinking this might be the sole cause of the trouble, prescribed some soothing application and gentle aperient simply. The urine was examined and found free from sugar and abnormal elements, but contained a little mucus, and a few blood corpuscles. The symptoms continued the same, so I passed a sound into the bladder under chloroform, suspecting there might be a calculus or some other foreign body. This revealed nothing ; but the urine which was next passed being examined, we found in it a shreddy-looking mass, with mucous cells, a few blood corpuscles, and mixed phosphates and urate of soda. Under the microscope the fluffy mass was shown to consist of an aggregation of woollen fibres entangled in mucus, and there were other woollen fibres also found free. Beyond a few blood corpuscles, crystals of mixed phosphates and amorphous urate of soda, nothing unusual was seen.

The next point was to discover how this irritating material had found its way into the bladder. I examined the child's under-garments, which consisted of thick woollen combinations, rather rough at the edges. The woollen fibres of these garments were carefully examined. I then came to the conclusion that, as the woollen fibres found in the urine exactly corresponded to those in the new set of "combinations" the child had been wearing, that the woollen material had chafed the urethra, some of the fibres had wormed themselves along it into the bladder, and so set up the irritation. When we remember the peculiar barbed edges of woollen fibres, it is quite easy to understand how they would travel up the urethra in the same way as an ear of grass or barley does ; and this also explains why the smooth fibres of flax or linen fail to do so. The garment was changed for a cashmere one, diluents were given freely to wash out the bladder, and in a few days every symptom had disappeared, and there has never been any since that time. I imagine that the sounding dislodged some of the woollen fibres, and as no more entered the bladder, this led to cure.

The next case was an older sister of the first, æt. about six. The symptoms in this child began in precisely the same manner. The urine on examination was found to contain woollen fibres, as in her sister's case, along with some mucus, and was of high specific gravity. The mother described it as containing "a long filmy substance," which proved to be wool fibres held together by bladder mucus. I did not, in the light of the former case, think it necessary to pass any instrument ; but merely changed the under-clothing, gave Contrexeville water freely, and very soon every symptom disappeared—never to return.

Some time afterwards, in 1901, another instance presenting similar features came under my notice. A merry little girl, æt. about five, was observed to show signs of irritation about the bladder, with frequent micturition and complaints of pain. There was no incontinence nor retention. I found her apparently in perfect general health. The symptoms were precisely similar to the former ones, but the urine was found overloaded with uric acid and urates, as well as containing the minute woollen threads. The note of urine examination was as follows :—Sp. gr. 1030, no albumin nor sugar, uric acid and oxalate of lime crystals, mucus and aggregations of fine woollen fibres.

The first thing to be done was to lessen the amount of nitrogenous food, to exchange the woollen garments next the skin for silk, and then give Contrexeville water freely. The child speedily got well, as in the former cases, and has had no trouble since.

It is often such little matters as these which, being overlooked, lead to the discredit of the surgeon, and it behoves the younger practitioner especially to bear in mind that such trivial causes may readily simulate more grave ones. They may then lead to a persistence of symptoms which, if unrelieved, may lay the foundation for gravel, for intractable cystitis, or possibly form, in a tuberculous subject, a focus for tubercle to attack—or, in other instances, a nucleus for stone. In fact, if we adopt Reginald Harrison's theory of the formation of calculi, it seems highly probable that threads entangled in the mucus of the bladder would readily lend themselves to such an evil purpose.

I daresay the same observations have been made by other surgeons, but no mention of them has ever come under my notice, and I have looked for them in the text-books in vain.

Trinity College, Dublin.

The following passed the Final in Medicine at the Hilary Term, 1904 :—Herbert St. M. Carter, Arthur W. Goldsmith, Wright Mitchell, Owen J. Parry-Edwards, Henry M. Crawford, John C. Hall, Wilfrid Thunder, William J. M'Iver, and David C. Pearson. M.B.—Robert Moore.

RUPTURE OF A TUBAL PREGNANCY

ON THE NINETEENTH DAY AFTER CONCEPTION, AND TEN DAYS AFTER THE UTERUS HAD BEEN CURETTED. (a)

By WILLIAM DUNCAN, M.D., F.R.C.S.,

Obstetric Physician to the Middlesex Hospital.

MRS. H., æt. 27, was married in 1900. She consulted me in October, 1901, for menorrhagia. The periods, which commenced at the age of 12, were quite regular (lasting four days) until the early part of 1901 (some months after marriage), when they began to increase in amount, with pain, the passage of clots, and a muco-purulent intermenstrual discharge. The patient was a healthy-looking but pale young lady of very active temperament. On examination, the uterus felt a little enlarged, was somewhat tender on palpation, was freely mobile and in normal position. Nothing abnormal could be felt in either the lateral or posterior fornices. Per speculum, the os uteri was eroded and some purulent discharge was seen exuding from it. I diagnosed fungous endometritis, and recommended that the uterus should be curetted. The patient went into a nursing home and, under anæsthesia, I dilated the cervix uteri up to No. 14 Hegar, and scraped away a very hypertrophied endometrium. The uterus, after having been swabbed out with liquor. iodi, was packed with iodoform gauze for forty-eight hours. At the end of that time the gauze was removed, and a vaginal douche of 1 in 4,000 solution of perchloride of mercury was ordered to be given night and morning whilst the patient remained in the home. (This is my usual method of treatment after curetting the uterus.) The patient made a perfectly uneventful recovery, and returned home well at the end of three weeks. I saw nothing more of her until the beginning of last November (1903), when she again consulted me for a recurrence of the menorrhagia. She then informed me that she had had a miscarriage at the third month, at Christmas, 1902, and that since that time the periods have been excessive and with clots. *Since the miscarriage she has never missed a period.* On examination, I found a similar condition of things to that present when she consulted me in 1901, except, perhaps, that the uterus was somewhat more bulky than on the former occasion, but nothing whatever abnormal was found in either fornix. As the next period was due in a few days it was decided that the curettage (which I again advised) should be deferred until a couple of days after the period had ceased. Accordingly, when this occurred, on November 14th, after a week's loss, I went down to the patient's home on November 16th, and, with the assistance of Dr. Gordon Hogg, of Ealing (under whose care the patient had placed herself, and to whose skill and unremitting attention the favourable termination of this most interesting case is largely due), I again curetted the uterus, removing, as on the former occasion, a very hypertrophied endometrium, but one which did not in the least raise in my mind the suspicion of its being a decidual lining. The patient progressed uninterruptedly well, having neither pain nor rise of temperature, until November 25th, when rupture took place.

At 9 p.m. that evening, Dr. Gordon Hogg rang me up on the telephone and asked me to go down and see the patient as she was bad. He told me that he paid his usual visit about 2 p.m. that afternoon, when the patient was, apparently, quite well, laughing and joking, and saying she would get up next day. On returning home from his round of professional visits at 7 p.m., he found a letter from the nurse asking him to send something to relieve the patient, who was complaining of pain at the chest and indigestion. Almost directly after reading the letter he received an urgent message asking him to go at once and see our patient. This he did, and on arrival he found her collapsed, pulseless, semi-conscious, and tossing about in bed, with gasping respiration. He at once injected strychnine hypodermically, and put hot bottles to the extremities in order to remedy the collapsed condition. As the patient's condition continued serious he, as I have mentioned, summoned me. On my arrival, soon after 10 p.m., I found the patient practically moribund, pulseless, blanched lips and gums very pale, and extremities cold. On palpating the abdomen, I found dulness in both flanks and over the hypogastrium. I also thought there was diminished resonance over the liver. It was evident that there was internal rupture of something, with hæmorrhage, also that abdominal section, unless associated with, or preceded by, transfusion, would be certainly fatal. Not having the necessary apparatus and instruments with me, I at once telephoned to my colleague, Mr. Pearce Gould, and, fortunately, found him at home, and got him to come out at once. Whilst waiting his arrival we prepared in readiness the operating table, also plenty of sterilised water. Mr. Gould arrived soon after midnight. The patient was at once placed on the table and skilfully put under the influence of ether by Dr. Robert Pitcairn Cockburn. Mr. Gould first started the infusion of saline fluid into the left submammary cellular tissue, and handed the care of this over to Dr Gordon Hogg, whilst he opened the left cephalic vein and performed intravenous transfusion (also of saline fluid). Immediately this transfusion was thoroughly started, I rapidly opened the abdomen, which was found full of liquid blood with some clots. The right uterine appendage was brought into view and proved to be normal, but when the left was drawn out there was seen to be a small, round perforation of the somewhat thickened tube near its uterine end (specimen shown). The broad ligament was quickly transfixed and tied with silk in the usual way, and tube and ovary removed. Most of the blood was sponged out of the abdominal cavity, which latter was also flushed with a lot of sterilised water, some of which was left inside. The abdominal wall was sewn up in three layers. Whilst this operation was proceeding, nearly two quarts of saline fluid had been injected (submammary and intravenous). After the operation, which lasted from twenty to thirty minutes, the patient was returned to bed, still in an extremely dangerous condition, although the pulse was faintly perceptible at the wrist. Hot bottles were applied, strychnine injected hypodermically, and an enema of brandy and beef-tea administered *per rectum*. When Mr. Gould and I left we could only give the relatives slight hope. Everything, of course, depended on whether the patient could be kept alive for the next few hours. We left her in Dr. Gordon Hogg's care, and the ultimate successful issue is greatly due to his unremitting attention.

(a) Read at a meeting of the British Gynæcological Society on February 11th, 1904.

At about 9 a.m. Dr. Hogg telephoned the welcome news that the patient was alive and conscious, that her pulse was better, her temperature normal, and she was able to take nourishment. The subsequent history can be related in a few words. The patient made an uneventful recovery, and is now (January 30th, 1904) quite well and getting about as usual.

Remarks.

This very interesting case presents several points for consideration :—

1. *The Duration of Pregnancy before Rupture took place.*—This can be accurately stated to be the nineteenth day, as after her recovery I went to see the patient in order to make sure of the date. She informed me that coitus took place on the Friday before her period commenced, namely, November 6th, and not for some time previous to then. Before questioning the patient I expected to hear that coitus had occurred on either of the two days which intervened between the cessation of the period and the curettage. This would have given eleven or twelve days before rupture. However, the patient was very positive that no coitus had taken place on either of those dates. As far as I can ascertain, there is only one other case recorded in which rupture of a tubal gestation took place as early as the nineteenth day. That is one reported by Mr. Rumley Dawson in the Obstetrical "Transactions" for the year 1898. (Vol. 40, p. 155.) In that case the rupture, which was near the uterine end of the tube, is said to have occurred on the fifteenth day. The patient was a multipara, and had not missed a period. Internal hæmorrhage was diagnosed, but no operation was performed, and the ruptured tubal gestation was only discovered post-mortem.

2. *As regards Diagnosis.*—When I first saw the patient there can be no question but that she was suffering from fungous endometritis, and although a tubal gestation was present *when I curetted the uterus*, seeing that it was only nine days old, and that the history was totally against pregnancy, I think it will be considered excusable my having failed to detect the slight enlargement of the left Fallopian tube, which must have been present when I examined the patient under anæsthesia before proceeding to curette the uterus. The more I see of cases of extra-uterine pregnancy, both in hospital and private practice, the less value do I know can be placed on the history of a patient having missed one or two periods. In many of these cases no such history can be obtained by the most careful questioning.

3. *When the Rupture took place.*—When Dr. Gordon Hogg rang me up on the telephone I confess I did not attach as much importance as I ought to have done to his statement that the patient, a few hours after he had seen her perfectly well, was collapsed and pulseless. I could not imagine anything having gone wrong with the pelvic organs ten days after curetting the uterus. However, on my arrival at the house and seeing the patient blanched (she was naturally pale), pulseless, and finding dulness in the flanks and over the abdomen, it was at once obvious that rupture of something had taken place with extensive hæmorrhage, which would ere long prove fatal unless operated upon. It seemed to me that the diagnosis lay between (*a*) rupture of a tubal gestation, and (*b*) perforation of a gastric ulcer with profuse bleeding. I leaned to the gastric ulcer view, as not only was the history completely against tubal pregnancy, but also I could not imagine myself failing to detect an enlarged tube; the fact also that on the afternoon of the accident the patient complained of indigestion and pain at the epigastrium helped to obscure the diagnosis.

4. Whatever the cause of the condition was, it was perfectly certain that the abdomen must be opened, as no one suffering from rupture of any internal organ with severe hæmorrhage should be allowed to die without an exploratory operation having been performed. In this case the patient was too bad to subject her to a severe operation without first (or, at any rate, simultaneously) transfusing her, and as I had not taken my transfusion apparatus with me, it was indeed fortunate to be within telephonic reach of skilled help and all the necessary instruments. This case teaches the lesson to always carry one's transfusion apparatus.

Lastly.—With regard to the parts removed, it will be seen from the specimen that the thickening of the Fallopian tube was comparatively slight, limited to the uterine half of the tube, and that the rupture took place near the uterus.

My friend, Dr. Victor Bonney (Obstetric Registrar and Tutor at the Middlesex Hospital), has made some excellent microscopical sections across the gestation sac, and a beautiful drawing of one of these is given. The section and the drawing made from it, which you see thrown on the screen with the epidiascope, very clearly show the gestation sac to be altogether away from the lumen of the Fallopian tube, and proves that what happens when a tubal gestation occurs is this :—"The minute embryo burrows through the epithelial lining of the tube into the muscular coat, where it develops, whilst the opening into the tube itself closes up again."

Pathological Report by Dr. Victor Bonney.

The specimen consisted of a Fallopian tube and attached ovary. The tube appeared normal to the naked eye, except at the junction of the isthmic and ampullary portions. Here was situated a small, hollow enlargement communicating with the outside by means of a clearly punched hole through which a small pencil might be passed. The cavity was principally in the tube wall, its outer wall being formed of thinly stretched tubal peritoneum, whilst its inner boundary was evidently in close connection with the tubal lumen, though whether it communicated with it was impossible to determine without cutting transversely across the tube at this point. On a transverse section being made across the tube on the uterine side of the punched-out aperture it was seen that the cavity was situated in the wall of the tube, and did not communicate with the tubal lumen at any point. Its outer wall was very thin, consisting practically of peritoneum only, but that towards the lumen of the tube was thicker, and contained muscle elements. The course of the lumen of the tube was marked in the inner wall of the cavity as a curved elevated ridge, much in the same way as the course of the acqueductus Fallopii is indicated on the inner and posterior walls of the tympanic cavity when the middle ear is opened up for dissection. The cavity contained clot and portions of chorionic villi.

Microscopically, the following appearances were found :—A considerable section of the tube and its contained gestation sac was removed, and the continuity of the specimen restored by sutures. This section was then prepared and cut in serial sections to the number of about 150. The appearances of individual sections were practically the same. The tubal lumen appeared intact, and was separated from the gestation sac by a well-marked muscular layer (capsularis) of considerable thickness. The plicæ

appeared perfect, as was also the case with the columnar epithelium covering them. The tube was empty. The gestation sac is situated in the outer part of the tube wall. It contained well-marked chorionic villi, with a distinct epithelium consisting of the two layers known as Langhans and syncytial respectively. In many parts, however, a much greater thickness of the syncytial layer was observable, and in those parts of the section where the villus was applied to the wall of the gestation sac these proliferating syncytial masses could be seen infiltrating the sac wall. The sac wall contained many spaces containing blood, part of which appeared to be surrounded by cells of embryonic origin. Many large cells resembling decidual cells were seen in the sac wall, but these were continuous with masses of syncytium, and in all probability they were of embryonic and not of maternal origin. There was, therefore, an absence of any structures which could be described as "decidual," and it is probable that such cells are strictly the derivative of the stroma cells of the endometrium, and therefore do not occur when the ovum is situated in the midst of muscular tissue as, in the absence of a subepithelial stroma, it appears to be in tubal gestation. To the absence of decidual cells is probably to be ascribed the rapidity with which a tubal gestation erodes the walls of the gestation sac and brings about early rupture. The specimen is of great interest, bearing out, as it does, the views put forward by all the modern German authorities, and lately epitomised in England by Dr. Russell Andrews, that in all cases the implantation of the tubal gestation is primarily in the muscular wall of the tube, and not, as was formerly supposed, in the surface of the tubal epithelium, and therefore within the tubal lumen.

Clinical Records.

NOTE ON A CYST SIMULATING FEMORAL HERNIA. (a)

By HERBERT SNOW, M.D.Lond., &c.,
Senior Surgeon, Cancer Hospital.

MRS. L. S., æt. 69, widow, a rather flabby, elderly woman, consulted me on December 10th last. She had worn a femoral truss on the left side for seven years, and now had on the right groin a globular elastic swelling of between three and four years' duration. It was of the size of a pigeon's egg, could not be reduced or diminished in bulk by pressure, and gave some impulse on coughing. She had never worn any truss for this. On removal of the left truss, a similar swelling became apparent, also with a certain degree of impulse on coughing. On pressure this diminished considerably in apparent size, though it did not wholly disappear. She considered that the truss had given her great relief.

An operation was advised. Upon incision it became apparent that the right tumour was a cyst containing about an ounce of clear, straw-coloured fluid, and with a narrow pedicle issuing from the femoral canal below Poupart's ligament in the usual site of femoral hernia. It contained nothing but this liquid. The wall resembled thickened peritoneum. It was slit up, and the interior carefully inspected. No aperture in the pedicle could be detected, and attempts to pass a probe failed. The cyst was excised and the pedicle ligatured. The woman made an uneventful recovery.

The left tumour was not interfered with, as no permission had been obtained to attack it, and the woman was quite satisfied with her truss. There can be no doubt that the condition was exactly identical. The impulse on coughing was found to disappear when the cyst was lifted up from its pedicle.

The right femoral cyst excised was evidently a peritoneal diverticulum, exactly similar in appearance and in average size to the common canal of Nuck cyst above Poupart's ligament. Mr. Cecil Leaf, who kindly assisted me at the little operation, suggested that a hernial sac had become nipped (and the lumen of the pedicle thus obliterated) by the edge of Gimbernat's ligament, the usual site of strangulation in hernia. The explanation is to some extent plausible, but we have no evidence that any intestine or omentum had ever been extruded, and the cysts were bilateral. I am inclined, therefore, to consider that the condition was of congenital origin.

I was not, before operating, satisfied that the impulse on coughing was sufficiently marked to be characteristic of hernia. But there certainly was a sufficiently marked impulse to deceive a hasty observer.

To find an exactly parallel condition to that presented by the canal of Nuck cyst, with which we are all familiar, at the external abdominal ring—not above but below Poupart's ligament, and with its pedicle issuing from the femoral canal—seems to me a very unusual state of things. I shall be glad to learn if any Fellow has encountered a similar case.

(a) Read at a meeting of the British Gynæcological Society, February 11th, 1904.

FATAL CASE OF PERTUSSIS IN AN INFANT OF TWELVE DAYS OLD.

Under the care of J. C. MCWALTER, M.A., D.P.H., M.D.Brux.

PERTUSSIS is still the opprobrium of the physician, and after eighty years of study and treatment of it the deaths per thousand from all causes have gone up from twenty-nine to thirty-six in London.

I think that the following case ought to be recorded, not because of any special treatment, for the child promptly succumbed, but because of the fact that the infant had never been outside the door of the house in which it was born, and because the disease had developed to the second stage, and proved fatal on the twelfth day from its birth.

On the ninth day the mother had noticed the infant feverish and restless, and with a slight catching cough. She called me in on the following evening, and I found mild catarrhal symptoms, with a temperature of 99·5° F. There appeared to me to be no reason for alarm, but the infant happened to give a cough which betrayed its malady. The mother could not readily be brought to believe in the possibility of its having whooping-cough, as she positively asserted that the infant had never been outside the house since its birth, and was not even christened, neither was there any whooping-cough in the house, which was in a respectable middle-class neighbourhood.

The child was worse next day, and Dr. Vivian, who was called in, agreed with the diagnosis. The violence of the cough seemed to rupture a blood-vessel in the brain, and such violent and uncontrollable convulsions set in that the infant died in a few hours.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXXIV.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

HAILEY SANATORIUM.

HAILEY SANATORIUM is situated on the picturesque slopes of the Chiltern Hills, on the borders of Oxfordshire, and with wide sweeping views along and across the Thames Valley. It is far removed from the habitations of mankind, but offers peculiar attractions for the lover of country life, and furnishes many advantages for the hygienic treatment of tuberculosis. In our former articles we have had occasion to indicate the great variations which exist in the structural conditions and manner of management of British sanatoria. To a very large extent the English treatment of consumption by institutional methods is yet in the experimental stage, and we are still in process of evolution.

Hailey Sanatorium is an interesting example of what may be accomplished by the châlet or so-called hut sytem.

Hailey offers three special features—isolated sleeping châlets, considerable natural shelter and variation in level.

The administrative portion consists of an old country

house which has manifestly been enlarged since first built. The dining-room is situated in the more modern portion. A kitchen annexe has been added. A few rooms are available for patients.

The front of the house faces east, and along this aspect is a large well-lit verandah which is a popular resort.

The sleeping châlets are of very simple construction. Each is a plain room raised on stanchions well above the ground, with eight windows which open in four directions, so that much adjustment is possible according to direction of wind or sunshine. Every châlet has a verandah or covered balcony. They are built of wood with air space between the outer and inner walls. A ventilator is fixed in each gable. The inner walls are varnished, and the outside painted. The furniture is necessarily limited and exceedingly simple. A stove affords warmth when required. Lamps are used for lighting. An electric light installation would prove of great service. Each châlet is in communication with the administrative block by an electric bell. Acetylene gas is used to light the dining-room and the large verandah in front of the house, and we were informed proves thoroughly satisfactory. We understand the cost of a châlet is about £45.

It is manifest that the châlet system, theoretically considered, has many advantages, but in actual practice even its keenest supporters are compelled to admit that it has serious drawbacks.

The ground at Hailey will allow of considerable addition being made to the little colony of châlets.

The estate comprises nearly seventy acres. A well-wooded portion is immediately adjacent to the house, and some distance away is an extensive upland. The subsoil is of gravel and thus is usually dry. Water is obtained from a deep well.

On one side of a large walled-in kitchen garden there is a long shelter having a south aspect and serving as an admirable liegehalle.

There are several good verandahs in the grounds, one forming an excellent "sun-trap."

In addition to pleasant lawns, gardens, and orchards, there is a small farm with dairy and good accommodation for poultry.

The old-fashioned ivy-clad elm trees, ornamental pines, rose trees and shrubberies not only add much to the picturesqueness of the grounds, but afford considerable shelter. The house is about 350 feet above sea-level, but the elevation of the grounds varies from 250 to 600 feet. There are various paths about the estate, and the surrounding country offers ample opportunities for graduated hill-climbing and carefully regulated walking exercise.

The sanitary arrangements are not elaborate, but appear to be effectual: earth closets are employed.

An adjacent cottage at the time of our visit was also being used for patients.

There is accommodation at present for about fourteen persons.

We had an opportunity of inspecting the sanatorium during a severe southerly gale. Dr. Charles Gaskell Higginson was acting as resident medical officer. The proprietors, we learn, are Dr. Charles Reinhardt and Dr. Frank Fowler, and the former acts as visiting physician.

Stourfield Park Sanatorium at Pokesdown, near Bournemouth, which we described in a former number (MEDICAL PRESS AND CIRCULAR, January 20th, 1904), is conducted by the same proprietors.

The sanatorium appears to be conducted on sound hygienic lines. The food is good and well served. There is a matron, nursing staff, and moderately large retinue of servants.

The rules are reasonable and were apparently, at the time of our visit, well and wisely enforced. The following are selections from the "Rules for Patients":—

"Patients (unless the doctor advises otherwise) rise at 8 a.m., and retire at 9 p.m.; all lights to be out by 10 p.m.

"Silence hours are from 12.30 to 3.30 and from 6 to 7 p.m. All patients should rest in silence. An hour's rest after each meal is usually advisable.

"Patients must not congregate in each other's châlets, nor in the public rooms, nor visit patients who are confined to bed, without permission."

The terms are four to five guineas weekly, according to accommodation, but some patients can be taken at three guineas. "The fees are inclusive of everything except personal laundry and alcohol, but patients whose condition renders it necessary to have meals served in their rooms are charged one guinea a week extra; and if a special nurse is needed, her fees and board must be paid for by the patient."

The postal address is Hailey Sanatorium, Ipsden, Wallingford. Telegrams should be addressed "Sanatorium, Ipsden." Goring and Wallingford Stations on the Great Western system are each about four and a half miles distant.

THE IPSDEN SUBSCRIPTION SANATORIUM.

Adjacent to Hailey there has recently been opened by the same proprietors a small sanatorium on the châlet system for patients of limited means. The châlets are of the type above described. A small bungalow serves as administrative block. It was intended to develop an industrial colony for consumptives, but it is found that the cases received are generally more or less unsuited for work or so untrained as to be useless for poultry farming, pheasant rearing, bee-keeping, or such duties as it was hoped might have given opportunity for the learning of the conduct of some form of useful out-door employment. It was originally intended that only incipient cases should be admitted. A medical certificate is necessary, and patients are obliged to conform to special rules. Among those the following may be quoted:—

"Patients (unless the doctor advises otherwise) rise at 8 a.m., and retire at 9 p.m. All lights to be out by 9.30.

"No alcoholic drink must be taken unless specially ordered by the doctor.

"Smoking is forbidden in the bungalow or châlets.

"Patients are expected to assist in the performance of household duties, the making of their beds, the cleaning of the bungalows and châlets, or work on the farm or gardens attached to Hailey Sanatorium, at the direction of the doctor."

The charges range from 32s. to two guineas per week, the lower fee being accepted for patients sent by municipalities and charitable societies.

The work at the Hailey and Ipsden Sanatoria furnishes instructive object-lessons, and the important experiments here proceeding are deserving of sympathetic criticism and careful observation.

ROYAL COLLEGE OF SURGEONS OF ENGLAND AND THE MIDWIVES BOARD.

AT an ordinary Council, held on February 11th, the following important report on the Central Midwives Board was received and entered on the minutes:—

Mr. President and Gentleman,—I have the honour to present to you a short statement of the work of the Central Midwives Board during the past year. Twenty-two meetings have been held, and also many other meetings of Committees which were duly appointed by the Board. The first meeting of the Board was held on December 11th, 1902, and the last meeting took place on January 28th, 1904.

The preliminary business consisted in framing rules in accordance with Section III of the Midwives Act of 1902, and this important work occupied many meetings and caused considerable discussion. As soon as the report of the majority of the Board was completed it was forwarded to the Privy Council, together with another report prepared by a minority of the Board.

The present rules sanctioned by the Privy Council are the outcome of these two reports, and they are arranged in the following sections: (1) Rules regulating the proceedings of the Central Midwives Board. (2) The conditions of admission to the roll of midwives and the issue of certificates. (3) The course of training and the conduct of examinations. (4) The admission to the roll of women already in practice as

midwives at the passing of the Act. (5) The supervision and restriction within due limits of the practice of midwives. (6) The conditions under which midwives may be suspended from practice.

The attention of the Board was next directed to the preparation of other important details: (1) Suggestions to county and county borough councils in reference to the duties assigned to them under the Midwives Act. (2) Special rules of procedure for the removal of a name from the roll and the cancelling of a certificate. (3) Other rules of procedure respecting the restoration to the roll of a name previously removed.

The first roll of midwives was opened in November, 1903, and it records the names of the midwives who have been accepted by the Board under Section II of the Midwives Act. The following table indicates the number of midwives certified up to date:—

Women holding certificates from Institutions specified in Section II of the Midwives Act.	London Obstetrical Society	468
	Rotunda	27
	Coombe	1
Women holding certificates from bodies not specified in Section II but approved by the Board.	Queen Charlotte's Hospital	26
	St. Mary's Hospital, Manchester	22
	Glasgow Maternity Hospital	19
	Liverpool Lying-in Hospital	3
	City of London Lying-in Hospital	1
	Edinburgh Royal Maternity	1
	Salvation Army Maternity	2
	Manchester Southern and Maternity Hospital	—
	British Lying-in Hospital	—
Women certified as having been in *bonâ-fide* practice at least one year before July 1st, 1902.		1,079
Total certified		1,649

The regulations respecting the course of training and the conduct of examinations have not yet been completed. The following training institutions have been already accepted by the Board under Section C of the Rules:—

Queen Charlotte's Lying-in Hospital; Liverpool Ladies' Charity and Lying-in Hospital; Manchester Southern and Maternity Hospital; British Lying-in Hospital; Newcastle-on-Tyne Lying-in Hospital; General Lying-in Hospital, Lambeth; Glasgow Maternity Hospital; Dundee Maternity Hospital; District Nursing Association, Cheltenham; Maternity Charity and District Nurses' Home, Plaistow; National Maternity Hospital, Dublin; Edinburgh Royal Maternity Hospital; City of London Lying-in Hospital.

An unforeseen difficulty has recently arisen between the Irish training institutions and the Central Midwives Board respecting the certificates which must be produced before a candidate can be admitted to the Board examination. The rules under Section C make it compulsory that every woman shall have personally conducted twenty labours, and also nursed twenty lying-in women during ten days following labour.

On behalf of the hospitals, such as the Rotunda and the Coombe, in Dublin, it is stated that the medical staff of these institutions are unable to arrange that every midwife pupil should personally attend twenty cases of labour, as this would necessitate doubling the size of the hospitals and increasing the number of patients. It is also equally impossible to enable every midwife pupil to nurse twenty patients for ten days following labour, as nearly all the women leave the hospital on the eighth day and refuse to remain longer, even when the medical officers are anxious to detain them.

Now these regulations are scarcely fair to the Irish midwifery institutions, and a solution of the difficulty could easily be secured (1) by a modification of the regulations of admission to the examination; or (2) by accepting the six months' training in the wards of the hospitals, and the long course of instruction conducted by the staff, as equivalent to the three months' midwifery tutelage required by the Central Midwives Board.

At a recent meeting of the Board two important and conciliatory communications were read from the Irish hospitals, but the majority of the Board declined to consider any alteration of the existing rules; and, therefore, it is probable the matter will be referred for the decision of the Privy Council.

The appointment throughout the country of local bodies for carrying out the Midwives Act is a very hopeful and practical method, but up to the present time very little has been reported to the Central Midwives Board to indicate the progress of the work. The supervision of midwives is everywhere in the hands of local supervising authorities; but it is quite certain that effectual supervision and the successful operation of this Act must in a great measure depend upon the co-operation and assistance of the medical men practising within the area.

I am, Mr. President and Gentlemen,
Yours very faithfully,
JOHN WARD COUSINS.

British Health Resorts.

CORNWALL AS A WINTER HEALTH RESORT.

To many a British health wanderer in the sunny regions of Southern France or the dry desert districts of Egypt, the homeland of Cornwall is a veritable *terra incognita*. It is undoubtedly the case that but few physicians have any accurate knowledge as to the advantages offered by Britain's south-western peninsula. Invalids and convalescents are often sent abroad when tastes and temperaments would have been better met by a sojourn at one of the stations on the Cornish Riviera. Ignorance and prejudice account for much of this neglect, but it must be remembered that until comparatively recent times the land of "Tre, Pol, and Pen" was to a very great extent inaccessible. Now, however, through the enterprise of the Great Western Railway, the Cornish littoral is being brought near to England's capital and other busy centres. In an attractive pamphlet just published by that company, entitled "The Cornish Riviera and its Claims as a Winter Health and Pleasure Resort," the peculiar attractions of the West are faithfully portrayed, and by means of meteorological reports, carefully expressed opinions of experienced physicians, and descriptions of the various resorts available medical men may secure directions and suggestions which should avail much in selecting a suitable winter station where out-door life may be obtained without the risk and discomforts of foreign residence.

Cornwall has long exercised a fascination over the artist and romancer, and the land, rich in legendary lore and crowded with traditions and superstitions of peculiar attractiveness, is still capable of exciting psychological conditions of an alleviating influence to the wearied body and harassed mind.

Cornwall is not only a convenient district for the enfeebled in body, but a desirable haven for the overworked, brain-fagged citizen and wearied student.

Our Western Riviera has long had its admirers, and medical men will not forget the high praise bestowed by such careful observers as Paris, T. Q. Couch, Sir Edward Sieveking, Sir Joseph Fayrer, and others. Among lay writers, such as Carew, Michael Drayton, Baring Gould, Norway, and many another, Cornwall has been a word around which an enthusiasm has clustered and found outlet in much charming literature.

The winter climate of Cornwall is peculiarly suited to the needs of many invalids, convalescents, and sufferers from various maladies, and for the feeble and aged it can offer altogether exceptional advantages.

The winter climate of the Cornish Riviera would appear to rival that of many of the most popular

FALMOUTH.

foreign health resorts in the matter of mildness. In equability it undoubtedly surpasses not a few of the most popular Continental stations.

A considerable amount of sunshine is enjoyed, protection from winds can be obtained, and usually sudden and violent alternations of temperature are avoided.

We cannot attempt to deal with the various places available for the health-seeker and pleasure-desiring visitor. We hope in a subsequent series of articles on British Health Stations to deal with the more important features of the individual resorts. At the present time Falmouth, the Lizard district, St. Ives, Penzance, and the neighbourhood of Mount's Bay, Newquay, and Fowey are, perhaps, the best-known centres, but with a little local enterprise there is no reason why many fresh localities should not be opened up. The Scilly Islands, the great flower-garden for London in the early days of the spring, might readily be developed into a British sanatorium.

With the influx of visitors, suitable hygienic hotels will come. The Great Western Railway already own the attractive Tregenna Castle Hotel, overlooking St. Ives.

It may be safely prophesied that in the near future Cornwall will be considered one of the most valuable recruiting grounds for the overworked, and probably the best of our winter districts for the infirm and ailing.

Medical men will do well to make themselves fully acquainted with the many merits of this new and easily accessible winter health and pleasure district of the Cornish Riviera.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

Meeting Held Thursday, February 11th, 1904.

Professor John W. Taylor, M.D., F.R.C.S., President, in the Chair.

Dr. William Duncan read notes of a case of

EARLY RUPTURE OF A TUBAL GESTATION,

nineteen days after conception and ten after the uterus had been curetted, which will be found under the head of "Original Communications," page 200.

Dr. Macnaughton-Jones made a supplementary report on a tubal cyst shown by him at the December meeting, in which there had been some question as to the nature of the hæmatocele and the relation of the blood sac to the tube. The patient had gone a fortnight past her period when he first saw her, and there was no suspicion of ectopic gestation; he operated a few days later and she got perfectly well. The specimen had since been carefully examined; there was no doubt as to the tubal gestation; as, though there were no products of gestation in the blood clot, chorionic villi were found in the section of the tube. The blood sac, with which alone at the operation he thought he was dealing, was completely surrounded by the layers of the broad ligament, but it now appeared that it was an ovarian sac that constituted the hæmatocele, the constituent parts of the ovary being completely destroyed. There was a communication between the ovarian sac and that of the ectopic gestation.

The President said that Dr. Duncan's paper and the beautiful demonstration he had given them of a tubal pregnancy, not in the lumen of the tube, but invading the muscular wall, were of extreme interest. In his own book he had described a case in which rupture followed almost immediately after dilatation and the use of the curette. It was most important in the clinical diagnosis to exclude extra-uterine pregnancy, before venturing upon that proceeding the effect of which, in some cases, had been to precipitate disaster.

Dr. Herbert Snow congratulated Dr. Duncan on the very successful issue of his case. Personally, he thought that curetting was not a procedure to be lightly undertaken, as there was always a risk of serious hæmorrhage, and that, by swabbing out the cavity of the uterus with a strong preparation of iodine, as good results could be obtained as by the most thorough use of the curette.

Mr. W. D. Spanton said that the issue of such cases as the one narrated seemed to him to depend very greatly on the length of the operation. Every minute was of importance. He therefore demurred to the use

of three layers of sutures, as one layer was, he thought, sufficient, and should occupy a minute at the most.

Mr. CHRISTOPHER MARTIN asked for further explanation of the separation of the gestation sac from the lumen of the tube by a distinct muscular layer; might there not have been a rupture of the muscle and of the lumen of the tube elsewhere, and not shown in the section?

Dr. H. C. POPE asked for the particulars of any discharge which had occurred before the operation for curetting.

Dr. DUNCAN, in reply, said that he entirely agreed with the President that there was danger in curetting if there was any likelihood of extra-uterine gestation. He did not consider that there was much risk in dilating and curetting the uterus and swabbing it out, or, as preferred by himself, pouring in tincture of iodine so as to wash out the entire cavity. Very little extra time was taken up by suturing in three layers; the entire proceeding need only take a couple of minutes or so. The section shown was not cut through the rupture, but the number of sections made proved that the gestation sac did not open into the lumen. When an ovum attached itself to the mucosa of the tube wall, it penetrated the mucous and muscular layers and its port of entry closed up behind it.

Dr. MACNAUGHTON-JONES showed an aseptic cap to cover the nose and mouth during operations which he had devised; it was very light and was supported on a spectacle frame and was, he thought, more suitable than other instruments of the kind. He then read some notes on

A STRANGE RESULT OF IODOFORM GAUZE DRESSING,

which will be found on page 198.

Dr. HERBERT SNOW read notes on

A CYST SIMULATING FEMORAL HERNIA,

which are to be found on page 202, under the heading of "Clinical Records."

Mr. W. D. SPANTON read a short paper on

WOOLLEN FIBRES AS A CAUSE OF IRRITATION OF THE BLADDER IN GIRLS,

which is given on page 198.

The PRESIDENT, after thanking Dr. Snow and Mr. Spanton for their interesting communications, proceeded to read his Inaugural Address on

THE DIMINISHING BIRTH-RATE: ITS TENDENCY, CAUSES, AND POSSIBLE REMEDIES,

which we hope to publish in our next issue.

A vote of thanks to the President for his masterful address was proposed by Dr. HEYWOOD SMITH, seconded by Dr. MACNAUGHTON-JONES, and carried with acclamation.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF STATE MEDICINE.

MEETING HELD FEBRUARY 12TH, 1904.

SIR JOHN MOORE, the President of the Section, delivered an Inaugural Address on the subject of

SOME PUBLIC HEALTH PROBLEMS IN IRELAND.

He instanced the dying out of opposition to the principle of compulsory notification of infectious disease as a substantial advance in preventive medicine. A second great advance has been the official recognition of diplomas in State Medicine or Public Health. As to the prevention of tuberculosis, he considered that some such scheme as the following should be carried out with the view of checking the awful ravages of consumption in Ireland—namely, I. The rise and spread of tuberculosis in the cottage homes of the peasantry and in town dwellings must be grappled with by—(1) Notification, which should be compulsory; (2) verification of the diagnosis by means of bacteriological examination of the sputum, &c.; (3) removal of the patients to "hospital," using the term in its fullest sense; (4) periodic inspection of the homes of the tuberculous; (5) periodic disinfection of those homes. II. The provision of "hospital accommodation" for (1) Early cases, with a view to cure; (2) advanced cases, to provide comfort for the dying, and to secure safety for the living. [The expression "hospital accommodation" should include "isolation hospitals," "sanatoria," "consumption wards," and hospices for the dying.] III. The vigorous and absolute segregation of tuberculous cases in workhouses, asylums, and other public institutions. IV. Education of the public in all matters relating to the prevention and management of pulmonary tuberculosis. V. Improvement of the housing of the working classes and of the very poor, especially in towns. Closely connected with the prevention of tuberculosis is the question of the housing of the working classes and of the very poor—a very burning question in Dublin of late years. Much has already been done in this city to mitigate the evil of overcrowding. "Old Dublin" is, in fact, disappearing, and with it typhus fever has well nigh ceased to exist. The President severely criticised the Poor-law system of Ireland, stigmatising the internal economy of the workhouses as a grave scandal and a national disgrace. He specified the lines upon which reform should go. In conclusion, he dwelt upon the very unsatisfactory state of what may be called "the Home Medical Service," the Poor-law Medical Service—particularly in relation to the sanitary organisation of the country. In Dublin, as throughout Ireland, the dispensary medical officers remain the medical officers of health for their respective districts, and he contended that this hard-worked, badly-requited body of public servants, whose efforts for the health and welfare of the community are often misunderstood, and seldom, if ever, appreciated, should be properly recompensed for their services under the Public Health Acts. If this is done, and if the suggestions for the betterment of the health of the people made by the local medical officers are carried out intelligently and in a generous spirit, the dawn of a brighter day for the Irish race will at last be near at hand.

Dr. R. B. MCVITTIE read a paper on

THE ATTITUDE OF THE PROFESSION TOWARDS MODERN EDUCATION, FROM A PHYSICAL AND MENTAL STANDPOINT,

in which he pointed out that the great progress made in Denmark, Sweden and Germany of late years was mainly due to the control exercised by the medical profession over primary education; that as man is a living and growing being, only those who had made a life study of physiology and biology were fit to be intrusted with this development, while, unfortunately, in these countries the only qualification which appeared necessary for what was called an educationalist was a knowledge of some antiquated classic, which, being purely abstract, tended more to arrest than to encourage orderly growth; that as the nerve fibres from the surface to the pyramidal cell are myelinated first, all true education must be first concrete, and that the abstract should be discouraged as much as possible till the period of adolescence is fully completed, as too early a development of the psychic processes diverted the nerve energy from the control of tissue formation, which is its natural function during the period of growth.

Lt.-Col. MCNEECE expressed his gratification at hearing the paper, and considered that if the principles implied in it could be practically carried out, it would be to our great advantage as a nation. He gave a personal instance of the distaste and nausea which the present system of education raised in the minds of school children, and the essentially different view of things which was taken on going to a foreign country.

Sir JOHN MOORE reminded Dr. McVittie that the Irish universities were moving towards improving education in the direction suggested by him; the Royal University had established a diploma in Education, and examined candidates for the qualification; Trinity College was moving on the same lines, and lately, a course of lectures was delivered there on the subject of Education. He instanced the kindergarten as an example of the attention which was now given to the teaching of the concrete as distinguished from the abstract. He also related instances in which he had personally seen the miserable conditions in which many of the children in Dublin were taught.

Dr. MCVITTIE, in reply, said he was greatly obliged

for the favour with which his paper had been received. He said that he did not sign a recent circular from London asking for the signatures of members of the profession with a view to having instruction in hygiene and temperance introduced into schools, as such instruction only meant more classes and more exhaustion of the nerve centres, which would bring a desire for stimulation. He said that in the schools in Sweden and Denmark the children were only allowed to stay in one class for about forty-five minutes; they then stood up and did exercises tending to correct the cramping from sitting down, after which they went out to the playground for some minutes. He also emphasised the necessity for children being medically examined two or three times a year.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Meeting held February 5th.

Dr. Seymour Taylor, President, in the Chair.

Dr. Samuel West read a paper on

SOME POINTS IN FUNCTIONAL ALBUMINURIA,

a full abstract of which was published in our issue of February 10th.

In the discussion that followed the President considered all such cases, provided that catheter specimens of the urine contained albumin, to be pathological, but urged the necessity for careful microscopical examination to supplement this evidence. The presence of tube casts, free blood, or an excess of desquamated renal epithelium rendered the diagnosis of renal disease imperative. One important point that required further observation was the length of time that might elapse in cases of renal disease after the appearance of albumin in the urine before signs of cardio-vascular disease manifested themselves. If signs of increased tension in the renal pulse, accentuation of the aortic second sound, and displacement downwards and outwards of the heart's apex beat were present, although the albuminuria might be fugitive, all such cases must be regarded as coming under the category of Bright's disease.

Dr. G. A. Sutherland believed the postural or orthostatic variety to be a definite form of functional albuminuria. In these cases albumin appeared in the urine soon after the patient assumed the erect position in the morning, and decreased in amount as the day went on. The patients were most frequently young adolescents who exhibited accompanying symptoms which were very definite, chiefly of the nature of general vaso-motor disturbance, and which might be best summed up under the term neurasthenia. There were none of the signs or symptoms of nephritic disease in these cases. The cardio-vascular system showed evidence of feeble circulation. The hands and feet were cold and dusky, the pulse was of low tension and small volume, the cardiac action weak, irregular, and rapid, the first sound was poor and a general condition of cardiac atony was present. The prognosis of this form of functional albuminuria was frequently based on the view that it was an early symptom of nephritis, but no uncomplicated case had ever been shown to develop into organic renal disease. All the classical symptoms of adult neurasthenia were reproduced in these cases, and he had found from experience that treatment of this underlying condition was productive of the best results.

Dr. E. A. Saunders agreed with the President as to the necessity for microscopical examination of the urine in every case. The presence of a few hyaline casts he did not consider of greater clinical significance than the occurrence of albumin itself, but if many casts were present, especially if these were of the granular variety, they might be taken as evidence of chronic kidney disease. In estimating the prognosis in cases of albuminuria in the apparently healthy he attached great importance to the age of the patient and the amount of the albumin. After thirty years of age the gravity of the condition increased with every year of life, and, speaking generally, the larger the amount of the albumin the more serious the prognosis became.

LARYNGOLOGICAL SOCIETY OF LONDON.

Meeting held Friday, February 5th, 1904.

Mr. J. Charters Symonds, Vice-President, in the Chair.

Dr. E. S. Yonge showed Professor Meyer's apparatus for demonstrating the laryngeal image and intra-laryngeal manipulations. The apparatus was examined by most of the members of the Society, and proved to be extremely suitable for the purposes mentioned. He also showed microscopical sections of bone and soft tissues from a case of early polypus. The sections showed that the subjacent bone was perfectly healthy, and that there were no signs of either caries or necrosis.

Mr. A. H. Burt showed a case of a man, æt. 49, with questionable mild glanders.

Dr. H. L. Lack showed (1) a case of malignant disease of the tonsils in which he had operated with good results; (2) a microscopical section of endothelioma of the maxillary antrum; (3) a microscopical section and patient showing endothelioma of the larynx; and (4) a specimen of large osteoma of the ethmoid, with nasal polypi.

Dr. F. Potter showed a case of recurring papilloma of the larynx.

Mr. A. Thorne showed (1) a case of immobile left vocal cord in a man, æt. 35; (2) a man, æt. 35, with severe paroxysmal pain starting from the larynx; and (3) a tumour of the right side of the larynx in a woman, æt. 45. This latter case gave rise to a fair amount of discussion, the general opinion of the Society being that the tumour was of tuberculous origin.

Mr. H. W. Carson showed a case of laryngeal ulceration in a phthisical patient for diagnosis.

Mr. R. Lake showed a case of subglottic thickening.

Dr. J. Donelan showed a youth with fractured septum, and a depressed nose improved by operation and paraffin injection.

Dr. Dundas Grant showed (1) a case of fixation of the vocal cord with extreme pain in swallowing in a female patient, æt. 45. The question was whether it was tuberculous perichondritis; (2) a case of chronic œdema of the larynx (shown previously) in a middle-aged woman—probably tertiary syphilitic infiltration—greatly improved under mercurial inunction; (3) a case of ulceration of the pharynx after cervical fistula and œdema of the right half of the larynx in a middle-aged woman. The question of specific perichondritis of the arytænoids was raised.

Dr. W. Hill showed a skiagram from a male, æt. 48, showing a pin which had been in the larynx for four and a half years, and which had been removed subsequently by lateral laryngotomy.

ULSTER MEDICAL SOCIETY.

Meeting held in the Medical Institute, Belfast, on February 18th.

Professor Lindsay in the Chair.

Dr. John M'Caw read a short paper on

PSEUDO-HYPERTROPHIC PARALYSIS,

and showed a case for which we hope to have space in our next issue.

The paper was discussed by Dr. Beatty, Dr. McQuitty, Dr. McKisack, and Professor Lindsay.

Dr. W. D. Donnan, Holywood, showed a specimen of intestinal sand. The patient was a middle-aged man of alcoholic habits. He complained of pains in the region of the liver, and Dr. Donnan, thinking of gall-stones, told his wife to watch the motions for a few days, with the result that this sand was found shortly after each attack of pain.

Dr. W. D. Donnan also read notes of a m teresting case of

ACUTE LYMPHATIC LEUCÆMIA.

The patient was a schoolboy, æt. 12, apparently typically healthy, one of a large and healthy family. Last Easter he came home from school in England with a slight rash on his chest, and, feeling a little

languid, Dr. Donnan was called to see him on April 28th and found him very anæmic, the tongue coated, the heart normal, the spleen just felt, and abundant petechial spots on the chest, but no lymphatic enlargements. On May 4th there were fresh spots, and the morning temperature was 100°. On May 12th he got Dr. Houston to take a blood count, and he found the red corpuscles to be 1,600,000, and the white 40,000; of the latter 99 per cent. were lymphocytes. On May 14th the spleen was distinctly larger. He was then seen by Sir Wm. Whitla in consultation. On May 15th both pulse and temperature rose, and severe epistaxis began, the spleen rapidly returning to its former size. There was intense pain in the left ear. On May 16th the temperature was 101° in the morning and 103° in the evening, and the pulse 160. On the evening of the 19th he became delirious and died next day. The interesting points to note are that the symptoms only became really acute six days before death, and that nothing indicated the serious nature of the illness till the blood count was made. The epistaxis was easily controlled by plugging, and death seemed to be due to an acute septicæmia.

Dr. HOUSTON said that he had notes of about sixty cases of pernicious anæmia which he had examined, and only four of them were of this rare form, lymphatic leucæmia. Of these four, two had no glandular enlargements; all four were under twenty years of age; all died within three months, and two within six weeks of the onset.

Professor Lorrain Smith, Dr. M'Caw, and Dr. Trimble also made remarks on the case.

Dr. J. GORMAN (Bangor) gave an account of intra-tracheal injections in the treatment of abscess of the lung, phthisis, asthma, and whooping-cough. He had used various drugs and media, but favoured menthol in olive oil. He read notes of a number of cases, one of which, a bad case of abscess of the lung, excited special interest. Dr. A. B. Mitchell, who had seen this case, admitted that he had considered it hopeless, and when Dr. Gorman had suggested the intra-tracheal injections, he had said that, at any rate, they could do no harm.

Dr. CECIL SHAW (to whose paper on the same subject read before the Ulster Medical Society several years ago Dr. Gorman had referred) said that he had found menthol one of the most useful drugs in affections of the upper respiratory tract.

Professor LINDSAY thought that while such treatment might be useful in some affections, such as abscess of the lung, it could not be of any real benefit in phthisis.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, February 21st, 1904.

TREATMENT OF INGROWING NAIL.

DR. MARTEL, a rising surgeon of one of the provincial hospitals, protests strongly against the classical method (avulsion) of treating that frequent but painful affection known as ingrowing nail. The operation as practised, he admitted, was not grave, necessitating the most local anæsthesia produced by refrigeration or cocaine, the latter being preferable, although frequently general anæsthesia might be preferred to either, as giving less trouble to the operator. It mattered little, however, which of the methods was employed, the chances of a rapid healing were very doubtful. In any case, the patient is obliged to keep his bed three weeks at least, and frequently one or two more weeks have to pass before he can walk with ease, and sometimes the new nail grows badly, and the toe assumes a deformed and unsightly aspect. In his opinion, the painful ulceration of the ingrowing nail is only an ordinary sore, caused by the irritating and continued presence of a foreign body under the edge of the nail, and by the difficulty of keeping that region in an antiseptic condition—two defective conditions which alone hinder the healing of the parts. Naturally, the suppression of the foreign body or the cause of the irritation would be obtained by the simple ablation of the nail if the avulsion were not so terribly painful, but that radical treatment is not even necessary. It suffices to suppress the pressure of the foreign body into the ulceration, and this is easily done by paring as thinly as possible the back of the nail with a piece of ordinary glass. Thus treated the nail can support pressure without affecting the edges; the foreign body remains, but its painful effect is suppressed; from this moment the treatment of the sore alone requires the attention of the surgeon.

For several years M. Martel has treated such cases as follows:—After paring the nail as already described, he makes the patient take a footbath, and then washes out the groove with a solution of corrosive sublimate (1 in 1,000) very gently, so as to avoid making the parts bleed; the nail is cut straight, and without sacrificing the angle, which will be found useful later on in lifting the nail above the ulceration. A very small quantity of iodoform is then placed in the wound with a few threads of iodoform gauze packed at the bottom of the groove, and all covered by a little zinc ointment. Beneath the angle of the nail a little plug of prepared agaric is inserted so as to separate the fungous edge from the nail. The fungosites are treated by the application of nitrate of lead. The operation is completed by a small compress of cotton-wool moistened with some antiseptic solution (boric acid), and finally a bandage. Immediately after the first dressing the patient finds himself much relieved, and can put on his shoe. On the second day the dressing is removed, and the sore found to be much less inflamed, while suppuration has ceased. The third dressing is made four or five days later. Generally only four or five dressings are needed. Compared with the classical treatment, this bloodless method affords a double advantage: economy of suffering and of time.

TREATMENT OF EPILEPSY.

Professor Toulouse, of the Villejuif Hospital, has been making experiments on the effect of salt (chloride of sodium) on the bromide treatment of epilepsy, and has come to the conclusion that by diminishing to almost suppression the daily amount of salt absorbed in the food of an individual, the bromides acted with greater intensity and at less doses. He submitted a certain number of patients having almost daily seizures to the treatment of hypochloridation, and found that they were brought much more quickly under the influence of the bromide treatment; the attacks became less frequent and less intense, while those allowed the ordinary diet improved much more slowly and required increasing doses of the bromide. The amount of salt absorbed normally per diem is about half an ounce. By reducing this quantity to one drachm, and finally to 20 grains a day, the physiological point of hypochloridation is attained, and this point may be maintained for months without great harm to the patient. While going through this period the patient need not take more than 15 grains of bromide of potassium three times a day. The cells, it would seem, deprived of chloride of sodium, showed more avidity for the bromides, which acted thus with extraordinary intensity. If symptoms of bromism appeared (pupils indolent to light, tongue loaded, general depression, face drawn, lower lip hanging), the bromide is suspended, a purgative enema given, and the patient put on milk, to which salt is added—a teaspoonful to a quart. Three or four days afterwards the treatment may be continued.

Austria.

[FROM OUR OWN CORRESPONDENT.]

Vienna, February 20th, 1904.

Paroxysmal Tachycardia.

At the Gesellschaft Schlesinger demonstrated from drawings and photos. the anatomical and pathological conditions of a patient, æt. 57, who died of paroxysmal tachycardia, and who had suffered for the last ten years with severe typical attacks. It may be well to note that there was insufficiency of both the aorta and mitral valves. The attacks usually lasted about a minute, but were frequently repeated for an hour, and even days at a time. Though not severe, they were easily induced by cough, pressure, or other movement in the fauces. The pulsations were accelerated suddenly from 60 or 80 pulsations in a minute to 160 or 250 in a minute, which might as suddenly be reduced, by compression on the right vagus near the end of the attack, to its normal condition. The patient felt by this sudden fall that he had had a shock which he expressed as having passed through the entire body. On account of these attacks lasting unduly long, the patient was brought to hospital, where he died after one of the attacks.

The post-mortem revealed the right vagus firmly bound up in the thorax with fibrous and lymphatic tissue. Over the compressed portion of the nerve the neurine structure was atrophied and the true nerve cell gone, being displaced in some measure by interstitial tissue. There were portions of the nerve both below and above the compressed site whose section revealed a perfectly normal condition.

Winternitz, in criticising the case, recollected one similar having the paroxysmal tachycardia, of which he still retained sphygmographic tracings, but at the time had no opportunity of a post-mortem examination. He was persuaded then, and is now more convinced, that the case was one of severe pressure of the vagus. The pulse usually commenced to rise suddenly to great frequency, and just as suddenly fell to normal.

Should Infants' Food be Sterilised?

This is a question that many practitioners have had difficulty in replying to rationally, as the irrational opinion is the one usually forced upon us as to the orthodox food of a baby. This tyrannical opinion has had the charm broken by no less a personage than Behring himself, who avows that the food of infants is more dangerous and less digestible when sterilised than when the milk is supplied in a pure natural form. This is somewhat refreshing to know, and must relieve the minds of many a sceptic who never had any faith in boiled whisky, milk, or beer! Common sense should lead us to the conclusion that boiling is destroying the ferment necessary for the digestion of the proteid.

Sterilisation as a germicide is not always desirable, as a fluid perfectly inert when taken into the mouth meets and takes up those germs from the air which may not be the most healthy for the child. The milk, having no healthy resisting bacilli, is dominated by the worst germs that the child could be exposed to. This opinion of Behring's has been rapidly and very widely circulated by the lay papers, which seem rather jubilant over the affair, while some of the medical papers breathe heavily. The conversions are certainly not numerous at the present moment, as Escherich, Paltauf, and Fränkel are still resolute in holding to the sterilised idea, yet it is remarkable that the first shell comes from the midst of the Continental savants.

Experimental Physiology at High Elevations.

At the last Physiological Congress held in Turin in 1901 it was decided that a series of experiments should be carried out on the summits of some of the Alpine peaks. For this purpose Professor Mosso selected Mont Rosa for the site of his laboratory, but to secure success it was necessary to have the patronage of a lady of high degree, which was easily obtained in the person of the Queen Mother Margherita, who already possessed a hut on the mountain of seven rooms, double walled and surrounded with a fine terrace. The building has been greatly enlarged and fully equipped for the purpose of accurate observation. The hut is 5,500 metres above sea level, or 17,040 feet. The enthusiastic pioneer has along with him three of the profession of his own country as well as Professor Altwater, from Middletown, America, who is over sixty years of age and 90 kilos or 14 stone in weight.

One devotes his whole time to respiration, &c.; another to the muscles and fluids; while others are engaged on the circulation.

Foà finds when experimenting with dogs and guinea-pigs, that the rarefied air does not alter the condition of the blood as was generally supposed; the distribution of the blood to surface and interior is the most important. Mosso finds that the blood of dogs takes up only half the amount of oxygen at this elevation, as the air contains only one-half of that at sea level in the same volume. He finds less CO_2 in the blood of the dog in proportion to the height. From venesections performed it is found that the alkalinity of the blood varies between 36 and 44 per cent. This alkalinity is due more to barometric pressure than to the presence of oxygen, hydrogen, or other gases.

Moser's Polyvalent Serum.

Bokay, who has been experimenting with Moser's polyvalent serum for the scarlatinal streptococcus, records rapid and good results. Shortly after the injection the whole condition improves, the cerebral conditions disappear, the exanthemata fade, and the temperature falls 2·1 per cent. The necrotic state of the throat ceases and a healthy appearance returns. No bad effects have been observed, except a serum rash in 58 per cent. of the cases.

The Operating Theatres.

ST. BARTHOLOMEW'S HOSPITAL.

Appendicectomy during Pregnancy. — Mr. McAdam Eccles operated upon a woman, æt. 39, who had been admitted suffering from pain in the right iliac fossa. She gave a history of having been seized with violent pain in the lower part of the abdomen, and chiefly on the right side, in September, 1903, associated with vomiting and a raised temperature. She was kept in bed for three weeks. Up till then she had been menstruating regularly. Her last period was in the middle of October, 1903, since which time there had been no loss. Soon after Christmas, 1903, she was again attacked by similar pain, which had continued, but gradually became less until admission. On examination, there was no evidence of any ovarian mischief, and nothing could be palpated in the region of the appendix. The uterus was enlarged, as in the fourth month of pregnancy. Mr. Eccles decided to explore. He opened the abdomen by an incision about two and a half inches long, made through the anterior layer of the sheath of the right rectus muscle, some two fingers' breadth internal to the semilunar line; he then displaced the rectus inwards, and divided the posterior layer of its sheath behind the position of the displaced muscle, and after it the extra-peritoneal tissue and the peritoneum; there immediately presented the omentum containing a serous cyst the size of a cob-nut. This Mr. Eccles took to

indicate that there had been inflammation in its neighbourhood, producing some obstruction to the lymphatics of the omentum and the formation of the cyst. On drawing this aside the appendix came spontaneously into view, rather sharply kinked upon itself, and some four inches long. Its blind extremity was dilated to about four times its proper size, and was lying in juxtaposition with the side wall of the pregnant uterus. The tube was removed in the usual way, and the small stump buried beneath a covering of serous membrane to prevent it becoming adherent to the enlarging uterus. The cyst in the omentum was removed, and the parts returned within the abdomen. The aperture in the serous membrane and the posterior layer of the rectus sheath were closed by a series of interrupted sutures of fine silk, then the rectus muscle was replaced in position, and the anterior layer of its sheath similarly stitched; the skin and subcutaneous tissues were finally brought together by a series of silkworm-gut sutures, and the wound dressed with gauze and collodion.

The patient, who had double mitral disease as well as the abdominal trouble, took chloroform fairly well. She stood the operation excellently and exhibited no untoward signs whatever, having no indications of any threatening of miscarriage. Mr. Eccles stated that although the diagnosis could not be said to be certainly that of appendix inflammation, yet it was so suggestive that he deemed it advisable to explore, in spite of the fact that the woman was pregnant, and had a cardiac lesion. In fact, he was convinced that the condition of the pregnancy was a strong argument in favour of exploration, for there was a great probability that, seeing the patient had had two definite attacks of some inflammatory mischief, she was likely to be again subjected to it. Suppurative appendicitis in the course of pregnancy, he thought, was of the gravest import, particularly when the appendix hung over the brim of the pelvis, for then the side of the enlarged uterus might be a portion of the abscess wall, and abortion or miscarriage was extremely liable to occur, leading to a rapid diminution in the size of the uterus, and thus a tearing away of one part of the limiting wall of the abscess and the flooding of the peritoneum with pus. The operation in the quiescent period was, he pointed out, almost without risk, and placed the patient in a safe condition. Mr. Eccles believed that the incision which he had employed was the best, namely, that through the rectus sheath, with displacement of the muscle. True, it had the objection of rendering the operation a little more difficult from its internal position, but it had the great advantage in being practically safe from the after occurrence of a ventral hernia. This in such a case as the present one was a great desideratum.

A week after the operation the wound was completely healed, and the patient entirely free of pain.

GREAT NORTHERN HOSPITAL.

TWO CASES OF GASTRIC ULCER.—*First Case.*—Mr. PEYTON BEALE operated on a woman, æt. about 40, who had been under medical treatment at the hospital for three months for symptoms which led to a diagnosis of gastric ulcer. She had improved markedly for a fortnight, but directly any attempt was made to give her solid food she at once relapsed with intense localised epigastric pain, vomiting and repeated hæmorrhage. As these symptoms had recurred two or three times, and as further medical treatment appeared to be of no avail, and the patient was evidently losing ground, she was transferred to a surgical ward. The following operation was performed:—A skin incision about three inches long was made parallel to, and about half an inch below, the left costal margin, the incision beginning about the median line of the abdomen. The edges were retracted and the muscular and peritoneal layers incised in the same direction, but about half an inch below the skin incision. The anterior wall of the stomach being thus exposed, a hard lump, about the size of a florin, could be felt in it; this appeared to involve the mucous membrane and about one-half of the muscular wall, and was only felt when the stomach was pinched up between the finger and thumb. The anterior wall of the stomach, including the lump, was pulled out of the wound and a two inch incision made through the stomach wall about half an inch above the margin of the lump. It was then seen that there was a ragged ulcer about half an inch in diameter, with very hard and thickened edges. This was excised, together with the whole thickness of the stomach wall, with scissors, the incision commencing on the mucous aspect of the stomach. The aperture resulting from the excision of the ulcer was stitched up from within with interrupted sutures placed about one-eighth of an inch apart, then the original wound in the stomach wall was stitched up from the outside with continuous and interrupted silk sutures. During the performance of the operation the house surgeon kept a sufficient portion of the stomach outside the abdominal wound as to prevent any of its contents entering the peritoneal cavity. The abdominal wound was then closed in the usual manner, a small gauze drain being left in for the first twenty-four hours.

Second Case.—A young woman, æt. 20, was admitted with symptoms of ruptured gastric ulcer. There was a typical history of an ulcer extending over two years. Thirteen hours previous to admission she was suddenly seized with very intense pain and collapse, which clearly coincided with the rupture of the ulcer. An abdominal incision similar to that in the previous case was made, and the peritoneal cavity found full of the contents of the stomach, the ruptured ulcer being discovered without much difficulty on the posterior wall at the pyloric end of the viscus. A two inch incision was made through the anterior wall of the stomach, and the organ, together with as much of the peritoneal cavity as possible, was quickly washed out with large quantities of hot sterile water. The ulcer in this case was only about half an inch in diameter, the perforation being about a quarter of an inch. As in the previous case, the whole ulcer was excised with scissors from within, through the incision in the anterior wall, and its edges were rapidly sutured as before, the anterior stomach incision being afterwards stitched up. In this case a couple of large gauze drains were left in the abdominal wound to remain for two days, and the peritoneal cavity was left as full as possible of hot sterile water. Mr. Beale said that in all cases of gastric ulcer on which he had operated within the last two years, including chronic and ruptured, he had adopted this method of opening the stomach at some little distance from the ulcer, and then excising the latter including the thickness of the whole stomach wall, the edges being then stitched together. The advantages, he pointed out, of this method were that it could be done very quickly, that the stitches passed through healthy stomach wall, and that it involved comparatively very little pulling about of the organ. He said it was true that operating in this way involved the stitching up of two incisions in the stomach wall, but even this could be performed rapidly. It was necessary, he said, to feed the patient *per rectum* for three days, and he had found that on the fourth day there was no danger

in feeding the patient by the mouth with fluid food. Of course, it was unlikely that the sutured wounds in the stomach were absolutely watertight when they were stitched up, but they appeared to become so in about twenty-four hours. He considered it more important to carry out an operation of this kind quickly than to attempt to obtain an absolutely watertight junction.

In one of these cases, at least, it was certain that gastric juice was escaping into the peritoneal cavity when the wound was dressed twelve hours after operation, but its presence appeared to have no ill effects. Both patients did well.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 24, 1904.

STREET NOISES.

There are some influences in modern life to which it is extremely difficult to assign a definite place in the etiology of disease, and yet there can be no doubt that they exercise a highly deleterious effect both upon individuals and upon the public health. Noise is one of these influences. Everyone will agree that quiet is essential to the maintenance of that placidity of the nervous system which enables it to do its work to the greatest advantage. Many of the jars of modern life are harmful although none the less inevitable. Irritability of disposition, spasmodic activity of the nerve centres, continual tension—all of these conduce to early fatigue and rapid wearing out of the tissues. A train of evils follow in their wake. Sleeplessness is perhaps the worst. The working value of the citizen to the State, to say nothing of his own peace of mind, is greatly lowered. Cæsar wished for his counsellors calm, placid individuals.

"Let me have men about me that are fat;
Sleek-headed men, and such as sleep o' nights."

And Cæsar was right. The man that has his nervous system constantly on the stretch, "keyed-up," as the Americans call it, is the man who will break down when the big strain comes. Noise is perhaps one of the most potent factors in producing that irritability which denies men the power of doing their best work when young, and tends to the abrogation of the power of working at all soon after middle age. How far it may handicap even a genius is shown by the effect it had on such a concentrated worker as Carlyle. The exasperation caused to the sage by the Chelsea cocks is notorious, and the ebullitions of wrath that followed their incessant crowing have often been the subject of mirth among men of coarser temper than the author of "Sartor Resartus." But that they really prevented his turning out his masterpieces till he had constructed the sound-proof chamber in his house is an actual fact that no one doubts. So, too, with sleep. It is hardly worth stating so obvious a truism as that noise prevents sleep, and that without sound sleep no one is capable of sustained effort. Now noise is bad enough in itself, but its influence is far wider than the mere reflex it produces. A continuous noise may cease to ruffle the dispositions of those within its range; use makes one unconscious of it. The engineer of a ship no more notices the noise of his engines than he does the ticking of his watch; but he will wake in an instant if his engines stop. It is, then, not noise itself that is harmful, but unexpected noise. Perhaps what is even more distracting is the anticipation of noise, the uncertainty as to whether it will come or not. The strain of expecting the noise which is postponed is more trying than the actual sound when it does come, and the tension that is not relieved amounts to positive pain at times. The town dweller gets accustomed to a certain normal roar or hum in the atmosphere and takes but little notice of it; the cabs, the omnibuses, the carts go by in a continual stream, and he is not disturbed. There is a merciful compensatory mechanism somewhere in the cerebrum. But the cries of the street-hawker, the music of the barrel-organ, and the vociferations of the newsboy are different. These sounds come irregularly and sporadically, and frequently; none are necessary and all are of the most irritating type. The street hawkers' wares are visible to the eye without stentorian appeals to the ear being required to attract the customer; the clatter of the street organ is painful to all who have music in themselves and delights only the quidnunc urchin of the gutter; the contents bill of the newspaper is generally got up to make a sufficient impression on the senses without the hullabaloos of gamins who sell them being needed to confirm it. The wear and tear of town life already tax the resources of the nervous system to the uttermost, and it is high time that it should be relieved of a burden already almost too heavy to be borne. We sympathise sincerely with the desire of the County Council to put an end once and for all to all unnecessary cries and clatter by a by-law for the whole area of the Metropolis, and we think it a pity that the Home Secretary should have decided that it was better to leave the framing to these laws to the borough councils individually. As, however, the duty has been left to them we trust they will take the matter in hand without delay. The more stringent the by-law and the heavier the penalty (within reason) the better we shall be pleased. Kensington has already taken the matter in hand, and Paddington is proposing

to follow suit. Is it too much to hope the other borough councils will not lag behind, but make a determined effort to suppress an unnecessary evil that makes life unbearable for many and may even shorten it for not a few ?

TYPHOID FEVER AND MALARIA.

EVERY practitioner knows that there are few diseases so difficult of diagnosis as typhoid fever. Insidious in its onset, and rarely answering in any one case in more than a few of its features to the classical descriptions, there are at least half a dozen other conditions which one must bear in mind when giving an opinion early in the disease. Until its duration and some special characters distinguish it, it is very liable to be mistaken for influenza, and, on the other hand, diseases differing so enormously in pathology from it and from each other as general miliary tuberculosis and tuberculous meningitis have not seldom been mistaken for it. In this country luckily we have not, as a rule, to consider malaria as one of the diseases needing a differential diagnosis from typhoid fever. In the United States, however, there seems to be a very great difficulty in distinguishing them. Indeed, so notorious is this that at the last meeting of the American Medical Association a warm debate took place on the question whether in many parts of the continent what is described as "malaria," or simply "fever," is not in truth typhoid. It appears that taking the States as a whole, the Census returns furnished by the profession give malaria credit for half as many deaths as typhoid. On the other hand, a special Government Commission which inquired into the health of the army was unable to find any evidence that fatal malarial infection had occurred among soldiers in any part of the States. Again, the mortality-rate with which the profession at large charges malaria is entirely out of proportion to the rate as determined by hospital physicians. According to Dr. Fulton, of Baltimore, a critical observer, not one person a year dies of malaria in Maryland, although it is undoubtedly a considerable cause of disability in some parts of that State. In the same strain, Dr. Krauss, of Memphis, fixes the malarial mortality-rate in his own practice as low as 0·4 per cent. It is also noted that in Maryland, where examinations of the blood for the malarial parasite are regularly made by the health authorities, only in 5 per cent. of the specimens submitted has the diagnosis been confirmed. Under the circumstances there is much in favour of Osler's dictum that every continued fever not yielding in six or seven days to quinine should be regarded as typhoid, until it is definitely decided to be something else.

THE PLEA OF INSANITY.

THE old question as to who is the better judge of insanity—the lawyer or the medical man—was again to the fore in a case heard at the Oxford Assizes on the fourth of this month. The facts were very simple, and, indeed, were not seriously in dispute. The prisoner, Mr. Bond, was a gentleman who, after much hardship in early life, succeeded in educating himself and graduating with *éclat* at the University of Dublin. He took Holy Orders, held several responsible masterships in schools, and finally was appointed chaplain to a county lunatic asylum. This post he held for twenty-seven years, at the end of which time he retired of his own accord on accepting a living. Soon after this mental symptoms developed, and one day he was charged with committing an act of indecency with a little girl, a charge that the magistrates dismissed. He thereupon resigned his living, and went with his wife to live near Oxford. Since then other acts of the kind mentioned were charged against him, and eventually he found himself committed for trial at the Assizes. Now we admit that to the ordinary healthy man no crime is more revolting than that with which Mr. Bond was charged, and none raises so much indignation in one's breast. That, however, is not the point at issue. The question is—Does a man who has lived an upright, straightforward life, who has held honourable positions with credit to himself, who has won respect as a minister of religion for more than a quarter of a century, does such a man, we ask, in the evening of his days, fall into practices that would disgrace a guttersnipe, without serious cause ? If a man were the depraved degenerate that such acts would proclaim him, he could not have passed through a long life without giving evidence of the fact. In this case such evidence was lacking. The defending counsel called two alienists of the highest standing, who both swore that the prisoner was suffering from senile degenerative changes, for which there was abundant physical confirmation apart from the subjective symptoms of which the prisoner complained. There had been progressive numbness of the limbs for the previous eighteen months, attacks of giddiness, confusion of ideas, and loss of memory ; besides these the arteries showed degenerative changes in their walls. Will power was defective and uncontrollable, perverse sexual ideas came upon him from time to time. In fact, a clearer case of senile decay, physical and mental, could not be conceived. The judge, Mr. Justice Ridley, in his summing up, said that, with all respect for the medical witnesses, the question for the jury was—Did the prisoner know that the act was wrong at the time it was committed, or not ? In the latter case he had established his defence ; in the former he had not. Now, as it had been already admitted by the medical witnesses that the prisoner knew he was doing wrong and yet could not help it, this was tantamount to telling the jury what verdict they should give. They understood it evidently in that sense, and found the prisoner guilty. He was sentenced to six months' imprisonment with hard labour. There can, therefore, be no question as to what the judge himself thought of the case. Here is a clear issue. Mr. Justice Ridley doubtless felt himself bound by the Macnaughten rules, which laid down that the responsibility of the insane rested on the

appreciation of the rightness or wrongness of the particular act committed, and in this case the prisoner knew that he was doing wrong at the time. The medical witnesses were emphatic that he acted under an uncontrollable impulse, and that this want of control was part of, and resulted from, his pathological condition. Surely here was a case, if ever there was one, for the judge to exercise his discretion. But Mr. Justice Ridley entirely repudiated the idea that mere decay of faculties was evidence of insanity, or that a person suffering from senile decay was not responsible for his actions. On this view he signed what must practically be the death-warrant of the unfortunate prisoner. Two conclusions follow obviously from these facts. First, that Mr. Justice Ridley has the most crude notions of mental pathology. He thinks that because he has known a certain number of people who have shown eccentricities in their old age, and yet have remained responsible agents, that he understands the whole of that morbid condition which we call senile dementia. Secondly, that the rules laid down by the Lords after the Macnaughten case, although certainly an improvement on those that existed before, are far from meeting every case of insanity. The lawyer prides himself on knowing all that it is necessary to know of insanity because he has a good knowledge of things in general; the alienist doctor in his view is a crank who is perhaps a little tainted by contact with his patients; in fine, Mr. Justice Ridley summed the situation up concisely when the told the jury "to exercise their common sense as men of the world." This form of legal arrogance cannot be too strenuously resisted—for the sake of the victims who suffer from its presumption. A lawyer, have he never so much common sense as a man of the world, would not feel it within his province to decide if a patient were suffering from typhoid fever or acute tuberculosis; he would be glad to avail himself of the services of the man who had spent a lifetime in the study of the conditions, and to take his decision. For the same reason he should understand that the only person in the least capable of deciding whether or not a patient was suffering from senile dementia, or any other form of insanity, is the man who has made himself master of the manifestations of the brain in health and disease. An educated man does not lose "his common sense as a man of the world" because he happens to have studied the pathology of the human body, and it would be well if the lawyers were gifted with a sufficient sense of humour to see how egregiously they err when they pronounce opinions on subjects which they cannot in the least understand.

Notes on Current Topics.

The Royal Army Medical College.

Standing far apart from the ordinary run of opening addresses, and of interest alike in its occasion and its matter, was Sir William Taylor's welcome to the young Army medical officers just arrived at the Royal Army Medical College. There has been far too much running-down of the Army Medical Service in the past, and civilians have sometimes shown a tendency to contemn their brethren in the Service, as men of a lower professional standing than themselves. Such an attitude must have a strong and bad effect on the self-respect of medical officers, while at the same time it tends to deter the better class of young graduates from entering the Service. The Director-General is quite right in believing that he can do nothing of so much value to his Corps as make the young surgeons recognise that they should be proud to belong to it, and his address is eminently well calculated to that end. The progress of science owes far more to officers in the Government service than is usually admitted. In two great departments the pioneers during the last half century were Army medical men—in hygiene and tropical diseases. "The Army Medical School may well be proud of the world-wide fame which its first Professor of Military Hygiene earned for himself. Among the many reputations as hygienists which have since been earned there is no name so illustrious as that of Professor Parkes." And among Parkes' pupils there have been many who have well maintained the honours of the Service in the field of hygiene. In early days De Chaumont, and later Colonel Lane Notter, Colonel Firth, Colonel Davies, and Major Horrocks, are men of more than insular reputation. In the field of pathology almost our whole knowledge of trypanosomiasis is due to the Services, from Lewis' discovery of the flagellate in the blood of rats, to Colonel Bruce's recent researches on sleeping sickness in Uganda. It is superfluous to say anything of Major Ronald Ross. Of living pathologists there are none of greater eminence in England than Professor Wright and his successor Major Leishman. Sir William Taylor has done excellently in directing the attention of his recruits to such men as he has mentioned, for in their footsteps any man of science may be proud to walk.

More About Radium.

Almost every week fresh reports come to hand of the therapeutical applications of M. Curie's wonderful discovery. In our last number a *résumé* of some of the results so far obtained was published by Dr. Walsh in his account of the remarkable case of malignant disease of the throat, which he is now treating by the application of radium. Experimental observations of the effect of the emanations in various morbid conditions other than malignant disease are being carried out in several widely distant centres. A most suggestive and interesting paper was read by Dr. Darier, on February 17th, before the Académie de Médecine, at Paris, on the use of radium of low radio-active potentiality. The high radio-activity of the pure element is needed for the destructive metamorphosis of new growths, but radio-activity of far lower potentiality can be used in other conditions, apparently with benefit.

The lower grade activities have two advantages; first, they can be used over far longer periods of time—Dr. Darier has used them for as long as six hours at a stretch—and, secondly, the preparations of radium from which the rays are obtained cost only a fraction of the element itself. One of the cases treated suffered from facial paralysis of what seemed to be rheumatic origin, and he was cured by a single application. Two cases of convulsive seizures of a hystero-epileptic character lost their symptoms after three days' exposure to radium emanations directed on to the temples, and another patient of the neurasthenic type was restored to health in a similar period. Remembering the extraordinary degree to which treatment by suggestion was carried in some of the French cliniques a few years ago, one hesitates to take, unconfirmed, these reports as establishing more than a presumption. But in cases where all methods fail in dealing with anomalous functional nervous symptoms—and one is at one's wit's end to devise new ones—the mental and moral effect of radium emanations may procure a result that could not be compassed by other means. If only temporary amelioration can be promised by the use of radium and radio-active substances, they may still be of service to prevent these cases drifting—where they generally do drift—into the hands of the quacks.

Professional Secrecy.

THE usual misunderstandings and the usual crop of comments have been excited by the strictly justifiable attitude taken up by Dr. Parsons, of the Fulham Infirmary, in a recent case of suspected crime. The police had reason to believe that a servant-girl, who had been in the Infirmary, had concealed the birth of a child, whose body was found in a dust-destructor. They made inquiries of Dr. Parsons, who pointed out to them that it was no part of his duties to give them information with regard to the patients under his care. An inquest was held on the child's body, and Dr. Parsons being called, he proceeded to give his evidence on oath. The servant girl was subsequently charged at the West London Police Court with concealment of birth, but in the result was dismissed. The authorities complained to the magistrates of their inability to extract information from Dr. Parsons, when called on by the police, and the magistrate expressed surprise that the doctor should not have done what he could to "assist the course of justice." This incident has given rise to similar expressions of surprise in our lay contemporaries. The burden of professional secrecy laid on medical men will probably never be understood by the public. They are exceedingly indignant when a doctor reveals anything to their hurt, and quite ready to sue him for damages. But in the case of a poor unfortunate servant girl, who has "got into trouble," how the same ethical principle can apply when the girl is not likely to be able to take the offensive they seem unable to grasp. In an English court of law a medical man is bound to reveal secrets confided to him. In France he is forbidden to do even this. A doctor there was fined lately because, in defending an action for negligence brought against himself, he detailed the nature of the case and his treatment. But in this country outside a court of law a doctor is bound by the Hippocratic tradition, and whether the patient be "duke's son, cook's son, or son of a belted earl," his duty is the same. It takes considerable moral courage, especially in those holding public appointments, to act up to the level of their convictions in this matter, and Dr. Parsons is to be congratulated in maintaining his position before the authorities in question with so much firmness and dignity.

Osborne College.

THE King, like all good F.R.C.P.'s, does not "want the natural touch." There is no monarch of ancient or modern times, not even excepting the late Queen, who has shown so admirably what true philanthropy is. Matthew Arnold called religion, "morality tinged with emotion"; we might define philanthropy as "pity tinged with discrimination." The King does nothing rashly—even his good works—and nothing half-heartedly. His gift of Osborne House to the nation for the double purpose of a naval college and a convalescent home for sick officers could not have been more happily conceived. Instead of keeping the beautiful house as a kind of mausoleum, as would have been quite comprehensible under the circumstances, he has perpetuated his mother's memory far more nobly by making it a place where national need and national pity find joint expression. The part of the house that is to be used as a convalescent home is nearly ready for occupation, and the Office of Works have done their work well and efficiently, without much alteration to the existing structure. Provision has been made for thirty-eight single and five married officers' quarters, the former being provided with an elegant bed-sitting room, the latter with two communicating chambers, with the necessary wardrobe accommodation. Sisters' and nurses' quarters are also being prepared, and, of course, rooms for the servants and attendants. The beautiful grounds and terraces overlooking the Solent are to be reserved for the patients' use, whilst the chapel has been turned into a reading and recreation room. Nor has His Majesty's regard for his officers led him to forget one who has served him in another capacity. Miss Haines, the lady who nursed him so devotedly in his last illness, is to be the matron of the home, a reward for her skill and fidelity that does credit alike to herself and her Royal master.

Inquiry into London Tuberculosis.

THE Council of the Royal Institute of Public Health have been moved to consider whether the time has not arrived when a full inquiry into the prevalence and causes of tuberculosis in London should not be made. The eventual object of such

inquiry would be to ascertain what would be the best plan for systematic effort to work on in carrying out repressive and preventive measures. With this idea they have had written a letter to the President of the Local Government Board asking if the Board propose to take any steps with a view to advising on the subject. From the letter it appears that the Metropolitan Asylums Board have already been asked to undertake such an inquiry, and the Council of the Royal Institute still hope that the Board may consent to do so if pressure be exerted by the Local Government Board. Failing this, however, the Royal Institute proposes to set about the task itself. It would be an excellent and public-spirited action on the part of the Institute to undertake a work of such magnitude and importance, and it is to be hoped that if it does so, it will secure the services of men of distinction and authority to sit on the committee. It will be no light matter to investigate and take evidence upon every point that should be dealt with in so enormous a field as that of London tuberculosis, and it is to be feared that the thanks which an unauthorised committee will get will not be at all commensurate with the amount of work its members will have to put in. It is a matter for wonder that the Council of the Institute do not see the absurdity of suggesting that a technical and complicated inquiry of this kind should be undertaken by the Metropolitan Asylums Board. The Board consists of representatives of the Guardians, with a leavening of nominees of the Local Government Board, and counts only two or three medical men among its members. Such a function would be quite foreign to them, and a body less well qualified, both by its experience and its *personnel*, to pursue such an inquiry it would be difficult to conceive.

Resuscitation from Asphyxia.

Apart from the efficacy of mechanical movements imitative of natural respiration, the most important question in the treatment of asphyxia, especially from the lay standpoint, is that of the administration of stimulants. In cases of immersion, artificial respiration is more effective than any stimulant because it acts directly in removing foreign material from the air cells and also in relieving the engorged right side of the heart. When the respiratory movements have once again become automatically established, stimulants may then be given if necessary. In asphyxia from other causes, such as the inhalation of carbonic acid gas or other noxious fumes, it is not so much a matter of removing foreign matter from the lungs as of supplying the needed oxygen to the blood. For individuals who have been "overcome" by the effects of smoke from a fire, it is obviously essential to provide fresh air at once, and that in a concentrated form. We are informed that in Berlin every fire-station has been furnished with an oxygen apparatus for this purpose, and it has been suggested that the London Fire Brigade should follow suit. The ubiquitous brandy-flask is usually forthcoming upon such emergencies in this country, and very often no attempt is made to provide a sufficiency of fresh air for the patient. It is a little difficult to compare the actions of oxygen gas and brandy under these circumstances, for the additional injurious effects of excessive heat have also to be taken into consideration. There can be no doubt, however, that oxygen is a powerful stimulant to the heart as well as to the respiratory centre, and, moreover, its action is sustained and unaccompanied by any depressing after effects. Its expense would be the chief drawback to its general use, and it would also be necessary to have it supplied in small portable cylinders which could be easily conveyed by hand. Should these difficulties be surmounted, oxygen would doubtless prove a valuable addition to the equipment of ambulance and fire-stations.

The Viceregal Slight to the Medical Profession.

The slight which has been put upon the medical profession in Ireland by, as it is generally considered, certain officials at Dublin Castle has been universally condemned in Dublin, not alone by the medical profession but by the general public. The opinion is freely expressed, and we fancy it is correct, that the slight is none of His Excellency's doing, but that it is the result of a notion that has grown in the minds of the Castle officials that the Court of Dublin Castle can be approximated in all particulars to the Court of St. James. We learn that a meeting was held at the Royal College of Surgeons during the past week to consider the reply received from His Excellency's private secretary, and that it was resolved by that body to take common action with the Royal College of Physicians in the matter. We doubt that a change in His Excellency's plans can be effected by such action, or that the Colleges will gain anything by pressing their claim beyond a certain point. Already the matter has been taken up by the Press, and the actions of the Castle officials condemned. If the right of private *entrée* is not restored to the colleges, they will, we consider, best consult and maintain their dignity if their future Presidents refrain from attending the Lord Lieutenant's levées until such time as their position as the titular heads of the medical profession in Ireland is again recognised by Dublin Castle.

Family Predisposition to Disease.

The belief that certain diseases occur in those who are related by family ties, even apart from the influence of heredity, has long been held, both by the general public and also by the medical profession. There can be little doubt about the transmission of a tendency to phthisis or acute rheumatism from one generation to another, and it is usually considered to be a question of an inherited peculiarity of soil whereby the individual is more liable to a specific infection from without than others in whom this special predisposition is wanting. Lithiasis, with its associated condition of arterio-sclerosis, is well known to run in families.

What the exact factors may be which determine the appearances of disease in those of one flesh and blood, it is difficult to ascertain with precision. Any information, therefore, which tends to throw new light upon morbid processes is to be welcomed. The occurrence of uterine fibro-myomata in five members of one family, in all of whom hysterectomy was successfully performed, related by Dr. J. Macpherson Lawrie, (*a*) of Weymouth, is of great interest in connection with this subject. Another curious pathological feature is that all five sisters were also affected with cataract. Several instances have been recorded, from time to time, where fibroid disease of the uterus has been met with in more than one member of the same family, and in some of these the affection has been traced back for one or two generations. The suggestion that the degenerative changes affecting two important tissues of the body, the uterine and the lenticular, may be due to one common factor indicating some inherited weakness of the organs concerned sounds tempting enough, but our knowledge of the conditions affecting the development of the germ-cell is so small that it would probably be more scientific to regard these associations as merely accidental.

Irish Maternity Hospitals and the Central Midwives Board.

WE publish a letter from Dr. Ward Cousins in another column regarding the attitude of the Central Midwives Board towards the great Irish maternity hospitals, as well as his Report to the English College of Surgeons. It will be remembered that we published in our last issue a copy of the correspondence which has passed between the Master of the Rotunda Hospital and the Board. In a covering letter from the Secretary of the Board to the Master of the Rotunda, the statement was made that the resolution "regretting" that the Board were unable to recognise Rotunda trained nurses had been unanimously adopted by the Board. This, it appears, is an incorrect statement, inasmuch as Dr. Cousins was present at the meeting and did not support the resolution. It also appears that Dr. Japp Sinclair was absent from the meeting, and as he is capable of forming an opinion of the merits of the different methods of training nurses, we think we may assume that if he had been present he would not have supported the resolution. It will doubtless interest the heads of the Irish maternity hospitals to learn that Dr. Cousins considers the treatment to which they have been subjected of sufficient importance to present a statement of it to the Royal College of Surgeons of England. The Irish maternity hospitals have every reason to be grateful to Dr. Cousins for his support.

Death of two German Pioneers in Tuberculosis.

WITHIN the last few days two figures prominent in the treatment of tuberculosis have disappeared from the world. Clur was the exponent of the climatic treatment, and preached mid-ocean island climates; while Detweiler was among the first of our modern pioneers for the open-air treatment on high situations. As a young man he went as assistant to Brehmer, who had a sanatorium, a rare thing in those days, in Gerbersdorf, where he wrote much on the Brehmer treatment and elevated situations. Later in life Detweiler went to Falkinstein, in the Taunus Mountains, where we find his opinions are more in favour of exposure rather than elevation. On this subject a severe battle was fought between him and Brehmer, and minor skirmishes often took place till Brehmer died. Toxins and antitoxins were equally discussed, while tuberculins, tuberculozidins, the serum of Maragliano, Marmoreck, &c., have all been tested in turn. There is one of the phthiseo-therapies of Detweiler that is remembered against him as a blemish in the treatment of tuberculosis, *viz.*, the liberal use of alcohol. His advice was alcohol at every meal, and never go out without it.

(*a*) *Brit. Med. Journ.*, February 23rd, 1904.

The Birth of Giants.

A WRITER in one of our Continental contemporaries has made an interesting collation of the records of the births of giant children in the Königlichen Charité at Berlin. The term "giant," it may be necessary to explain, is applied to infants who weigh over 4,000 grammes. In this sense it appears that the average of giant births to the total number of births, for a period of ten years, was about 3½ per cent. In most cases the mothers were women of over thirty years of age, multiparæ, with large pelves. As might be expected, the time of expulsion of giant children averages much longer than that in normal birth. In most cases there was no actual difficulty, and when artificial delivery was necessary, it was usually merely on account of the size of the child. In fact, although the term "contracted pelvis" cannot correctly be applied, yet, in view of the increased size of fœtus, this term best expresses the kind of difficulty met with. Abnormal presentations were rare, and prolapse of the cord less frequent than usual. Lacerations of the soft parts were, as might be expected, common. Curiously enough, the mortality-rate among the mothers was lower than normal, but on the other hand the rate among the children was four times as high among giants as among others. A surprising result appears when the relative number of boys and girls are noted, for there are nearly three times as many male giants as female. At the same time the average weight among the females was as great as that among males.

The Carnegie Trust and Scotch Students.

THE lines of students in Scotch medical schools and universities seem to have fallen in pleasant places so far as fees are concerned. We learn that under the Carnegie Trust the total number of beneficiaries since the institution of the Trust until December 31st, 1903, was 4,517. There has been paid by the Trust for summer session, 1903, the sum of £13,569 12s. on behalf of 1,755 students, repre-

senting the fees of 5,392 class attendances; and for winter session 1903-4 the sum of £30,510 15s. on behalf of 3,027 students, representing the fees of 8,976 class attendances—in all, for the year to December 31st, 1903, the sum of £44,080 7s. Of this golden shower we presume the medical students partake. It is to be hoped, however, they do not figure in the latter part of the following announcement:—"During the year 1903 six students have voluntarily refunded the fees paid for them by the Trust to the amount of £72 2s. There is also a decrease in the number of cases where return of fees has been demanded from beneficiaries who have failed to obtain requisite certificates of attendance and work." The committee have entered into an agreement with the Royal College of Physicians of Edinburgh by which the Trust has purchased the property and laboratory of the college in Forrest Road, Edinburgh, for £10,000. During the past year the claims of extra-mural schools have received attention. After inquiry and conference two cases have been dealt with—that of the medical school of the Royal Colleges of Edinburgh, and that of the Medical College for Women, Edinburgh; and under certain conditions limited grants have been offered for permanent equipment and provisional assistance.

A New Use for the X-Rays.

The phenomena of radio-activity are so surprising in their effects upon organic and inorganic substances that fresh spheres of usefulness seem to be discovered for them almost daily. The power of the X-rays to influence cell growth is taken advantage of in the treatment of malignant disease, while their physical property of penetrating objects hitherto deemed impenetrable renders them indispensable to surgical work. Now we are informed that they are accredited with certain psychic effects, for M. A. Béclère has reported a case of hysterical mutism cured through their agency. The patient was a young married woman, aged 26, who received a severe mental shock through witnessing a conflagration. She suddenly lost consciousness, and on recovering herself found she had completely lost the power of speech. She was consequently admitted into the Hôpital Saint-Antoine. The pharyngeal and corneal reflexes were abolished, and there were irregularly scattered areas of anæsthesia and hyperæsthesia about the body. There was no paralysis. Methylene blue was prescribed, together with active suggestion, but this treatment proved of no avail, for four days afterwards she was still aphasic. She was then taken to a room where other patients were about to undergo radioscopic examination. The apparatus and the dark surroundings caused her some alarm, but when the current was switched on she recovered her speech from that moment. The influence of suggestion was, no doubt, not unimportant in the production of the beneficial result, but the rays were the medium through which it acted. Any sudden or unexpected shock, such as the application of the galvanic current to the glottis, will generally effect a speedy cure in cases of hysterical aphonia, but where other methods have failed the psychic influence of the X-rays might well be borne in mind.

Small-pox in the Provinces.

As anticipated, the London epidemic of small-pox reappeared in a mild form in 1903, and still lingers on in 1904. The field open for its invasion has been narrowed down to an extremely small margin by the number of "unprotected" persons who were attacked by the disease in the earlier days of the outbreak, and also by the wholesale protection of previously "unprotected" citizens by vaccination and re-vaccination. It was almost inevitable in these times of rapid and universal commerce and transit that the huge mass of small-pox infection centred in the Metropolis should give rise to scattered epidemics throughout the Kingdom. That, indeed, has happened. In some instances the disease has been conveyed by tramps. Glasgow, Liverpool, Derby, Sheffield, Cardiff, and many other towns in England, Scotland, Ireland, and Wales, have been invaded more or less disastrously with small-pox during the past two years. Nottingham and Derby appear to be on the eve of a serious epidemic. It is to be hoped that the moral of these events will not be lost upon those of our weaker brethren who have not made up their minds as to the efficacy of vaccination. In London the advent of the small-pox brought shoals of unbelievers and scoffers to their senses. An anti-vaccinator who gets vaccinated when small-pox comes into his parish is in much the position of Mrs. Eddy, who went to the dentist and had a tooth extracted instead of applying her creed that pain has no existence in fact, and that faith and prayer are all-sufficing substitutes for the art of the medical man and the dental surgeon.

Anæsthesia with Sterile Water.

Hydropathic enthusiasts, and for that matter, all practitioners who believe in the occasional therapeutic propertics of water, will be interested to learn that the use of water as a local anæsthetic agent is being revived. The idea is by no means new, having been formulated by Burney Yeo and Griffith in 1868. Dr. Samuel G. Gant, of New York, has recently called attention to this little-known property of water when injected under the skin. The theory of its action is that the tissues are so distended that the sensory nerve-endings in the epidermis are compressed in such a manner as to temporarily paralyse their function. In the case of a superficial abscess, in which the same thing might be supposed to occur, this compression is gradual owing to the slow accumulation of inflammatory products and subsequent suppuration, resulting in acutely painful sensations. But when a fluid is injected from without, the distension is sudden and unexpected, so that the contrary effect, anæsthesia, is produced. Dr. Gant has employed the method more particularly in surgical affections of the rectum and anus, such as fissures, hæmorrhoids, and polypi. It is claimed

that the use of a general anæsthetic may be dispensed with, that the anæsthesia is quickly obtained and that systemic complications are avoided. The after pain is said to be less than when cocaine or eucaine has been used, and the risk of a possible toxic action of these substances is, of course, removed. The more the tissues are distended, the greater the anæsthesia. Simplicity of apparatus is certainly one point in its favour, all that is needed being a syringe full of sterilised water, but in nervous and sensitive patients it is questionable whether even the puncture of a needle in the delicate hæmorrhoidal area would be tolerated. Where it is known that a morbid susceptibility to cocaine is present and a general anæsthetic inadvisable, this method might then be worthy of a trial.

Longevity in Ireland.

BY no means the least interesting part of the "Quarterly Return of Marriages, Births, and Deaths," issued by the Registrar-General for Ireland, is the section devoted to remarks made by the local registrars on matters concerning the public health of their districts. On looking over the return for the last quarter of 1903 recently issued, one cannot but be struck with the great number of cases recorded of deaths occurring at advanced ages. In the Cavan district a death has been registered at the age of 120 years, and at Ballycroy, in co. Mayo, one at the age of 113, which age the registrar believes to be accurate. In addition to these, no less than thirteen other centenarians are reported to have died during the past quarter. Curiously, of those who just failed to reach the even hundred, the number is somewhat less, as only nine deaths are drawn attention to as occurring between 90 and 100. When we come to octogenarians the numbers rapidly increase, as notes are made of about thirty deaths between 80 and 90, and there are probably many more of which the registrars do not think it worth while to make special mention. A comparison of the mortality among old people with that among the total population also gives some interesting facts. For example, out of thirty deaths in the Grean district, co. Limerick, thirteen occurred at ages exceeding 73 years. In the Ederney district of Fermanagh, the total number of deaths was thirteen, of which nine were at ages varying from 70 to 97. Out of twenty deaths in the Kilsea district of Londonderry, eight were at ages over 75. These instances are all taken from rural areas, where life may reasonably be expected to be long; but looking at the whole of Ireland, town and country, it would appear that about half the total number of deaths occur after the age of 60. It would add interest to future issues of the already very interesting quarterly returns if a column were added including all deaths registered at ages above 80 years.

PERSONAL.

Mr. A. W. MAYO ROBSON has been chosen Bradshaw Lecturer by the Royal College of Surgeons of England for the ensuing collegiate year.

IT is reported that the well-known American surgeon, Dr. William Senn, will act as Surgeon-General of the Japanese Army.

DR. ROBERT J. ROWLETTE has been appointed Lecturer in Pathology to the Queen's College, Galway, for the year 1904.

WE understand that Sir Christopher Nixon, ex-President of the Royal College of Physicians of Ireland, may become a candidate for Parliamentary honours in the St. Stephen's Green Division of Dublin.

A LECTURE on "Trypanosomes and Sleeping Sickness at Uganda" was delivered in the zoology theatre of the Liverpool University on February 12th by Colonel David Bruce, F.R.S., R.A.M.C., under the auspices of the Liverpool Biological Society.

THE gold medal established by the friends and pupils of Mr. Nettleship, to commemorate his work in ophthalmic surgery, was recently handed over to the custody of the Ophthalmological Society of the United Kingdom by Sir Thomas Barlow, representing the subscribers to the fund.

THE annual dinner of the medical officers of the auxiliary forces will take place at the Imperial Restaurant, Regent Street, London, on Friday, April 15th, at 7.30 p.m., under the presidency of Lieutenant-General Lord Grenfell, G.C.B., G.C.M.G. Tickets may be had from Lieutenant Montgomery-Smith, 36 Abbey Road, N.W.

THE members of the Ulster Medical Society have arranged to have a marble bust of Sir William Whitla done for the entrance hall of the Medical Institute, the building which he presented to the Society a a little over a year ago. The execution of the work has been entrusted to Miss Kathleen Shaw (daughter of the late Dr. Shaw), who has lately completed an excellent bust of the Irish Primate, and is now engaged on one of His Eminence Cardinal Logue.

DR. JAMESON of "the Raid" notoriety, has been entrusted with the formation of the new Cabinet of the Cape Ministry. It may be added that Dr. Jameson was compelled to relinquish medical practice in London nearly a quarter of a century ago on account of his health; he settled in Kimberley, became medical adviser to the late Mr. Cecil Rhodes, took part in the Matabele war, and became administrator of Rhodesia in 1891. He now becomes Premier of Cape Colony.

Special Correspondence.

[FROM OUR OWN CORRESPONDENTS.]

EDINBURGH.

THE LATE DR. ROBERT MILNE MURRAY.—The announcement of the death of Dr. Milne Murray will come as a great blow to the many who were privileged with his personal acquaintance, and will be deplored by the wider circle of workers in all departments of scientific medicine, particularly in the field of obstetrics and gynæcology, where he made for himself a world-wide reputation. About fifteen months ago, while engaged in professional work, he contracted pneumonia, and since then had been more or less completely laid aside; while for a considerable time hope of his recovery was entertained, the disease latterly progressed, and he died on February 14th. Dr. Milne Murray was born in Kincardineshire in 1855. The son of a gifted father, a schoolmaster, he passed from his tuition to St. Andrews, where he took an Arts degree

at the age of 20, whence he came to Edinburgh to study medicine and graduated in 1875. Thereafter he became associated with Sir Halliday Croom as his assistant, and this determined for him the selection of obstetrics and gynæcology as his life work. He very rapidly acquired eminence in his specialty, and filled in turn the position of President of the Edinburgh Obstetrical Society and vice-president of the British Gynæcological Society, while at the time of his death he was one of the physicians to the Maternity Hospital and assistant gynæcologist at the Royal Infirmary. About ten years ago, he, along with four or five colleagues, took an active part in establishing the New School, which is one of the most important teaching centres in the School of Medicine of the Royal Colleges, and in the lecture rooms of which he conducted one of the most popular and successful classes in midwifery in Edinburgh. He was eminently clear and practical as a teacher, while his numerous contributions to medical literature were concise, original, and authoritative. Milne Murray's great strength as an obstetrician and gynæcologist lay in the fact that his interests were by no means bounded by the limits of his own specialty, but that he brought to bear on its problems a mind versed in other departments of science. He was esteemed an expert in other departments besides his own specialty, and particularly in electrical science, which was for him something more than a hobby. His collection of electrical apparatus, gathered together at great cost, is unique, and his private laboratory was much visited by distinguished electricians. His services as an expert in this branch of science were greatly in request, and he it was who was consulted by the managers of the Infirmary in connection with their electrical installation, which was further directed by him as official electrician to the institution until the date of his appointment as gynæcologist. In addition to these scientific attainments he had considerable artistic talents, and was a musician of no mean order. Of his personal qualities this is hardly the place to speak. Through his death many have lost a dear friend, and more a wise and genial counsellor. He is survived by a widow but no family.

Carnegie Trust.—Third Annual Report.—The third annual report of the Executive Committee was published on February 20th. Of the grant of £40,000 allocated to the universities for permanent equipment and teaching endowment, over £20,000 has been claimed and paid over. This sum includes the grants of £1,000 to each of the libraries, and £2,400 for provisional assistance, which have been claimed in full, £7,725 claimed for buildings, and £6,200 for endowment of teaching. The funds of the trustees have been partially or wholly instrumental in founding a chair of history in Aberdeen, a chair of geology in Glasgow, lectureships in French and botany in St. Andrews, and grants in aid of modern languages in Edinburgh and of German in St. Andrews have also been made. Under the scheme for the endowment of post-graduate research awards have been made, as published last July; 156 applications were received, and five fellowships and fifteen scholarships created, while grants were made to fifty applicants. As to grants in aid of research, the general principle adopted was that these should not include payments for personal expenses or assistance in work. In pursuance of their policy of retaining the administration of the endowment of research, in their own hands the Committee have purchased the laboratory of the Royal College of Physicians, on the understanding that the annual contributions of that College and of the College of Surgeons be continued, and that the Trust have two representatives on the Board of Management. This arrangement is to remain in force for five years, at the end of which time, should either party desire to terminate it, the College may repurchase the laboratory. The amount paid for class fees during the year 1903 was £44,000, and while the Committee do not anticipate that during the current year the claims will exceed the available income, they have prudently made the requirements as to preliminary education somewhat more stringent, and have barred payment of fees for non-obligatory classes unless in special cases.

GLASGOW.

Southern Medical Society, Glasgow.—At the beginning of the session Sir J. Halliday Croom, Edinburgh was unanimously elected honorary President of the Society. Probably over a hundred members of the profession, including many of the consultants, met in the Faculty Hall, 242 St. Vincent Street, on the evening of Thursday, 18th inst., to hear Sir Halliday deliver his address on "Some Moot Points in Cancer." Mr. Thomas Richmond, President, occupied the chair. As was to be expected, the address was as eloquent as it was exhaustive and instructive. We expect to give a fairly full report of this contribution to the literature of cancer, which is exciting considerable attention at the present time. On the motion of Professor McCall Anderson, seconded by Professor Murdoch Cameron, a very hearty vote of thanks was awarded Sir J. Halliday Croom for his extremely interesting address.

The Sanitary Institute of Great Britain.—The meetings of the above are to be held this year in Glasgow during the month of July. Preliminary meetings have been held, and various influential committees formed. The Corporation of Glasgow has very generously agreed to meet the entire expense, and it is expected there will be a considerable amount of private entertaining. It is certainly unfortunate that the date fixed—the end of July—corresponds with the annual meeting of the British Medical Association at Oxford, which will certainly attract large numbers. Many medical men are on the committees formed for the Sanitary Congress. It was explained that the matter had been very carefully considered, but the date could not be altered. All that remains to be said is that it is rather unfortunate.

Small-pox in Glasgow.—This disease is still prevailing in the city to an extent that is causing the authorities considerable uneasiness. There are at present in Belvidere Hospital 172 cases. A circular was recently issued by the Medical Officer of Health, Dr. Chalmers, to the members of the profession, inviting them to vaccinate all who may apply, the Corporation defraying the expense to the extent of giving a fee of 1s. 6d., the operator to find his own lymph! Few medical men have taken advantage of this parsimonious offer, and rightly so. The result is that small-pox is allowed to go on spreading from day to day. A large economic question is involved which the Corporation will in all probability have to face when public opinion is aroused, and that at an early date.

Correspondence.

THE CENTRAL MIDWIVES BOARD.

To the Editor of The Medical Press and Circular.

Dear Sir,—You say in your article to-day on "The Central Midwives Board and the Irish Maternity Hospitals," that the Board resolution was *unanimously* adopted, and I write to inform you that this is incorrect. Seven members of the Board were present at the meeting. I did not support the resolution, and Miss Oldham and Dr. Sinclair were absent.

I am, Sir, yours truly,

Ward Cousins.

Southsea, February 17th, 1904.

[We are much obliged to Dr. Ward Cousins for his correction, especially as it discloses a very improper and misleading mistake on the part of the Secretary of the Central Midwives Board, who, in writing to the Master of the Rotunda Hospital, used the following words:—"I am directed to point out that the Rules were approved by the Privy Council on August 12th, 1903, and to forward you a copy of the resolution, which, having regard to that fact, the Board passed *unanimously*." The italics are ours.—Ed. Medical Press and Circular.]

Literature.

CONSUMPTION. (a)

THIS work, as Professor Koch indicates in his brief introduction, is intended as a popular exposition of the tuberculosis question. It is primarily addressed to English readers. The author claims that his book "deals with tuberculosis as a great social problem which is at present exercising the minds of medical men, legislators, local and public health authorities, and intelligent citizens in every civilised country in the world." Dr. Hillier has no hesitation about his text: "Tuberculosis may be cured, can be avoided, and ought to be prevented," and he insists on the infectious character of phthisis to an extent which we venture to think is likely, at least in certain quarters, to develop a dangerous and very undesirable phthisiophobia. The work opens with what purposes to be a description of the history and nature of tuberculosis, but it is peculiarly incomplete. We are told that Botticelli's Venus died of consumption at an early age, and more than a page and a half are devoted to the writings of antiquity, while extensive reference is made to the views of physicians in the Middle Ages, but we have searched the index in vain for any note of such pioneers as Parrish, Bodington, MacCormac, and B. W. Richardson; even the names of Brehmer, Detweiler and Walthers are conspicuous by their absence. Dr. Hillier teaches that there is much danger from cough-sprayed sputum. We are inclined to believe that he lays far too much stress on this mode of infection. It is amusing, as well as pathetic, to find Fränkel's respirator figured and carefully described. Dr. Hillier's method, if allowed free course, would, we fear, go far to make every consumptive a social outcast.

The relation of bovine to human tuberculosis is discussed fairly fully, and, as might be expected, Koch's views have great prominence.

There is a useful section on personal precautions which, so far as it goes, is good. The chapter on public action raises many points still under discussion, but there is a lack of statesmanlike grasp of the subject. Dr. Hillier is an ardent advocate of compulsory notification. The section dealing with sanatoria is far too scrappy to be of much service. The author describes the institution with which he is connected, but he might well have drawn attention to some of the excellent features to be found in the many other sanatoria which are now to be found in almost all parts of the country. In discussing the financial aspects of the question, reference is made to German methods, but few suggestions are presented regarding measures likely to find favour with English people.

The work is disappointing. It is full of evidences of haste and hurry. Its incompleteness, and, as it appears to us, its unscientific dogmatism, will much militate against its usefulness. The author lacks the judicial spirit, and his clinical work is not sufficiently based on a perception of the limitations of our pathological knowledge.

Undoubtedly, the most useful portion of the book is to be found in the appendix, which contains matter reprinted from the publications of the National Association for the Prevention of Consumption; a description by Dr. W. B. Ransom of the Nottinghamshire sanatorium; particulars of sleeping accommodation as provided at the interesting Kelling Sanatorium in Norfolk; a note on homes for advanced consumptives; and an essay on State insurance for workmen in Germany.

ZOOLOGICAL STUDIES IN MALAY. (b)

THIS work describes the result of an expedition undertaken by Messrs. N. Annandale and H. C. Robinson to study the zoology of the Malayan mainland, and will doubtless prove of value in the hands of all interested in the fauna of that region. The report on the amphibia and reptilia is especially interesting, six new forms being described. The collection of mammals, of which sixty-four were obtained, including eight new species, is a notable contribution to our knowledge of the zoology of this district. The notes on the mammalia also contain several interesting facts relating to the habits and distribution of certain new species. The other descriptions of the Heterocera, Cicendelidæ, and Odonata, also deserve the attention of the student of these groups. Notwithstanding that the writers were unable, for various reasons, to pay particular attention to the collection of molluscs, five new species were obtained. The Rhynchota were remarkable by the absence of many common forms, and by the presence of a large number of obscure and little-known, or new species, and even some new genera. The reports contain papers on marine fishes, a list of fresh water fishes, and other studies which will be of value to investigators in this department of biology. Messrs. Annandale and Robinson publish in the form of a supplement an itinerary of their travels, giving a general account of their wanderings in the little-known Malay States under Siamese rule. The account is mainly of a personal nature, with a brief description of the various districts and villages in which they sojourned, and a note on the work done in each place. It forms a convenient epitome of the investigations of these most industrious explorers. The report is admirably illustrated, and all concerned in the appearance of these excellent studies may well be congratulated.

(a) "The Prevention of Consumption." By Alfred Hillier, M.D., C.M., B.A., Secretary to the National Association for the Prevention of Consumption, Visiting Physician to the London Open-air Sanatorium &c. Revised by Professor R. Koch. Pp. 226. With illustrations. London: Longmans, Green and Co., 1904. Price 5s. net.

(b) "Fasciculi Malayenses: Zoological Result of an Expedition to Perak, the Siamese Malay States, 1901-1902." By Nelson Annandale and Herbert C. Robinson. Zoology, Part I., price 15s. net. Part II, price 20s. net. Published for the University Press of Liverpool by Longmans, Green and Co. 1903.

Obituary.

MR. DAVID KENNARD, M.R.C.S., L.S.A.

As the result of an accident in the hunting field, a well-known county practitioner, Mr. David Kennard, met with his death. He was a student at Westminster Hospital, and took the M.R.C.S., Eng., in 1860. For many years he has been a prominent social and professional figure in Berkshire society. His chief appointment was the medical officership of the Lambourn District Hungerford Union.

DEPUTY-SURGEON-GENERAL JAMES LEITCH.

WE regret to note the death of Deputy-Surgeon-General James Leitch, of the Army Medical Department, a native of Crieff, and son of the late Dr. James Leitch, R.N., on the 12th instant, at his residence, Claremont Street, Edinburgh. He had attained the age of 79 years. On passing through the various grades of his profession in the army Dr. Leitch accompanied the 78th Highlanders to India, and was on active service there during the Mutiny in 1857.

GEORGE NIVEN, M.A., M.B. Cantab.

ON February 7th, Dr. George Niven succumbed to pneumonia. Dr. Niven was born at Peterhead, and had a distinguished career as a student at Aberdeen, where he took his M.A. degree in 1877, and at Cambridge, where he took the B.A. in 1882, and M.B. in 1886, obtaining also in the latter year the diploma of M.R.C.S. On the completion of his university studies, he entered upon professional practice at Didsbury, Manchester. He leaves a widow and three young children by his early death at the age of 45.

MR. EDMUND SAMUEL WARBURTON, M.R.C.S.Eng., L.S.A.

THE medical practitioners of the Rhondda valley, have lost a valued colleague and the colliers a trusted friend and a skilled surgeon through the death on February 6th of Mr. E. S. Warburton, of Treherbert. He was born nearly sixty years ago in Cheshire and came of a family of medical men. After making several

voyages as a ship's surgeon he settled in Treherbert in 1874, when the Rhondda valley was beginning to be developed, and was appointed surgeon to several large collieries. He was a very able diagnostician and a most capable operator. Although educated in an older school, he was always abreast of the times, and ready to give his patients the advantages of the newest remedies; for example, when diphtheria was epidemic in the district a few years ago, he was one of the first to recognise the value of the antitoxin treatment.

INSPECTOR-GENERAL OF HOSPITALS AND FLEETS WILLIAM MACLEOD, C.B., R.N.

WE regret to announce the death of Inspector-General of Hospitals and Fleets William MacLeod, C.B., R.N., at his residence, West Kensington, at the age of 84. Educated at Edinburgh University, where he took the degree of M.D. in 1841, he entered the Navy as an assistant-surgeon in 1842, and served on the China station in that rank from 1845-47. He was surgeon of the "Driver" in the Baltic during the Crimean War, and of the "Madagascar" in 1859 at Rio de Janeiro during a severe epidemic of yellow fever, and for his journal and report of that year received Sir Gilbert Blane's Medal. Promoted to the rank of Deputy-Inspector-General in 1866, he was in charge of the Royal Naval Hospital at Yarmouth from that year until April, 1875, when he was promoted to the rank of Inspector-General. He continued in charge at Yarmouth until 1880, when he retired from the Navy. In November, 1880, his services were recognised by the award of the Companionship of the Bath, and eight years later he received a Greenwich Hospital Pension.

Medical News.

Re British Medical Association's Proposed Scheme for Medical Defence Department.

AT a meeting of the Council of the Medical Defence Union held at the registered offices February 18th, the following resolution was unanimously passed:—"That this Council resolves to do all in its power to maintain the integrity of the Medical Defence Union as at present existing."

The Ballachulish Quarry Dispute.

AT a special meeting of the Ballachulish Workmen's Medical Society held last week it was unanimously agreed that the expenses of the legal actions incurred by the Medical Club and Dr. Grant during the recent dispute should be paid by the Society. This is a most satisfactory ending to this prolonged controversy, which has, in no small degree, vindicated the honour and standing of the medical profession.

The London School of Tropical Medicine.—Craggs' Research Prize.

A PRIZE of £50 will be awarded to a past or present student of this school who during the current year (October to October) makes the most valuable contribution to Tropical medicine. Contributions must be written in English, and essays must be sent in on or before October 1st next, to the medical tutor at the London School of Tropical Medicine, Royal Albert Dock, E., who will gladly afford further information.

The Bristol Eye Hospital.

THE annual meeting of the subscribers to the Bristol Eye Hospital was recently held, under the presidency of the Lord Mayor. The annual report stated that during 1903 the in-patients numbered 486, being 21 in excess of those for 1902. The out-patients were 6,869, being an increase of 915 compared with the previous year. The financial statement showed that the subscriptions received amounted to £660, and that a deficit of £593 remained.

The Nurses Registration Bill

THE Nurses Registration Bill, promoted by the Society for the State Registration of Nurses, was introduced by Dr. Farquharson, and read a first time in the House of Commons on Monday last. It is backed by Mr. Haldane, Sir Thomas Wrightson, Sir James Joicey, Sir John Tuke, Mr. H. C. Smith, Mr. Munro Ferguson, Mr. Tennant, Mr. Black, Mr. Colston, Mr. Eve, and Dr. Thompson, and the second reading was put down formally for Monday next.

The Medical Officer of the Female Prison, Limerick.

ON Monday last Mr. Joyce asked the Chief Secretary in the House of Commons if he would explain why the services of Dr. John Holmes, medical officer to the Female Prison, Limerick, had been dispensed with; what number of years Dr. Holmes had been in charge of the prison, and what pension or compensation in lieu of pension, if any, had been offered to him. Mr. Wyndham replied that Dr. Holmes had held the position of temporary medical officer of the Limerick Prison for 13 years. His services had been dispensed with upon the amalgamation of the medical officerships of the male and female prisons. He was not entitled to any pension or compensation.

The Associated Hospitals Association.

THE Associated Hospitals Association, which represents the lay and medical staffs of all the London Hospitals with medical schools attached, have decided to oppose the Nurses Bill. Sir F. Dixon-Hartland has placed on the Paper a motion for the rejection of the Bill.

Free Dispensary for Aliens.

SIR SAMUEL MONTAGU and other wealthy members of the Jewish faith are taking steps to establish a free dispensary for East End aliens, so that they shall not be chargeable to the rates for medicine, &c.

Should Medical Men Dispense

AT a meeting of the Central Division of the Metropolitan Counties Branch of the British Medical Association, held at Chandos Street, W., a motion that a clause be added to a draft Medical Acts Amendment Bill proposing that doctors should not, under pain of a heavy penalty, supply drugs or medicaments to anyone, was lost by an overwhelming majority. Exceptions were mentioned, and these covered medical officers on ships and in the army, emergency medicines and certain sparsely-populated areas which could not support both a doctor and a chemist. A few expressed approval of the principle of the motion, but not the means proposed, and only two voted for the resolution

Ambidexterity.

"THE Ambidextral Culture Society for the Promotion of Symmetrical, Physical, and Mental Development" has arranged a course of lectures, to be given in the rooms of the Medical Society of London at 5 p.m. during the next four months. The subjects will vary from ambidexterity in fly-fishing to the same accomplishment in the infants' school. Further particulars can be obtained from the honorary secretary, St. Dunstan's House, Fetter Lane, London, E.C.

The Treatment of the Blind in Ireland.

IN the Commons Mr. Nannetti asked the Chief Secretary to the Lord Lieutenant of Ireland whether it was the intention of the Government to deal with the condition of the blind in Ireland during the present session, in accordance with the finding of the Royal Commission of 1889, which recommended special treatment for them. Mr. Wyndham answered that he could not give a pledge to deal during the present session with the condition of the blind in Ireland in accordance with the recommendations of the Royal Commission of 1889.

PASS LISTS.

Society of Apothecaries of London, February, 1904.

THE following candidates passed in:—*Surgery*, R. H. Cooper (Section I.), and W. G. Kinton (Section II.). *Medicine*, J. Bromley (Sections I. and II.), R. H. Cooper (Section I.), W. G. Kinton (Section II.), N. O. Roberts (Section II.), and S. Zweiback (Section II.). *Forensic Medicine*, M. B. Taylor. *Midwifery*, G. W. Rogers, and A. C. Story. The Diploma of the Society was granted to the following candidate, entitling him to practise medicine, surgery, and midwifery:—W. G. Kinton.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

RUSTICUS (Bucks).—The best thing is to confirm the diagnosis of impacted fracture by a Rontgen-ray photograph of the hip. You will have to get an operator with apparatus from town. In our opinion it is fairer to the profession to get a medical man. It will be wiser to warn your patient that shortening may occur from absorption some time after apparent recovery.

DR. H. W. A. ZEISS.—One-twelfth inch oil immersion lens will serve your purpose.

RONTGEN RAY (Eastbourne).—Write to Mr. Harry Cox, Cursitor Street, London, E.C., for a treatment tube.

BASTOHAN.—(1) We know no book on the subject. (2) The harvest mouse is distinguished from all other British mammals by the fact that it has a prehensile tail.

SCRUTATOR (Croydon).—The League of Mercy, as you say, is doubtless founded on principles that are in the main praiseworthy. We note, however, that the tradesmen and the administration are all paid with one exception, namely, the medical attendant. Why should not the skilled service of the medical man be recognised like all other indispensable services? Some day the hollowness of gratuitous medical work will be recognised everywhere, yet no gratuitous post goes long a-begging.

QUÆRENS.—It seems to be more than probable that the injection of paraffin by an unqualified person as a plastic operation to remedy a defectively shaped nose, if followed by disastrous consequences, would lay the operator open to an action for very heavy damages. The Medical Act is so defective that anyone possessed of moderate cunning and caution can practise medicine or surgery for a livelihood without the slightest dread of consequences.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, FEBRUARY 24th.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8.30 p.m. Clinical Evening. Exhibition of Cases.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. H. L. Barnard: Clinique. (Surgical.) 5.15 p.m. Mr. S. Stephenson: Some of the Newer Remedies in Eye Disease.

THURSDAY, FEBRUARY 25th.

HARVEIAN SOCIETY OF LONDON (St. Mary's Hospital).—Clinical Meeting. Patients will be in attendance at 8.15 p.m.

CHILDHOOD SOCIETY (Library of the Sanitary Institute, 72, Margaret Street, W.).—8 p.m. Lecture.—Mr. H. Hall: On Some Elementary Aims in Education.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique (Surgical.) 5.15 p.m. Mr. E. Clarke: Errors of Refraction, their Diagnosis and Treatment.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.).—5 p.m. Dr. T. D. Lister: The Treatment of Advanced Phthisis at Home. (Post-Graduate Course.)

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—6.15 p.m. Dr. M. Dockrell: Acne. (Chesterfield Lecture.)

FRIDAY, FEBRUARY 26th.

CLINICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Exhibition of Clinical Cases followed by discussion. Patients will be in attendance from 8 p.m. to 9 p.m.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Clinique.

Vacancies.

Aberdeen City District Lunacy Board.—Assistant Medical Officer, Salary £110 per annum, with board. Applications to C. B. Williams, Clerk, 20, Union Terrace, Aberdeen.

Birmingham and Midland Eye Hospital.—House Surgeon, Salary £75 per annum, with board and attendance. Applications to the Secretary.

Bradford Children's Hospital.—House Surgeon, Salary £100 per annum, with board, residence, and washing. Applications to C. V. Woodcock, Secretary.

Cheltenham General Hospital.—Junior House Surgeon, Salary £70 per annum, with board, lodging, and washing. Applications to H. T. Carrington, Hon. Sec. and Treasurer.

Clayton Hospital and Wakefield General Dispensary.—Junior House Surgeon, salary £80 per annum, with board, lodging, and washing. Applications to the Hon. Secretary, Clayton Hospital, Wakefield.

Denbighshire Infirmary, Denbigh.—House Surgeon, Salary £100, with board, residence and washing. Applications to J. Parry Jones, Secretary.

East London Hospital for Children and Dispensary for Women, Shadwell, E.—Medical Officer Salary £100 per annum. Applications to Thomas Hayes, Secretary.

Gesto Hospital, Isle of Skye.—Resident Medical Officer, Salary £200 per annum, with furnished house, coals, light, and taxes. Applications to the Secretary, J. Simpson, North of Scotland Bank, Limited, Portree, Skye.

Guest Hospital, Dudley.—Senior Resident Medical Officer, Salary £100 per annum, with board, residence, attendance and washing. Applications to the Secretary.

Joint Counties Asylum, Carmarthen.—Junior Assistant Medical Officer, Salary £150 per annum, with board, furnished apartments, and washing. Applications to Dr. Goodall, Medical Superintendent, the Asylum Carmarthen.

Salford Royal Hospital.—Junior House Surgeon, Salary £70 per annum, with board and residence. Applications to George Ruddle, Secretary and Superintendent.

St. Mary's Hospital, Paddington, W.—Resident Casualty House Surgeon, Salary £100 per annum, with board and lodging. Applications to Thomas Ryan, Secretary.

West Bromwich District Hospital.—House Surgeon, Salary £100 per annum, with board, residence and washing. Applications to Thos. Foley Rache, Esq., Churchill House, West Bromwich.

West Riding of Yorkshire.—Bacteriologist and Assistant to County Medical Officer. Salary £250 per annum. Applications to Trevor Edwards, Clerk to the Committee.

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant Medical Officer, Salary £140 per annum, with board, &c. Applications to the Medical Superintendent.

West Riding Asylum, Wadsley, near Sheffield.—Fourth Assistant Medical Officer, Salary £150 per annum, with board, &c. Applications to the Medical Superintendent.

Appointments.

ANDREWS, MARION, M.B., Surgeon to the Women's Department, Ulster Hospital for Children and Women, Belfast, vice Dr. John Tennant, resigned.

BENNION, J. M., M.B.Cantab., Junior House Surgeon to the Radcliffe Infirmary, Oxford.

CURL, SYDNEY W., M.A., M.B.Cantab., M.R.C.P.Lond., Pathologist and Bacteriologist to the North-Eastern Hospital for Children, Hackney Road.

EWART, D., M.B., B.S.Edin., F.R.C.S.E., Certifying Surgeon under the Factory Act for the Chichester District of the county of Sussex.

FOSTER, C. W., M.R.C.S., L.R.C.P.Lond., House Surgeon to the Radcliffe Infirmary, Oxford.

GARDNER, A., M.B., C.M.Edin., Medical Officer of Health for the Kirbymoorside District of Ryedale, Yorkshire.

GIBSON, A. G., M.B., B.Ch.Oxon., House Physician to the Radcliffe Infirmary, Oxford.

IVENS, FRANCES, M.S.Lond., Surgical Assistant to the New Hospital for Women.

MANNING, RICHARD BEATTIE, L.R.C.P.Lond., M.R.C.S., Honorary Medical Officer to the Wells (Somerset) District Cottage Hospital.

MARSH, C. J., L.R.C.P.Edin., M.R.C.S., Certifying Surgeon under the Factory Act for the Yeovil District of the county of Somerset.

MARSHALL, J. COLE, M.B., F.R.C.S.Eng., Clinical Assistant to the Chelsea Hospital for Women.

SNELL, SIDNEY H., M.D., B.S.Lond., Assistant Anæsthetist to the Royal Ear Hospital, Soho.

Births.

SURRIDGE.—On February 19th, at Knutsford, Cheshire, the wife of E. N. Surridge, B.A., M.B., B.C., of a daughter.

Marriages.

WARNER—ADCOCK.—On February 15th, in London, Charles I. Warner, of Somersham, Huntingdonshire, to Clara, second daughter of the late Dr. and Mrs. Adcock, of Hunstanton, Norfolk.

Deaths.

BROWN.—On February 17th, at Dovedale, Wimblehurst Road, Horsham, Augustus Brown, M.D., in his 76th year.

DRESCHFELD.—On February 20th, Selma, dearly-beloved wife of Julius Dreschfeld, M.D., of 43, Leyland Road, Southport.

HIND.—On February 16th, at Blytheholme, Harrogate, Annie Charlotte, wife of Henry Hind, F.R.C.S.

MACLEOD.—On February 17th, at 18, Mornington Avenue, W., Inspector General of Hospitals and Fleets William MacLeod, M.D., C.B., R.N. (Retired), aged 84.

PRICE.—On February 14th, at Cheltenham, Jane Stacpoole, younger daughter of the late William F. Price, M.D., of Monmouth.

TULLOCH.—On February 19th, at Brighton, Isabelle Maynard, younger daughter of the late James Tulloch, M.D., Pembridge Place, Bayswater.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, MARCH 2, 1904. No. 9.

Original Communications.

THE DIMINISHING BIRTH-RATE: ITS CAUSE, ITS TENDENCY, AND POSSIBLE REMEDY. (a)

By JOHN W. TAYLOR, M.D., F.R.C.S.,

Professor of Gynæcology in the University of Birmingham; President of the British Gynæcological Society.

PART I.

GENTLEMEN,—The Presidency of the British Gynæcological Society is an honour which I fully appreciate, and which I would simply and heartily acknowledge. This Society, from its beginning, has been truly British in its scope and interests. It has freely and graciously recognised the work and claims of the Provinces as well as those of the Metropolis; and in representing to some extent, however unworthily, the work and claims of Birmingham and the Midlands, I do joyfully appreciate the place held by us in the heart of the Society, and in the very centre of its labours.

As I enter upon my duties this evening, I do so with a sense of great responsibility; and this is undoubtedly increased by the recognition of the difficulty and yet immense importance of the subject which I have chosen for my Inaugural Address. This—"The Diminishing Birth-rate, and what is involved in it"—I purpose now to deal with, trusting I may count on that consideration, sympathy and interest which so serious an undertaking may reasonably demand.

I.

In one of the chapters of Mr. Ruskin's well-known book on Political Economy, "Unto This Last," he deals with an inquiry into what he calls the "veins of wealth." He exposes the fallacy that the wealth of a State lies solely or essentially in material possessions—showing that apparent or nominal wealth which fails in its authority over men, fails in essence and ceased to be wealth at all—that the true veins of wealth are, as he says, "purple—not in rock but in flesh," and the "final outcome and consummation of all wealth is in the producing as many as possible full-breathed, bright-eyed, and happy-hearted human creatures."

In his final chapter, "Ad Valorem," Mr. Ruskin writes:—"There is no wealth but life. That country is the richest which nourishes the greatest number of noble and happy human beings"—"the nobleness being not only consistent with the number, but essential to it. The maximum of life can only be reached by the maximum of virtue."

The principles or truths contained in these passages—passages which bear the strictest examination and criticism—may be, and are, very generally accepted, theoretically. But the history of the nation during the last twenty-five years shows that the principles which govern its real life are altogether different and directly contradictory.

To-day, we are brought face to face with unanswerable statistics proving that our birth-rate is steadily diminishing. This has already attracted the serious consideration of statisticians and of some of our statesmen, but the inquiry into its causes has been confused and incomplete. Here, I hope, we can at least discuss these plainly and fearlessly, for some of the problems connected with causation are essentially gynæcological, and can, perhaps, only be rightly gauged by those who have special medical and gynæcological experience.

The subject is a great one—so great, indeed, that if the nation could only see it in its true proportion, it would, I think, be found to dwarf all other questions of the day.

I cannot hope in the time at my disposal to enter fully into all its phases. I do hope, however, to take the most salient and striking features of the statistical data at our command, to inquire what is meant and involved by these, and to consider how far the profession and the public may do anything to check the apparently relentless progress of an evil destiny.

The best tables for our primary consideration are some of those which have been compiled by Mr. Holt Schooling, the statistician. In Table I we see the average yearly number of births to each thousand persons living in the United Kingdom during five successive periods of five years each.

Table I.—The average yearly number of births per 1,000 persons living in Great Britain and Ireland, during the 5-yearly

Periods.	
1874–1878	34·3
1879–1883	32·6
1884–1888	31·2
1889–1893	29·8
1894–1898	29·1

(Note the steady decrease, 34, 32, 31, nearly 30, 29, and in 1901 it had come down to 28.)

Now let us compare this with exactly similar statistics of other countries:—

Table II.—The average yearly number of births per 1,000 persons living during the 5-yearly

Periods.	Austria.	Germany.	Italy.	Great Britain and Ireland.	France.
1874–1878 ..	39·4 ..	40·1 ..	37·0 ..	34·3 ..	25·8
1879–1883 ..	38·4 ..	37·5 ..	36·8 ..	32·6 ..	24·8
1884–1888 ..	38·1 ..	36·9 ..	38·2 ..	31·2 ..	23·9
1889–1893 ..	37·1 ..	36·3 ..	36·9 ..	29·8 ..	22·5
1894–1898 ..	37·3 ..	36·1 ..	34·9 ..	29·1 ..	22·3

If we compare the top line with the bottom we see that in each case there has been a fall, so that a diminishing birth-rate is not a feature of our own Kingdom only, but is to some extent European in its scope or effect, and the lowest birth-rate is that of France.

Of the other great powers and nations—the United States, Russia, China, and Japan—no certain statistics are available, but we have very good reason to believe that the birth-rate is seriously falling in the States, but notably rising in Russia and Japan. According to Russian statistics from 1892-1894, the birth-rate per 1,000 was 47·7, and from 1894-1897 the birth-rate

(a) Inaugural Address read at the meeting of the British Gynæcological Society, Thursday, February 11th, 1904.

per 1,000 was 49·5, so that there has been not only no loss or diminution in the birth-rate here, but the figures are also far above those already tabulated. So far, the data we have considered show us that the birth-rate throughout the whole of the West is diminishing, while that of the East is rather expanding.

We now want to consider the relative birth-loss of the various Western nations as compared with one another, and this brings us to the most important and startling of Mr. Schooling's tables.

He takes the birth-rate statistics for 1874-1878 in each European nation as the standard for that nation, and places against this the statistics for 1894-1898, computing from this the loss of birth-force in the twenty years. The following is the result :—

	The yearly birth-force during 1874-1878 taken as	The yearly birth-force during 1894-1898 was only	The percentage of yearly loss during 1894-1898 was
Norway	100	96	4
Denmark	100	95	5
Austria	100	95	5
Italy	100	94	6
Hungary	100	91	9
Germany	100	90	10
Switzerland	100	90	10
Belgium	100	89	11
Holland	100	89	11
Sweden	100	88	12
France	100	86	14
United Kingdom	100	85	15
England and Wales	100	83	17

In other words, while Norway, Denmark and Austria very nearly keep up their birth-force of twenty years ago, the other nations in their order show an increasing loss, and England and Wales stand at the very bottom of the list. None of the other nations have sustained so great a loss as we have in this definite period of time.

During the same period of time the marriage-rate in the United Kingdom has not altered much, but, during the last ten years or so, has been slowly rising. The figures in the returns of the Registrar-General are as follows (Table 44, 1900) :—

	Persons married to 100 living.
1876–1880	14·2
1881–1885	14·1
1886–1890	13·8
1891–1895	14·3
1896–1900	15·2

So that we may take the birth-loss in the United Kingdom as due to causes operating in the married life of its inhabitants. It is not simply due to celibacy.

The fertility of marriages appears to have so much diminished that the decrease in London alone is said to "equal 26,000 births yearly, or about 500 weekly." (Mr. T. A. Welton at a meeting of the Royal Statistical Society, June 17th, 1902.)

But some may say, England and Wales are only a small part of the Empire, and the statistics of Great Britain, where there is but little room for expansion and increase, form no criterion of the birth-rate in our Colonies. Unfortunately, what statistics are available on this point, and notably those of Australia, offer no encouragement to the hope that the Colonies are much better than ourselves.

In Australia the birth-rate has fallen with an even still greater rapidity than in England. In 1861-1865 the rate was 41·9 per 1,000, but had diminished in 1871-1875 to 37·3; in 1881-1885 to 35·2; and in 1891-1895 to 31·5; while in 1896-1899 the rate was only 27·35, or actually below the rate of increase at home. If we work out these figures in harmony with Table III we find Australia a long way below all the European nations, with a birth-force down to 70·3, and a percentage of yearly loss amounting to nearly 30!

Regarding this, Mr. H. W. Wilson writes :—"The decline in Australia is great in every position of life, among the poorest and the richest alike, and it is the more extraordinary because the greatest want of Australia is a teeming population."

But any statistical inquiry, to be of value, must be considered in all its bearings. It has been said, and with considerable reason, that there is nothing so unreliable as statistics, and this may be the case when these are imperfectly considered. In the present instance, if we are desirous of estimating the true wealth or value of the population we possess, there may be a fallacy in mere numbers. It may well be that twenty children better clothed, better fed, better educated, better trained, may develop into men higher socially and morally, stronger and better able to hold their own than 100 children less advantageously brought up. Can we hope that the type of man is improving?—that the generation of Englishmen to-day, though falling short in birth-force, is yet greater than the generation preceding it?

Again, unfortunately, we must sorrowfully admit that we have no sufficient ground for believing this. The criminal statistics, though showing a general and steady reduction in the whole criminal population of the United Kingdom, during the last twenty years (a fact which is very encouraging), do *not* show a corresponding diminution in juvenile criminality, and it is necessarily the youth of our country to which any estimate of the last twenty-five years would more particularly apply.

According to August Brähms, in his work on "The Criminal" (p. 272), "Juvenile criminalism is on the increase. Forty per cent. of the convictions in England every year are against young persons under twenty-one years of age." And on page 281 he appends a table which shows a higher percentage of criminals under twenty years of age in England than in any of the other European countries there tabulated.

The Lunacy statistics of England and Wales show a steady proportionate increase of lunatics and idiots, especially during the last few years.

In 1869 there were 23·93 lunatics, idiots and persons of unsound mind to 10,000 of population.

	1879	27·54
5 years.	1889	29·65
	1894	30·58
	1899	32·96
	1903	34·14

(From the 57th Report of the Commissioners in Lunacy, 1903. Parliamentary Blue Book.)

Or, in other words, the increase of lunatics and idiots in England and Wales has, during the last fifteen to twenty years, been very nearly double the old rate.

The natural deduction from these figures that insanity and idiocy are increasing seems also to be proved by the recent statistics of the new admissions to asylums and licensed houses. The ratio of first admissions to 10,000 of population has been as follows :—

In 1899	4·94
,, 1900	5·02
,, 1901	5·28
,, 1902	5·76

(*Ibid.*, p. 95.)

It is very difficult to obtain trustworthy statistics regarding alcoholism, but those given in the "Temperance Problem," by Messrs. Rowntree and Sherwell, are probably the best. According to these the consumption of wine per head of the population has varied but little during the twelve years from 1885 to 1897, but, during the same time, the consumption of beer has gone up from 27·5 gallons to 31·3 gallons, and of spirits from ·93 gallons to 1·02 gallons. And the "national drink bill" (p. 437), which was estimated at £3 7s. 10d. per head in 1885, came to £3 16s. 10½d. in 1898. In London (Metropolitan Police Area) there were, from 1885 to 1889, 4·33 arrests for drunkenness to 1,000 of the population. In 1897 the proportion had risen to 7·35 (p. 499).

So, in juvenile criminalism, in mental disease and brain weakness, and even in alcoholism, the restricted population of the present day compares unfavourably with that of a former generation.

If we try to go on and trace this comparison further,

and compare the general culture of the more intellectual classes of the two generations over a limited field—for no general statistics are available—still the investigation (though necessarily imperfect and tentative) seems to point to an unfavourable conclusion.

In my own city of Birmingham, a critical survey of its chief semi-public literary and artistic institutions has been recently made by Mr. Howard S. Pearson, and he publishes a tabulated statement showing the support given to these twenty years ago, ten years ago, and to-day. (*Central Literary Magazine*, Nov., 1903.)

His figures show as a net result that in the course of twenty years there has been a loss of 366 subscribers, or about one in fourteen. "This would be discouraging, but it is by no means all. The population of the city and district has vastly increased, while this care for intellectual and artistic culture has materially diminished. In brief, the population has increased by more than one-fourth, while the interest in the institutions named has decreased by one-fourteenth." Later on, Mr. Pearson writes:—"These institutions are not some among many; they have actually no rivals at all. Neither in the city nor in the neighbourhood is there anything which even pretends to touch their special work. They stand, each in its own way, for the general and intellectual culture of the educated classes. The very aim and intent of all our strenuous efforts in the cause of education is to increase the proportion of the educated classes and to lead to a life-long interest in culture. And as the population rises, as education becomes more far-reaching, as art is more and more talked about, even so must grow the discouragement of all who might have hoped to gather from the changed conditions a large sympathy in their work."

It must be confessed that the more deeply and thoroughly one goes into this matter the more serious does it become. Prof. Karl Pearson (Huxley Memorial Lecture, 1903, and *British Medical Journal*, October 24th, 1903), who has approached it from an altogether different standpoint—from a careful study of the inheritance by children of the mental and moral, as well as the physical characters of their progenitors—comes to much the same conclusions. He notes that there appears to be a want of intelligence in the British merchant, workman and professional man of to-day, and sees but little hope in the usually proposed remedies of foreign methods of instruction and the spread of technical education. "The reason for the deficiency," he states, "is that the mentally better stock in the nation is not reproducing itself at the same rate as of old—the less able and the less energetic are the more fertile. Education cannot bring up hereditary weakness to the level of hereditary strength, and the only remedy is to alter the relative fertility of the good and bad stocks of the community. The psychical characters which are the backbone of a State in the modern struggle of nations are not so much manufactured by home and school and college; they are bred in the bone, and for the last forty years the intellectual classes of the nation, enervated by wealth or by love of pleasure, or following an erroneous standard of life, have ceased to give in due proportion the men wanted to carry on the ever-growing work of the Empire."

All this tends to show that the marriages of to-day are not only relatively infertile, but, also, either (1):—that the children born of such marriages are weak, neurotic, specially liable to alcoholism, criminality and insanity, and so far unfit for the battle of life, or, (2) that marriages of the middle and better classes are now so sterile that quite an undue and dangerous proportion of the rising generation is recruited from the lower, the more ignorant, the more vicious and semi-criminal population.

In any case the conclusion is one of the utmost gravity, and almost paralysing in the seriousness of its import. It is indeed a "handwriting on the wall" which claims the fullest and wisest interpretation to be found throughout the Kingdom.

II.

We now pass on to the consideration of the cause and life-history of these relatively sterile marriages. Some, and notably M. Arsène Dumont, in his work on the age of marriage, profess to consider the elevation of the age when marriage is entered into as mainly responsible for the deficit in the birth-rate. It does undoubtedly account for some of the loss. Obviously, if marriage be deferred until thirty-five or forty years of age, there must be less expectation of progeny than in a marriage contracted some ten years earlier. It is, however, idle to suppose that this touches more than the fringe of the nation's loss. The main cause, and we who are in gynæcological practice must know it, is the deliberate prevention of conception. This, which was first encouraged and taught in England some thirty-five years ago, has gradually spread like a blight over the middle-class population of the land, and the true wealth of the nation, the "full-breathed, bright-eyed, and happy-hearted children" of Ruskin, have more or less gone down before it. It is this which has so altered the family life of our country that the most superficial observer of middle or advancing age must be struck by the difference. Instead of the families of six or twelve to eighteen children, we see more often the so-called family of three or two or one, and that which used to be—and still should be—the highest and noblest function of the married woman, the rearing of sons and daughters to the family, the nation and the Empire, is very largely handed over to the lower classes of our own population and to the Hebrew and the alien.

For a long time it appears to have been assumed that whatever might be the loss to the nation and the race by such a practice, the individual must gain. The avoidance of the troubles of pregnancy, the dangers incidental to parturition, the confinement of the lying-in, the worries of lactation, the expense of another child, and the extra work which this entails—all of this avoided seems at first to be an undoubted gain to the struggling husband and over-anxious wife, and it would ill-become me, with the knowledge I possess, if I failed to appreciate the difficulties of the position or to under-estimate the power of that current advice which seems only to be dictated by common prudence.

But the question arises whether this immunity from pain and trouble may not be too dearly purchased, even by the persons themselves who are primarily concerned.

It would be strange indeed if so unnatural a practice—one so destructive to the best life of the nation—should bring no danger or disease in its wake, and I am convinced, after many years of observation, that both sudden danger and chronic disease may be produced by the methods of prevention very generally employed.

In one or two instances I have known acute peritonitis to immediately follow the use of an injection after sexual intercourse. The cervical canal appears to be often unusually patent at this time, and the danger is neither an unimportant nor isolated one.

In another instance I was consulted for an acute purulent vaginitis directly following the use of a mechanical shield, and as both parties were free from any disease previously, there could be no doubt that the infection or cause of irritation arose from this.

These are casual instances of sudden danger or acute illness that have come under my own notice, but none the less real and far more common is that chronic impairment of the nervous system which frequently follows the long-continued use of any preventive measures, whether open to hostile criticism or not as immediately dangerous.

This chronic impairment of nervous energy of which I am now speaking, often referred to under the name of neurasthenia, and still more recently under that of "brain-fag," has many causes, and may be produced whenever there has been too great a tax or drain upon the nervous system, and too short a time for real recuperation; but it is especially marked in many of these cases of sexual onanism.

The inability to fix attention, the unreasonable fears, the loss of memory, the loss of emotional control, the mental depression and abject misery often felt by

the sufferer—himself or herself—and shown more or less in countenance, word and act, these are symptoms well known to all of us, and symptoms that may be studied exceptionally well perhaps in the school-boy addicted to the habit or vice of self-abuse. With the reform of this habit in the boy, all of these symptoms quickly disappear. It is difficult, therefore, to escape from the conclusion that the storing-up of semen in the male is of value in the economy. It is undoubtedly a source of strength both in man and in the lower animals, and it appears as if the seminal fluid must therefore have some function beyond and in addition to its power in the reproduction of species. Its loss is often followed immediately by loss of strength and staying power, and this loss of strength or vitality after the process of reproduction is noticeable throughout all the animal creation, man being no exception to the general rule.

Further, the artificial injection of "testicular juice" in senility, though a means of treatment by no means free from objection, and one of which I have no personal knowledge, is stated by many competent observers (from Brown-Séquard to Boy Teissier in the "Twentieth Century Practice of Medicine") to be attended by very marked results, and this, I believe, quite irrespective of the sex of the patient submitted to the treatment. (*a*)

Do we understand the whole of the physiology of the act which often ends in conception? Is it limited, as most have too readily assumed, to the carrying of spermatozoa for the fecundation of the ovum, or is some portion of the fluid retained by the uterus and absorbed?

Modern investigation shows that traces of the seminal fluid may be found quite high in the female genital tract, beyond the confines of the uterus, and the ever varying mucous surface of the body of the uterus can, as we know, under certain conditions easily absorb septic poisons and mercurial salts.

Beyond this, it is by no means certain that the endometrium and so-called uterine glands are inactive. Except during menstruation there is no visible discharge from the body of the normal uterus, and if the theory of Arthur Johnstone be accepted, that the cavity of the corporeal endometrium is essentially an open lymph-gland, the channel of absorption may be immediate and direct.

It is quite possible, then, that in one or both of these suggested ways some tonic constituent of the seminal fluid may be taken up by the uterus, and thus affect the general organism; and there is nothing unreasonable in the suggestion that such absorption may allay the exhaustion which, without it, is liable to follow the act of connection.

It is very noticeable that exactly the same train of neurasthenic symptoms are nearly always to be observed in the worst cases of cervicitis, where the cervical canal is effectively plugged by thick mucus, and the patient, though married, is temporarily but necessarily sterile. In both cases the resulting imperfect acts of sexual congress appear to be directly harmful.

But apart from this, is the prevention of pregnancy the gain to the woman that so many imagine? It may well be questioned whether in the study of pregnancy sufficient attention has been paid to the period of ovarian rest which appears to accompany the growth of the pregnancy. The raising of the ovaries out of the pelvis into the abdomen, the diversion of the main blood stream for nine months directly to the uterus, and the absence of menstruation, through pregnancy and lactation, argue a time of rest and comparative inactivity for the ovaries which cannot but have an important value in the life of the woman who is married, and at the same time physiologically ready for conception and for pregnancy.

During this time of uterine activity, but of ovarian rest, there is ample opportunity for the nervous supply of the ovary to recover from any undue stimulus, and it is perhaps worthy of notice that this period is usually attended by improvement in general nutrition and increase of fat. This comparative suspension of ovarian activity also coincides with the time when the uterus is filled and unable to retain the secretion of the male.

When this period is fully over it is only reasonable to suppose that the ovaries have gained by this alternation in the sexual apparatus, and that the maturation of the follicle may proceed more healthily, and even the ovum itself may be more perfectly formed, than in the case of a woman in whom this natural cycle has been artifically prevented. In this case the ovaries suffer and the woman suffers with them—far more, as a rule, than she would by repeated child-bearing. Widely as the practice of prevention has spread you will still have to go to the mothers of large families if you want to point to the finest and healthiest examples of advanced British matronhood. The natural deduction from this reasoning is, that the artificial production of modern times—the relatively sterile marriage—is an evil thing even to the individuals primarily concerned, injurious, not only to the race, but to those who accept it.

Much that I have said regarding the married life of the mothers of our race has a very similar bearing on that of the fathers also. The incomplete act of sexual congress is but slightly removed from that of self-abuse, and is open to much the same criticism and strictures. The lower passions are usually stronger in man than in woman, and demand a firmer control. This is encouraged by the natural progress of the healthy married life. The recurring periods of abstinence and restraint induced by each pregnancy, at the confinement and lying-in, not only tend to raise the man himself, but the power obtained by this we may expect (as Prof. Pearson has demonstrated regarding other moral faculties) to be mathematically transmitted to his children.

The increased work and self-sacrifice also necessitated by the growth of the family, the simpler and plainer standard of life corresponding to this, all have their ennobling effect on parents and children. But when the opposite of this obtains then, indeed, there follows not only a moral deterioration of the individual but a step has been taken reversing the great order of progress from the brute. For then the higher powers of the race, knowledge and the intellectual application of it shown in "prevision" and "precaution" have become systematically subservient to the lower and the animal. And when this is the case decadence has begun.

There is no method of prevention, whether by withdrawal or by the use of injections, or shields, or medicated suppositories, that can be regarded as innocuous.

The health, and especially the mental and moral stamina, of those who use these "checks" is slowly undermined. The very life of the nation, as we have seen, is seriously imperilled, and there is increasing reason to believe that such isolated children as are "arranged for" and produced under these conditions may themselves suffer and be degraded by their antecedents.

To the evils of disease, race-limitation, or destruction and hereditary weakness which appear to inevitably follow the artificially sterile marriage, we have to add the accompanying evil of a debased and stunted education for the children.

In the most plastic period of the child's life, in its earliest years, the more or less solitary child brought up in a land of solitary children is necessarily isolated and self-centred. Reared in greater comfort or comparative luxury, with no brothers or sisters of similar age to rub off its angles and selfishness, it is ill-prepared for every step of the succeeding battle of life, and it is very generally the child of the larger family and poorer parents, and very often the child of a lower class, who pushes his way in front of him and elbows

(*a*) Dr. Boy Teissier writes:—"I have employed injections of testicular juice in certain cases of irregular and sometimes very advanced senility, and the very favourable results thereby obtained are of such a nature as to make me regard this substance as an agent of real power the employment of which is rarely contra-indicated.

him to the wall. I have no time to dwell on this, which opens out an important field for further observation and study, but you, gentlemen, who have necessarily been students of human nature all your lives, will know how much there is to bear out every word that I have said.

(To be concluded in our next.)

PUBLIC HEALTH PROBLEMS IN IRELAND. (a)

By SIR JOHN W. MOORE, M.D., D.P.H.Univ. Dub., F.R.C.P.I.,

President of the Section of State Medicine in the Royal Academy of Medicine in Ireland.

ON February 5th, 1885, I addressed this Section—or, as it was then, Subsection—of the Academy on "Sanitary Organisation in Ireland in its Medical Aspect." Two years later, on February 3rd, 1887, the subject of my Inaugural Address was "The Present and the Future of State Medicine."

In the seventeen years which have passed away since the latter date, State Medicine has made unexampled progress in all its departments; sanitary organisation in Ireland, on the contrary, has advanced "with halting steps and slow." Yet substantial advance has taken place in many directions even in this country.

Notification.—In 1887 I had to deplore an uncompromising opposition to the principle of compulsory notification of infectious diseases on the part of the vast majority of the medical profession. On August 30th, 1889, an "Act to Provide for the Notification of Infectious Disease to Local Authorities" (52 & 53 Vict., chapter 72) received the Royal Assent. All opposition to the principle of notification has long since happily died out, and the Act has now been adopted practically throughout the length and breadth of the land, with untold benefit to the public health.

The provisions of the "Infectious Disease (Notification) Act, 1889," are too well known to need any explanation at my hands. I may, however, refer to a useful application of the Act, whereby comparatively trivial infections which simulate more serious maladies, like chicken-pox in its relation to small-pox, or rubella in its relation to measles or scarlatina, are temporarily added to the schedule of notifiable diseases when the more deadly infections threaten to be, or are, epidemic.

On August 4th, 1890, an "Act to Prevent the Spread of Infectious Disease" (53 and 54 Vict., chapter 34), shortly called the "Infectious Disease (Prevention) Act, 1890," was put upon the Statute Book, with the object of enabling sanitary authorities to give practical effect to preventive measures based on information obtained through notification.

These two measures—the Magna Charta of Public Health—have been cordially received by the medical profession, who with a noble self-denial have once more admitted the truth of the adage—*Salus populi suprema lex.*

Qualifications in Public Health.—A second great advance has been the official recognition of diplomas in State Medicine or Public Health. The initial step had been taken in 1886, when the Medical Act (49 and 50 Vict., chapter 48), by its twenty-first section, provided for the registration by the General Medical Council of Diplomas in Sanitary Science. Since January 1st, 1892, the medical officer of health of a county, district or combination of districts with a population of 50,000 or upwards, must, in addition to his qualifications in medicine, surgery and midwifery, be registered as the holder of a diploma in Sanitary Science, Public Health, or State Medicine under Section 21 of the Medical Act of 1886. It is gratifying also to note how many officers in the naval, military, and Indian Medical Services are taking this higher qualification. In my address to this Section in 1887, I recalled the fact that to the University of Dublin belongs the credit of having been the very first institution in the United Kingdom to establish a diploma in State Medicine, or (as it is now called) "Public Health." The first examination for the diploma took place in June, 1871—nearly thirty-three years ago, when it was granted to Dr. Arthur Wynne Foot, Dr. Gerald Francis Yeo, Dr. John Todhunter, and myself.

Tuberculosis and its Prevention.—A notable contribution to the literature of this all-important question has been recently published. I refer to an article in *Tuberculosis* for January, 1904, on "The Present Position of the Tuberculosis Problem in Ireland," by Dr. Alfred E. Boyd, Honorary Secretary of the Dublin Branch of the National Association for the Prevention of Consumption and other Forms of Tuberculosis. Dr. Boyd shows by figures taken from the Annual Report of the Registrar-General for Ireland for 1902, that the deaths from tuberculosis in Ireland in that year were 11,837, against 12,335 in 1901, and an average of 12,716 in the ten years 1891-1900. Phthisis, or pulmonary consumption, was responsible for 9,400 deaths in 1902. The highest county death-rates for tuberculosis in general for the same year are—Dublin County Borough, 4·7 per 1,000 of the population annually; Belfast County Borough, 4·0; Dublin County, 3·5; Cork County and Cork Borough, 3·0; The lowest rates are—Cavan, 1·5; Roscommon, 1·6; Mayo, Fermanagh, Longford, and Donegal, each 1·7.

For the whole country the deaths in 1902 represent an annual death-rate of 2·7 per 1,000 of the population—the lowest rate recorded in Ireland since 1896. Commenting on these figures, Dr. Boyd observes: "The upward tendency, which during recent years has caused grave anxiety, has thus been checked, and there is ground for hope that ere long there will be a substantial decrease in the prevalence of tuberculous disease in Ireland."

Having described what has already been done in Dublin to cope with the evil, Dr. Boyd set forth the chief measures still required, in order to control tuberculosis. These will be found in the article above quoted.

The Housing of the Poor.—Closely connected with the prevention of tuberculosis is the question of the housing of the working classes and of the very poor—a burning question in Dublin of late years. It will be within the recollection of the Fellows that in 1900 the Local Government Board for Ireland appointed a Committee to inquire into the public health of the City of Dublin. In their report, dated May 14th, 1900, the members of that committee speak of "large tenement houses, each room occupied by a separate family; the house itself in a state of dilapidation; water supply inconvenient of access; dirty common staircases; inadequate water-closet accommodation in a foul state; back-yards ill paved and littered with refuse and excrement, are conditions of life in Dublin which are frequently encountered in connection with the dwellings of the poorer classes." The committee point out that these conditions tend to produce a state of lowered vitality favourable to the contraction of disease, and to a fatal result of disease when contracted. They also directly encourage the spread of infective maladies, including phthisis and other forms of tuberculosis, which are excessively prevalent in a fatal form in Dublin. Strict cleanliness in the home is of the first importance in checking the spread of consumption, and cleanliness finds no place in most of the houses occupied by the Dublin poor. And in this connection it has to be borne in mind that the proportional amount of poverty in Dublin is very large, so that the unfavourable conditions associated with the houses of the poor are widely spread throughout the city.

The committee go on to state that "the question of the housing of the poor of Dublin is one of magnitude. The provision of an adequate number of healthy dwellings by way of relief for the present overcrowding of population under unhealthy conditions must, of necessity, be on a considerable scale, and would probably involve several schemes. Sites for the provision of dwellings for the poor could best be obtained outside the city, in localities within easy reach of the principal

(a) Abstract of an Address inaugurating the Session of 1903-1904, delivered before the Section of State Medicine in the Royal Academy of Medicine in Ireland, Friday, February 12th, 1904.

business quarters of Dublin. In these schemes it should be borne in mind that healthy dwellings are especially needed in Dublin for the very poor. Houses, therefore, intended with this object should be of the plainest kind, in order that such schemes may not entail heavy loss upon the ratepayers.

As to the last point, we must remember that anything which will reduce the liability to epidemic disease will be a direct saving to the ratepayers. It was calculated that the small-pox outbreak of 1878 cost the city of Dublin not less than £20,000 sterling.

In the paper from which I have already quoted Dr. Boyd points out that much has been done, and is being done, in Dublin to mitigate the evil of overcrowding. The Dublin Artisans' Dwellings Company, the Iveagh Trust, and the Corporation of Dublin "have erected modern buildings on sites which were formerly covered by houses in which sanitation was too often primitive, and in which healthy existence was almost impossible; while the Association for the Housing of the Very Poor, the Social Service Tenements Company, and the Alexandra Guild have, in a smaller way, attacked the problem by buying buildings which were capable of renovation, rendering them sanitary, and letting them to the poor at rents which cover expenses, and in some cases allow of a small rate of interest being paid on the capital invested." The Social Service Tenements Company is worked by students and others connected with Trinity College, Dublin. The Alexandra Guild is connected with the Alexandra College, Dublin, an institution for the higher education of women. The Urban District Councils of Rathmines, Pembroke, Kingstown and Blackrock are also engaged in extensive building operations for the better housing of the working classes and the poor. In the very heart of the city the space between the ancient cathedrals of Christ Church and St. Patrick has, within the past few years, been changed by a magician's wand. A charming park and wide, well-paved streets, with airy, well-built houses, have taken the place of squalid lanes and alleys, reeking with filth and hot-beds of disease—typical "fever-nests," such as were so graphically described by the late ever-to-be-lamented philanthropist and sanitarian, Dr. Thomas W. Grimshaw, C.B., Registrar-General for Ireland. In many other districts also, both north and south of the River Liffey, wholesome homes for the industrious working classes have sprung up under the auspices of the Dublin Artisans' Dwellings Company. "Old Dublin" is, in fact, rapidly disappearing and with it typhus fever has already well-nigh disappeared.

Workhouse Reform.—I wonder whether at the present time a single champion of the existing Poor-law system of Ireland could anywhere be found? In the first place universal suffrage and the Local Government (Ireland) Act of 1900 have flooded the boards of guardians all over the country with "representatives" of the sovereign Plebs. In many instances these men are, from the accident of their birth, social position, calling and education, incapable, however well-meaning they may be, of discharging their duties to the poor and infirm in an enlightened philanthropic spirit, untrammelled by political and sectarian considerations. A single instance by way of illustration must suffice:—The medical officer of Granard Workhouse—himself a Roman Catholic—complained that his patients were not being properly nursed. The nurses were nuns, the rules of whose sisterhood forbade them carrying out certain details of sick nursing. What was the result? The Sisters resign. The Bishop of the diocese espouses their quarrel. An unseemly wrangle between the Local Government Board and the guardians ensues, and drags on for months. The Bishop insists on an apology to the nuns by the medical officer, who did nothing more than his duty. And so the interests of the sick poor are wantonly sacrificed.

But matters are even worse when we come to consider the internal economy of the workhouses of our land. As it exists, it is a grave scandal and a national disgrace.

"The workhouse system," says Miss Emily Bunan (herself a Poor-law guardian), in a paper read by her before the Philanthropic Reform Association on September 22nd, 1903, "is unjust and distasteful to the sick and helpless classes, and is only too attractive to the undeserving who thrive upon its corruptions. In no other country in Europe, outside the United Kingdom, is such a system to be found."

Reform should proceed on such lines as the following:—

1. All children should be boarded out, and properly educated.

2. The respectable aged poor should also be boarded out. In Denmark there are asylums apart from the workhouses for the reception of old men and old women who, through no fault of character, but by reason of advancing years and failing powers, have been reduced to penury. In these asylums they find a comfortable home and retain their self-respect.

3. No lunatics or epileptics should be admitted to the workhouse. This is the law in England and Scotland.

4. The union hospital or infirmary should be entirely separate from the workhouse; nor should the hospital patients be drafted into the workhouse when convalescent.

5. It is desirable that women inspectors should be appointed under the Local Government Board. The principle of such an appointment has already been admitted in regard to boarded-out children. To the Irish Workhouse Association, headed by its noble President, Lord Monteagle, is due the credit of initiating this great reform.

6. The employment of fully-trained nurses should be compulsory on all boards of guardians.

These are some of the lines along which Poor-law reform should move.

The Poor-law Medical Service.—At last—after long years of unaccountable apathy—the medical profession appears to be awaking to a sense of the grave and most unsatisfactory state of what may be called "the home medical service." The lot of the average dispensary medical officer in Ireland is, of a truth, not an enviable one. Overworked and underpaid, at the beck and call of masters, whose views as to his duties and their rights are not always controlled by that "sweet reasonableness" which is begotten of a liberal education and a ripe experience of the world; hampered in his ministrations to the sick by official bookkeeping; with no prospect of promotion after years of toil and drudgery; face to face with the conviction that he must die in harness, or run the risk of retirement without pension or "superannuation"—what a calling for a member of a "learned profession"!

It is, however, in the aspect of the question which bears on the sanitary organisation of the country that the interest of the State Medicine Section of the Royal Academy mainly centres. The members of the Section will remember that every dispensary medical is *ipso facto* medical officer of health for his dispensary district. He is *obliged* to perform many and onerous duties, which are specified in detail in an order to sanitary authorities issued by the Local Government Board under the Public Health Act of 1878. Additional duties have been imposed upon him by subsequent Acts of Parliament, such as the Labourers' Dwellings Act (1890 and 1893); the Infectious Disease Notification Act (1889); the Infectious Disease (Prevention) Act, 1890; the Public Health Amendment Acts of 1884 and 1885; the Housing of the Working Classes Act of 1890; and the Local Government (Ireland) Act of 1898.

For these multifarious and highly responsible duties a shamefully inadequate remuneration has been fixed at the instigation and with the approval of the Local Government Board for Ireland. The sanitary authorities are no doubt to blame for having so grievously misjudged the value of skilled services rendered to preventive medicine by the local medical officers of health; but the chief fault lies at the door of the central controlling authority—the Local Government Board, which should have refused to sanction mere nominal salaries to medical officers of health whose duties were bound to be anything but nominal unless the

administration of the public health code in Ireland was to be a sham.

As has been already stated, in the year 1900 the Local Government Board for Ireland appointed a committee to inquire into the public health of the city of Dublin. I had the honour to serve on that committee, and I need not say with what deep regret I felt bound, after hearing an immense mass of evidence, to subscribe to the following finding of the committee:—"The evidence laid before us leads to the belief that the provision of Section 11 of the Public Health (Ireland) Act, 1878, whereby each dispensary medical officer is obliged to act as medical officer of health for his dispensary district, has worked unsatisfactorily in Dublin, and should be altered."

Let me not be misunderstood. The committee found no fault with the way in which the duties of medical officer of health had been discharged by the sixteen dispensary medical officers of the city of Dublin districts. Quite the contrary. Their conduct has been on all occasions most praiseworthy, self-denying and devoted. But their executive power existed only in name; they could do little more than report; they were little better than "sanitary sub-officers"—to quote the ridiculous nomenclature of the eleventh section of the Public Health Act of 1878; the many claims upon their time as district physicians curtailed their usefulness as health officers.

Effect, however, has not been given to the recommendation of the committee that the public health duties of the dispensary medical officers "should be discharged by an assistant medical officer of health, who should receive an adequate salary, and who should give his whole time to the duties of his office." In Dublin, as throughout Ireland, the dispensary medical officers remain the medical officers of health for their respective districts, and what I now contend for is that this hard-worked, badly-requited body of public servants, whose efforts for the health and welfare of the community are often misunderstood, seldom, if ever, appreciated, should be properly recompensed for their services under the Public Health Acts. If this is done, and if the suggestions for the betterment of the health of the people, made by the local medical officers, are carried out intelligently and in a generous spirit, the dawn of a brighter day for the Irish race will at last be at hand.

NEW TREATMENT OF RENAL AND CARDIAC DROPSY. (a)

By PROFESSOR RENAUT, M.D.,
of Lyons.

WE have already referred briefly to the new departure in the treatment of renal and cardiac dropsy recommended by Prof. Renaut, of Lyons, consisting in the administration of macerated pork kidneys, on which he read a paper at the meeting of the Académie de Médecine, Paris. The great importance of the subject and the remarkable results obtained merit more than a passing notice, consequently we think it right to reproduce the paper as fully as possible.

After some preliminary observations on the method of administration, Prof. Renaut gave the following cases with results:—

Case I.—Old-standing nephritis, bronchitis, albuminuria, and œdema of the extremities in 1902, attack of renal insufficiency with œdema and uræmia in January, 1903. Restitution of the normal diuresis and disappearance of the albuminuria from May, 1903, and continued up to the present time.

D——, æt. 56, living in the country, heavy eater, but not alcoholic. Frequent attacks of bronchitis since 1901. Slight œdema of the legs, œdema of the base of both lungs, oppression, urine strongly albuminous. Lactovegetal *régime* followed by improvement. In consequence of particular strain in moving his home to Lyons, œdema returned, but disappeared after application of leeches to the lumbar region. In December, 1902, the patient worried about his business, and suddenly the amount of urine fell to one pint in the twenty-four hours, while symptoms of uræmic dyspnœa set in. Five leeches were again put to Petit's triangle, and the following day the quantity of urine had more than doubled, but there was still a certain amount of albumin. At the end of a few days the oliguria returned. Digitalis in decreasing quantities again opened the kidneys and dissipated the uræmia. But from that time the attacks returned every ten days.

The patient showed, however, great power of endurance, but in spite of constant changes in the treatment he never could urinate for two consecutive days the amount of liquid he consumed. The urine was always albuminous. It was under these conditions of a struggle for life indefinitely renewed that I commenced (March 15th, 1903) the administration of two pork kidneys macerated for four hours in a pint of salt water. In two days the kidneys were freed, and the patient passed three quarts of urine, or one quart more than he drank. Digitalis, theobromin, or the application of leeches would not have acted better. At the same time the albumin was quickly reduced, and in ten days after the treatment only traces were found, and on April 23rd it had disappeared, to return from time to time in only inappreciable quantities. On May 8th, it had disappeared for good, and examined October 31st last, the urine of twenty-four hours was absolutely free from it. The patient, maintained on the milk and the maceration, passes about as much urine as he imbibes liquid. Every trouble has also disappeared. No more œdema nor bronchitis. As to drugs, he only takes a little strophanthus to sustain the muscular energy. He takes the macerated kidney for periods of ten days, followed each time by a period of rest of five days.

Case II.—Generalised arterio-sclerosis; slight aortitis, interstitial nephritis, attacks of uræmic dyspnœa with pulmonary œdema.

P——, æt. 52. Suddenly seized with an attack of oppression in returning from shooting, followed by persistent headache. Having a syphilitic history, the specific treatment was tried, but without effect. The attacks of dyspnœa were of uræmic character, accompanied by pulmonary œdema and sanguineous sputa; œdema of the legs. The patient had manifestly arrived at the toxic period of Bright's disease. Put to bed and ordered milk diet, the man was given alternately strophanthus and digitalis, while leeches were applied over the kidneys followed by injection of a pint of artificial serum. No great change took place until the patient was given the maceration, and almost immediately the flow of urine became abundant and the albumin ended by disappearing altogether. At present the man enjoys good health, walks about without feeling fatigued or oppressed.

Case III.—The following case furnishes an

(a) Abstract of a Paper read before the Académie de Médecine, Paris. Reported by our French Correspondent.

example of the effect of maceration of the kidney on a patient with albuminuria of cardiac origin. A man, æt. 59, suffering from myocarditis, from grippe and mental strain, albuminuria and renal insufficiency. Digitalis, strophanthus, and theobromin having given but temporary relief, macerated kidney was tried. Almost immediately the patient experienced an improvement; the urine rose to the normal quantity, cyanosis and dyspnœa disappeared, the appetite returned, and the tongue cleared, and finally the albumin was reduced to an infinitesimal quantity.

Case IV.—Alcoholism, interstitial nephritis, big liver with ascites, albuminuria and œdema of the extremities, hypertrophy of the heart and œdema of the lungs.

Butcher, æt. 53, drank daily about five quarts of wine, albuminuria for the last three years, several attacks of uræmia.

Classical treatment (milk, digitalis, theobromin, blood-letting, purgatives, &c.) without effect. The ascites increased and suffocation became more and more imminent. The condition of the patient was very critical. The treatment by maceration was substituted, and the urine, which amounted to only a glass a day, returned to the normal, the visceral congestion and ascites disappeared, the liver became less voluminous, while the albumin persisted, but only in small quantities.

I could multiply such cases, for I have notes of very many, but they would not teach us anything more on the subject, but by the above I think that I have sufficiently established the efficacy of the treatment. Macerated kidney administered to patients suffering from renal insufficiency constitutes one of the most active remedies proposed up to the present. Better than any other, it opens the kidneys annulled by uræmic œdema; it acts rapidly and surely, even where leeches have not been applied to the lumbar region, and its diuretic effects are intense when prolonged sufficiently; it restores the urinary emission to its normal quantity, and maintains it there. The method has also the advantage of surely diminishing the albumin and causes it to disappear for long periods. It consequently gives a chance, by prolonged functional rest, for the restoring of the renal epithelium of glandular order in cases where it is histologically possible. I have never witnessed the slightest accident through its administration, the only inconvenience observed was, in some cases, a slight pruritus, urticaria or sweating.

The *modus operandi* is as follows:—Take one, more frequently two, absolutely fresh pork kidneys, chop them up fine, and then wash them thoroughly in water so as to remove any stagnant urine they might contain. The chopped meat is then pounded up in a mortar with about twelve ounces of salt water (half a teaspoonful of salt), and the whole left to macerate for four hours, and then decanted. The patient will take it in three or four doses in the day. In order to make it more palatable, or rather less repugnant to the patient, I generally have added to it a little warm soup (soup julienne).

The administration of the macerated kidney should not exceed ten consecutive days, after which a rest of five days should be ordered, and the treatment recommenced. It is needless to add that fresh kidneys should be procured every day.

PSEUDO-HYPERTROPHIC PARALYSIS:

ITS HISTORY, ETIOLOGY, SYMPTOMS, AND TREATMENT, WITH AN ILLUSTRATIVE CASE. (*a*)

By JOHN McCAW, M.D.R.U.I.,
Senior Physician, Belfast Hospital for Sick Children.

History.—The recognition of this affection is of comparatively modern date, the first cases being described by Sir Charles Bell in 1830, and by Partridge in 1847. Meryon followed in 1852, with a very accurate account of the disease which he discovered in four boys of one family. From this time onwards numerous observers have published details of cases, among whom may be mentioned Little 1853, Duchenne 1855, Eulenberg and Cohnheim 1865, Charcot 1871, Leyden 1876, and Gowers 1879.

Etiology.—Little is known of the causes of this disease. It is essentially a disease of childhood, and boys are at least four, and perhaps seven, times as frequently affected as girls. Heredity plays an important part in most cases, and it is not unusual for several members of the same family to be attacked; on the other hand, the disease may single out one boy in a numerous family. The affection is transmitted by women who are not themselves the subjects of it. Consanguinity and intemperance in the parents do not seem to have any influence in its production. In one-third of the cases the first symptoms are noticed when the child is making attempts to walk; in another third the child appears healthy and vigorous in all respects until it has reached its fourth, fifth, or sixth year, when some want of power is observed; in three-quarters of the cases the disease is detected before the tenth year, and very rarely no symptoms are seen till puberty.

Symptoms.—Some want of power is the symptom which first attracts attention, and it is common for the parents to notice that the child becomes easily tired when walking. This is soon followed by another early symptom, that is, he falls frequently and shows considerable difficulty in getting on his feet again, or, as Sir William Gowers has tersely put it, "he walks clumsily, falls with ease, and rises with difficulty." On the other hand, the difficulty experienced by the child in getting upstairs is that which first attracts attention. In a typical example of the disease it is usual to find certain muscles hypertrophied, hard, and firm, while others are atrophied. The muscles most commonly hypertrophied are the calf muscles, which may attain a remarkable size, the glutei, the infraspinati, the deltoid, and the triceps. Those most commonly atrophied are the costal and sternal portions of the pectoralis major, the latissimus dorsi, the biceps, the serratus magnus, the flexor muscles of the thigh and the dextensors of the leg. The atrophy of the lower portions of the pectoralis major and the latissimus dorsi causes the posterior axillary fold to disappear to a considerable extent, a condition that is well seen when the arms are extended in front. The face muscles are rarely affected. The position assumed by the patient when standing and when sitting is very characteristic. When standing the trunk is held erect and there is marked lordosis, the upper part of

(*a*) Paper read and Case shown before the Ulster Medical Society, February 18th, 1904.

the trunk being carried so far back that a vertical line from the scapula falls an inch or more behind the sacrum. When sitting the lordosis is replaced by an opposite curve, in which the back becomes convex, both curves being due to weakness of the extensor muscles of the hip. The gait is also very characteristic; it is waddling in character and uncertain, so that small obstacles are overcome with difficulty and the child falls readily. The greatest difficulty is experienced in rising from the floor. If the child is placed on his back on a rug the first movement made towards rising is to roll over on the face; he then gets on his hands and knees; next he manages to get his feet on the ground, and finally by placing first one hand on the thigh just above the knee, and then with the other hand similarly placed, he pushes the trunk up by gradually moving the hands higher and higher up the thighs, or, as Gowers says, "he climbs up himself." The feet tend to assume a position of equinus owing to the contraction of the calf muscles, and at the same time the foot is inverted. The electrical excitability of the muscles is greatly diminished both to the faradic and the galvanic current; and there is never any reaction of degeneration. The superficial reflexes are, as a rule, preserved; the knee-jerks are lost early, or greatly diminished, according to the condition of the quadriceps extensor. Sensation is never affected in any way. The bladder and rectum generally remain unaffected to the last. The progress of the disease is slow; when, however, the power of standing is lost, weakness tends to increase more rapidly, though life after this may be preserved for several years. Death is generally brought about by some acute disease, and frequently by a pulmonary affection such as broncho-pneumonia or phthisis. The mental condition of the subjects of this disease has been variously stated. Gowers says the mental development is generally beyond that of other children of the same age, and that mental defect is a pure complication. Ashby thinks that some degree of mental deficiency is a not uncommon association.

Pathology.—No lesion can be found either in the spinal cord, the anterior or posterior roots, the peripheral nerves, or in either the finer motor or sensory fibres passing to the muscles. The muscles alone show any pathological change, although Babes has shown that changes exist in the motor end plates. The muscles to the naked eye appear pale, and resemble a mass of fat, or they have a brown, firm, and hard appearance. On section of a muscle it is seen that there is a great increase of the connective tissue, not only between muscular bundles, but also between the individual muscular fibres, so that the fibres themselves become surrounded by a ring of connective tissue. Some fibres are atrophied, while others may be hypertrophied, and in between the fibres fat becomes deposited. No matter to what degree the fibres become atrophied they still retain their transverse striation. A few of the fibres may show fatty degeneration and some may be vacuolated. A very striking feature in some of the muscles is the number of muscle-spindles that can be seen in cross section of a muscle in a given area.

Treatment.—Drugs are powerless to effect any amelioration of this disease or even to stay its progress. The most important items in the care of such cases are to keep the little patient warm, and to shield him from the risks of catching cold or developing any lung trouble. Something may be done in the way of massage and faradising the affected muscles, and he should be encouraged to walk as much as he is able, and as long as it is possible. Gymnastic exercises are indicated and should be used perseveringly. The general health and strength should be maintained at the highest standard, and to this end the most nourishing food and cod-liver oil are desirable. Such general tonics as iron, arsenic, phosphorus, and strychnine may be given.

Illustrative Case.—The patient shown to-day is W. H——, who was admitted to the Queen Street Hospital for Sick Children under my care on February 3rd, 1904.

History.—He is 9½ years of age, and is the fifth child of a family of eight, which consists of five boys and three girls. All the other children are strong and healthy, and in particular his four brothers have never shown any sign or symptom of being affected in a similar way. The parents say that he was late in attempting to walk when compared with the other children, and that he was easily knocked down and had considerable difficulty in getting up again. He was sent to school when four years old, and at this period was able to walk fairly well, but his power of walking became steadily worse, so that for the past three years he has been unable to walk the distance. His speech is, and always has been, defective, and he was slow to learn and very irritable in temper. He is mentally deficient and at times impulsive and violent. The calf muscles are enormous, measuring 11½ in. in circumference; the glutei and infraspinati are very prominent, while the pectoralis major and latissimus dorsi are greatly atrophied. The forearm muscles are hypertrophied and the upper arm ones atrophied. His parents are strong and healthy, and no history of any similar affection could be obtained as having occurred in either of their families. The patient is, therefore, an example of pseudo-hypertrophic paralysis associated with mental deficiency, and the history of the case leaves little room to doubt that it is congenital.

With the kind co-operation of Mr. Robert Campbell and Dr. Beatty, a small portion of the left calf muscle has been excised and mounted, from which it will be seen that the fibrous tissue is increased and the muscle bundles atrophied.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXXV.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE LONDON OPEN-AIR SANATORIUM.

Pinewood, the London Open-air Sanatorium, is situated at Nine Mile Ride, Wokingham. It owes its existence to the generosity of Messrs. Wernher, Beit, and Co., who contributed £40,000 towards its establishment. It was intended to meet the needs of consumptives belonging to the less wealthy middle-class, and be self-supporting.

The sanatorium is delightfully situated at an elevation of 252 feet amidst pine woods, on the confines of Old Windsor Forest. The adjacent country is studded with pines or consists of heather-land. The estate is eighty-two acres in extent, and the sanatorium stands in a clearing well open to the south. The soil is sandy. The surrounding pine woods afford much shelter and offer opportunities for varied walks, and are peculiarly suited to serve as pleasant resting-places. Several

well-designed roomy shelters have been erected near the main building. Although new houses are quickly arising in the neighbourhood, the sanatorium is secluded, and, having fairly extensive grounds, is not likely to suffer serious detriment, at least for some years to come.

The most serious drawback, perhaps, is the somewhat isolated position, which renders access difficult. The sanatorium is about two miles from Wellington College Station on the South-Eastern Railway, three and a half miles from Bracknell on the London and South-Western Railway, and eleven miles from Reading. The quickest approach is by taking the Great Western express to Reading, and thence by a stopping train on the South-Eastern Railway to Wellington College, where a carriage is always to be obtained at the adjacent hotel.

The sanatorium has been built in accordance with modern conceptions, but is wanting in several important respects, such, for instance, as end or outside staircases, and there is very conspicuous lack of privacy in the resident medical officers' quarters. Many improvements, however, have been made since the opening of the institution upwards of three years ago, and no doubt as funds are forthcoming other extensions and modifications will be undertaken.

The building consists of a central administrative block with separate bedroom blocks on either side. The medical officers' rooms are small and not sufficiently separated from the patients' quarters, and the main corridor runs through the central block.

The patients' blocks consist of ground and first floors. Each patient has a separate room. The rooms face approximately south. There are no balconies and no verandahs to these parts of the building, but at either end there are excellently designed open-air galleries, which allow of free exposure, and yet provide for shelter from winds. These galleries or open balconies are so constructed as to allow of the north aspect being available during hot summer weather.

Each bedroom, although small, is comfortable, simply furnished, well lighted, but the windows might with advantage have been brought nearer the floor. Each bed is of good construction, and a cane couch is also available and would seem to serve as an encouragement for the patient to rest in his or her own room during the day, a procedure which many would not approve. Each room is supplied with a fire-grate, but radiators have been added. The sanitary offices are well placed, and the appliances thoroughly efficient.

The dining-room, which stands north of the administrative block, is a particularly well designed, excellently lit and airy structure. A nurses' dining-room is adjacent, and the kitchen near by is well fitted with all modern appliances. There is a good laundry, and the boiler-room, electric plant, stables, and other outbuildings are conveniently placed and well equipped. The accommodation for nurses is inadequate, and better arrangements generally should be made for the resident staff. The sanatorium is lighted throughout by electric light. Sewage is dealt with in a septic tank. The water supply is good, and arrangements have been made to provide against the danger of fire. There is accommodation for sixty-four cases, an equal number of each sex. Many of the cases are "bed" patients.

The resident medical officers are Drs. C. C. Chidell and Roland Stevenson. Dr. Hector Mackenzie and Dr. Alfred Hellier are the visiting physicians.

Treatment is conducted in strict accordance with modern hygienic conceptions. We lunched with the patients and found the character of the food and manner of serving thoroughly good. The general daily routine is well defined. The "directions" are as follows:—

"7.30 to 8.30 a.m.: Rub down or bath as ordered. Bath should be nearly cold. Don't get out of breath by rubbing with towel. Please do not leave your room till you have seen the doctor. 8.30 a.m.: Breakfast. 9.30 a.m.: Morning walk begins (distance and pace regulated for each patient). If you are up to breakfast you must be out by 9.30. 11.55 to 12.55: Rest on couch in bedroom. Go to your room at 11.45 to take your temperature so as to ensure a full hour's rest. (Reading or writing allowed, but not hard study or business correspondence.) 1 p.m.: Dinner. 2 to 3 p.m.: Rest sitting or lying, out of doors or in a shelter. A short siesta is advisable, but talking and sedentary games are allowed. An exception to this rule is made on Sunday. 4 p.m.: Afternoon tea. 4.30 p.m.: Afternoon walk (distance one-half or one-third of morning walk). If the weather is not too hot this walk may be taken between 3 and 4. 5.55 to 6.55 p.m.: Rest on couch; go to your room at 5.45. 7 p.m.: Supper, after which a short stroll may be taken, or the time spent in dining hall, library, or, better still, in a shelter. 9.30 p.m. at latest: Bed time.

"A bath (not too hot) may be taken once a week. 10.30 at latest: All lights out.

"Temperature is taken four times daily: (1) On awaking, before rising (stop in bed if temperature is above 98·6° F., or 37·0° C.). (2 and 3) Immediately after morning and afternoon walks. (4) After getting into bed at night."

The following are among the "instructions" given to patients when leaving for home:—

"*Disposal of Sputum.*—If there is a water-closet, the simplest way is to empty the sputum direct from the pocket-flask into the pan. In the absence of a water-closet, the sputum should be poured into a "poke" (*i.e.*, a conical bag) made of three or four layers of newspaper and containing sawdust. The sputum must be well mixed with a little stick, which should then be burnt with the poke and its contents. Every mug used for spitting should be lined with butter-paper, and it is well to have a little carbolic acid solution (one part pure carbolic acid to nineteen parts of water) at the bottom of the paper. The butter-paper and its contents may be thrown into the water-closet pan or burnt with sawdust as above. If there are neither drains nor fires (only gas cooking stoves) the sputum should be buried.

"*Cleansing of Flasks and Mugs.*—After emptying the flask, pour into it a teaspoonful of the above carbolic acid solution. At least once a week the flask should be disinfected by immersion with open ends in the same solution over night; in the morning the carbolic acid is thrown into the pan of the water-closet, and the flask is rinsed through with hot water, to which common washing soda (about two teaspoonfuls to a pint of water) may be added. Mugs should be cleansed daily after use with carbolic acid solution, followed by rinsing with hot water or hot soda solution.

"*Disinfection of Handkerchiefs.*—Cheap Japanese paper or calico handkerchiefs may be burnt after use. This method is the best, and is essential when the handkerchief has been especially exposed to infection by coughing or still more by spitting into it. If better handkerchiefs are used they should be boiled for half an hour in a special saucepan, or any of the following disinfectants may be used to soak the handkerchiefs for twelve hours before washing in the ordinary way:—Carbolic acid, 1 in 20; chloros, 1 in 200; formalin, 1 in 20.

"It is desirable that the above precautions should be taken as long as there is any expectoration."

It was hoped that the fees at Pinewood would be kept low in order to meet the needs of the cases for which it was originally intended, but already the sanatorium is in active competition with other institutions for comparatively well-to-do patients, and the fees are £3 3s. a week. The sanatorium is, however, an excellent one, pleasantly situated, skilfully controlled, and as far as we can ascertain accomplishing much good work.

Continental Health Resorts.

[FROM OUR SPECIAL CORRESPONDENT.]

BEX-LES-BAINS (SWITZERLAND).

BEX-LES-BAINS is situated in the Rhone Valley

(about twelve miles from Lake Leman), at an altitude of 1,430 feet, on the line of the Jura-Simplon railroad running from Geneva and Lausanne to Zermatt and Brique. From Martigny, twelve miles above Bex on this line, picturesque carriage roads ascend to Chamounix and to the great St. Bernard. At Loèche-Souste station, thirty miles from Martigny, are carriage connections with Loèche-les-Bains, at the foot of the celebrated Gemmi Pass on to the Bernese Oberland. Twelve miles further up the Rhone valley, at Viège is the junction with the Viège-Zermatt railway. Five miles above Viège from the terminus station at Brique, diligences run to the world-famous Glacier du Rhone, and thence by the Grimsel Pass to the Interlaken Valley, or by the Furka—finest of Swiss passes—to the St. Gothard railways, connecting with the Lucerne Lakes, the Righi, Zurich, Engadine, Tyrol, and Italian lakes.

Bex-les-Bains is thus admirably located in the leading tourist routes. It is, likewise, an excellent centre for short excursions. The ancient towns of St. Maurice and Sion, and the well-known glacier, cascade and gorge of Trient, are within easy distances; as are also Aigle-les-Bains, Corbeyrier, Leysin, Diablerets and the Ormonts; and the Castle of Chillon, Montreux, Caux, and the Rochers-de-Naye. Across the river are the Val d'Illiez and Champéry with their fine forests, rich and varied flora; and bifurcated feminine attire of antique descent and design, yet *à la Bloomer!*

From Bex station, a tramway, passing through the town and near the salt mines, ascends to the attractive summer-homes of Gryon, Arveyres, Chesières, and Villars-sur-Ollon.

The town of Bex, built on a plateau in a vale of the Vaudois Alps, is well sheltered on the north by the Montet hill and woods, and easterly by a chain uniting the Morcles, Muveran and Diablerets ranges. Southerly and westerly are the superb heights of the Dents de Morcles and du Midi, and the surmounting ranges, of hills and peaks stretching away in the distance from Valais into Haute-Savoie. Half a mile from the town and nearly 200 feet above it, is an undulating large park, with umbrageous avenues, pleasant shady paths, small lakes, grottoes, and tennis-lawns, in which stand the Saline Thermal establishments and the Grand Hôtel des Salines, with their annexes. Here, in close vicinity to fine forests and mountains, the air is very pure and salubrious, the climate mild and sedative, and there is a remarkable freedom from winds, saving occasionally the *foehn*, the warm south wind of Alpine valleys. Although so sheltered, even in hot summer days only the mid-day hours are sultry, refreshing mountain breezes rendering the evenings and mornings cool and agreeable. The atmospheric calm is delicious and beneficial to the delicate guests at Bex, as they can remain long in the open air.

Owing to its sunny and sheltered position the bathing "season" here commences earlier and continues later (April 1st to October 31st) than is usual at Continental spas. For British, Americans and Colonials the preferable months are in spring and autumn particularly spring, when the glades and terraces of the wooded slopes are most attractive for the brilliant greens and exquisite colourings of their sub-Alpine flora. From the Jura-Simplon railroad station an electric tramway runs through the town to the Salines Hotel and Baths, and thence on to the salt works at Bevieux. The mines, *au Bouillet*, lie N.E. an hour's walk further, amidst rocks and erratic blocks. The galleries, some at 600 feet depth and one nearly a mile in length, are cut into the subterranean salt beds from which the salt is washed out, the brine being conveyed by pipes to the works for condensation in pans. A cemented covered brick canal connects the works with the Baths at the Grand Hôtel des Salines. To all the other hotels at Bex, the brine is carried in great barrels.

By the analyses of Professor Brunner, of Lausanne, the Bex brine contains:—

Chlorides de sodium	..	274·413 grammes
,, calcium ..	..	22·876 ,,
,, magnesium	..	9·063 ,,
,, potassium	..	1·987 ,,
,, lithium ..	..	0·104 ,,
Bromine et iodine magnesium	.. .. ..	0·101 ,,

These analyses show that the saline waters of Bex-les-Bains rank very high among the strongest salt waters of Europe. And for the efficient applications of the Bex waters the bath establishment possesses the most approved and latest hydro-therapeutic apparatus.

The Grand Hôtel des Salines here has also the most modern arrangements for the comfort of its visitors, added to the very great advantage of having on each floor direct communication with the baths.

In his article "The Salt Baths of Bex" (see MEDICAL PRESS AND CIRCULAR, 1902), Dr. Eugène de la Harpe, the resident physician at Bex Salines during the season, says, "Bex can be advised in all cases where salt medication is useful; lymphatism, scrofula, rickets (the combination of baths and climate being especially good), chronic diseases of the female generative organs, exudates, and remains of acute processes in the pelvis; also such remnants in the abdomen after perityphlitis, appendicitis, peritonitis, or in the chest after pleurisy, chronic rheumatism, rheumatoid arthritis, &c. Anæmic and neurasthenic patients come to Bex for the hydrotherapic treatment."

At the Bex Salines is likewise a cold sulphur spring used for drinking, inhalation, gargling, &c. The fango, Nauheim, and rasin cure treatments are also administered here. The resident physician speaks English.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

CLINICAL EVENING HELD FRIDAY, FEBRUARY 26TH, 1904.

DR. FREDERICK TAYLOR, President, in the Chair.

MR. F. J. STEWARD exhibited a case of movable knee-joint three and a half years after operation for extensive tuberculous disease, in a girl, æt. 5. Primary healing was obtained, and the limb was in a plaster of Paris splint for two years.

Dr. H. BATTY SHAW showed a mother and infant daughter affected with a congenital deformity of hands and feet. The mother was æt. 20. When the hands were at rest the digits were held somewhat flexed, the index fingers being curved laterally, and appearing to be separated more than usual from the remaining digits. The inter-osseous spaces were wasted. Movements of flexion and extension were satisfactorily performed, but abduction and adduction of the digits were greatly reduced. There was also complete paralysis of the frontalis muscle. The child, æt. 2 months, presented a similar deformity of the hands and feet. Radiograms of the mother's hand showed that beyond the slender character of the fourth metacarpal bones and the prominence at the base of the third, the bones were normal.

Dr. BERTRAM ABRAHAMS showed a sporadic case of Friedreich's disease in a boy, æt. 13, the third of eight children, of whom the others were perfectly healthy. The illness began five years ago, and the ataxy had rapidly increased during the past three years. There was slight lateral nystagmus. The pupils were widely dilated, but reacted briskly to light and accommodation. Romberg's sign was well marked. The speech was nasal, slow, slurred, and monotonous. There was considerable ataxy of the hands. Both knee-jerks were lost, and the plantar reflexes were of the extensor type. Pes cavus was present on both sides.

and there was distinct dorso-lumbar scoliosis. Treatment by Fraenkel's method was proposed.

Dr. J. PORTER PARKINSON exhibited an unusual case of morbus cordis in a girl, æt. 9, who, since the age of seven, had had repeated attacks of acute rheumatism. The cardiac impulse was best marked in the fourth interspace just inside the nipple, and on admission to hospital she had epigastric pulsation and extension of the cardiac dulness to the right of the sternum. At the apex were double mitral murmurs, and at the base were systolic and diastolic murmurs, heard best at the second left interspace. There was no abnormal arterial pulsation, and the pulse was 70, small, regular, and compressible.

Dr. H. BATTY SHAW thought that the proof that the case was one of aortic regurgitation was very incomplete. He could not help feeling that the condition was due to high tension in the pulmonary artery, which gave rise to the murmur, which had been described by Dr. Graham Steele.

Dr. ALEXANDER MORISON considered that the absence of a thrill negatived the diagnosis of pulmonary endocarditis, and he was inclined to agree with Dr. Shaw that the condition was more functional in character.

Dr. W. HALE-WHITE said that the presence of the systolic murmur rather indicated the existence of some endocarditis of the pulmonary valves.

THE PRESIDENT observed that the murmur in question was heard very distinctly high up on the left side of the sternum. He would hesitate to pass an opinion without further examination.

Dr. PARKINSON, in replying, commented upon the great rarity of pulmonary endocarditis, and considered that the condition was probably due to dilatation of the orifice from incompetence of a normal valve.

Dr. W. G. STONE showed a lad, æt. 8, with enlargement of the bones of the cranium, jaw, and thorax. The evidence was very strong that the lesions were syphilitic.

Mr. CHARLES R. KEYSER exhibited a male infant, æt. 15 months, the subject of achondroplasia with spinal curvature. The head was large, and the fontanelles widely open. The nasal bridge was depressed. There was marked disproportion between the length of the body and that of the limbs, the bones of which were only slightly curved. The fingers showed the typical appearance of the disease, the index and middle fingers curving to the radial and the ring and little fingers to the ulnar side. There was no lordosis. nor was bony tenderness marked. There was a prominent antero-posterior curve in the dorso-lumbar region. The lower ribs were everted and the abdomen was prominent. The father was only 4 ft. 8 in. in height.

The PRESIDENT inquired if anything unusual was noticed about the child at birth.

Mr. KEYSER replied that the shortness of the limbs had been observed. He considered that there were several features in the case, especially the spinal curvature, which resembled those met with in ordinary rickets.

Mr. EDRED M. CORNER showed a case of pyopneumothorax due to phthisis, in a man, æt. 32, for the cure of which operations on the principle of Estländer's (thoracoplasty) were performed. Healing had taken place with the formation of an aerial fistula.

Mr. W. G. SPENCER referred to a case under his own care in which a bronchial fistula had resulted which had remained stationary for three years.

Dr. WILLIAM HUNTER and Mr. STEPHEN PAGET showed a lad, æt. 17, the subject of progressive myositis ossificans. The disease began at the age of four, and since then had steadily advanced. Ten years ago he was seen by Sir James Paget, and reported by Mr. Stephen Paget at the time. There was a definite family history of rheumatic fever. The muscles now chiefly affected were the pectoral, the latissimus dorsi, and the teres muscles, all of which were firm, rigid, and contracted, so that both arms were tied to the chest at the shoulder-blade. There was a deposit of bony growth around the left angle of the scapula. A considerable degree of scoliosis of the spine was present, with great wasting of the muscles of the back. Radiograms exhibited well-marked shadows at the attachment of the pectoralis major to the humerus.

Dr. C. GOULD MAY showed a female child, æt. 6, with multiple exostoses on the bones of the limbs. There was no history of rheumatism, nor was there any pain.

Mr. WILLIAM H. BATTLE asked if there was a family history of a similar condition, and if any effect had been produced upon the growth of the bones.

Dr. MAY replied.

Mr. DONALD ARMOUR showed a man, æt. 20, who had a cyst arising in connection with the organ of Giraldès, the origin of which was unknown.

Mr. T. HORROCKS OPENSHAW exhibited a female patient, æt. 31, in whom he treated a contracture of the right hip and knee by elastic traction. The condition had lasted for fifteen years as a result of infantile paralysis. In July, 1903, she was placed in a Hessing's apparatus with elastic traction. Considerable improvement had resulted, and confidence in walking was increasing.

Mr. WILLIAM H. BATTLE showed a woman, æt. 55, the subject of a large femoral hernia on the right side. The hernia had been present for seventeen years; it was as wide as the patient's thigh, and extended downwards as far as the upper margin of the patella. It contained intestine, and the skin over it was somewhat eczematous in parts. He proposed to operate upon it when the general condition had improved.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

MEETING HELD FRIDAY, FEBRUARY 19TH, 1904.

H. C. EARL, M.D., President, in the Chair.

POINTS IN THE PATHOLOGY OF SENILE HYPERTROPHY OF THE PROSTATE.

MR. TOBIN remarked that whereas when he read a paper on this subject some ten years ago all the specimens were derived from the post-mortem room, now the operating theatres provide the material for discussion. This material usually came in two shapes: one, a smooth-faced, easily enucleated adenoma, often of large size; the other, commonly a smaller mass with a rough surface and looking like muscular tissue to the naked eye, and containing in its centre the prostatic urethra, torn portions of which, or of the membranous urethra, hung out at one end. Specimens presenting such points of identification had been looked upon as showing an hypertrophied prostate removed in its entirety. Anyhow, such, he said, was his opinion till reading what he called an epoch-marking paper on this subject by Mr. Wallace in the *British Medical Journal*, January 30th, 1904. He then showed some recently removed specimens, which he maintained both microscopically and macroscopically fully bore out Mr. Wallace's contention. Among them was one which he described as follows:—"When my finger, shelling out this large adenoid, had reached its posterior surface and was still between the layers of the surgical capsule, I opened into a sac in which these calculi were lying free. They are, as you see, a hundred or so in number, varying in size from a grain of snipe-shot to a swan-shot, smooth and round except one, which is the size and shape of a bean. The received opinion is that calculi such as these develop primarily in the glandular crypts of the prostate, and that their presence in one pocket is due to an amalgamation of crypts. If this is so the opening up of these crypts while my finger was traversing the capsule points very clearly to the composition of that envelope."

Dr. DARGAN stated that the sections shown were made from the very outermost laminated layers of what seemed to be merely a fibrous envelope to the growth. They showed here and there atrophic glandular spaces, lined in many cases by cubical cells, but greatly compressed, and evidently undergoing involution. The

presumption is, that these are derived from greatly compressed prostatic tissue.

The SECRETARY stated that he was quite certain that a few, at least, of the cases of senile enlargements of the prostate were true hypertrophies.

The PRESIDENT said that he agreed that senile enlargement of the prostate was of a glandular nature. He had not always been able to find glandular or muscular tissue in the fragment of tissue adhering to the prostates removed by operation. In a number of examinations he had only once found a small myoma. He mentioned a case of prostatic obstruction due to a cyst in the left lobe.

Mr. TOBIN, in replying to the remarks of the President stating that most of the cases that he had examined were either true hypertrophies of the prostate or adenomata in the prostate, but not converting it into a capsule, asked: What, then, of the capsule that certainly exists in all cases of senile hypertrophy? He had never failed to shell out the offending mass in such cases, but he had always utterly failed to shell out a tuberculous prostate in the operating theatre or a normal prostate in the dissecting room.

ENDOTHELIOMA.

Mr. L. G. GUNN showed a case of endothelioma of the peritoneum occurring in a man, æt. 28, with extensive secondary growths in lung, liver, and bronchial glands.

Mr. BENNETT asked whether the primary growth had been found, as all the growths shown seemed to be secondary.

Mr. GUNN replied that the most careful search for a primary lesion had failed, and, acting on the presumption that the growth had originated from the peritoneum itself, it had been labelled an endothelioma.

IMPLANTATION (OVARIAN) TUMOURS.

Mr. L. G. GUNN showed a femoral hernia, in which a distinct secondary ovarian growth had occurred. The ovarian tumour had been removed nineteen years before. The hernia had enlarged for a few months before.

Dr. NEVILLE exhibited a transplantation cystic tumour from the scar of an old (five years) ovariotomy. The tumour shown was about the size of an ordinary fist, and consisted of a congeries of small cysts, approximating twenty in number, varying in size from that of a pea to that of a large walnut. Microscopic examination showed a marked resemblance between the peculiar epithelium lining each cyst, and that constantly found in Graafian follicles, the so-called membrana granulosa, specimens of which were shown. It was, of course, impossible to rely very certainly upon such a resemblance in the absence of any other explanation.

The SECRETARY found some difficulty, owing to the amount of calcification, as shown by the sections under the microscope, in believing that the transplanted ovarian papilloma had recently been actively growing, and wished to know Mr. Gunn's opinion on that point.

Mr. GUNN replied that, in his opinion, most of the enlargement was due to the growth within the omentum, and not from any fresh omentum coming down into the sac.

DOUBLE-SIDED DERMOID CYSTS.

Dr. NEVILLE exhibited tumours which were removed from a patient, æt. 25, in the Rotunda Hospital, by the Master, Dr. E. Tweedy, and remarkable for the marked differences of the two tumours. One, the smaller one, was an ordinary dermoid, in size about that of a fœtal head, and consisting mainly of two cysts, a considerable portion of the inner surface of which was lined by skin, covered with white hairs. But the larger tumour, rounded, smooth, and measuring eleven inches by eight inches, was essentially a solid tumour, presenting on section a very peculiarly variegated surface, with occasional small cysts, few of which, however, were larger than a walnut. Some of these quite small cysts were partially lined by skin and hair. The solidity and malignant appearance of the growth had at first suggested that it might prove to be a teratoma on microscopical examination. This showed, however, the general appearance of a cystic adenoma, the epithelium lining of the cysts being mostly composed of goblet cells. Sections of the skin cysts had not yet been made, but Dr. Neville was convinced that the tumour really consisted of a very unusual and very solid form of dermoid cystadenoma.

TERATOMA.

The PRESIDENT showed a teratoid tumour of the ovary. It was taken from a young woman, who died with abdominal symptoms some months after its removal. Sections taken from different parts of the tumour showed small cavities lined by epidermis, and having hairs and sebaceous glands in their walls. Other cavities were found to be lined with a columnar epithelium, and glands resembling Lieberkühn's crypts opened into them. Bone, cartilage, masses of pigmented cells, adipose tissue, and tissue resembling that of the central nervous system were also found, as well as groups of ganglionic nerve cells.

CALCIFIED FIBRO-MYOMA.

Dr. NEVILLE also exhibited a completely calcified fibro-myoma of the uterus, removed, with other non-calcified fibro-myomata, by Dr. L. Kidd, of Enniskillen. Tumours so completely calcified were certainly rare in connection with hospital practice, though not uncommonly found in connection with anatomical schools.

Mr. BENNETT related a case which he saw several years ago, in which a calcified myoma ulcerated into the bladder, and was diagnosed as stone. In the attempt to remove it the patient died. The true nature of the mass was only discovered years afterwards.

THE HARVEIAN SOCIETY OF LONDON.

MEETING HELD FEBRUARY 11TH, 1904.

Mr. E. W. ROUGHTON read a paper on a case of

INTESTINAL OBSTRUCTION WITH GANGRENE OF THE CÆCUM.

The case was one of obstruction needing immediate treatment; an umbilical hernia existed, but was soft, painless, and gave an impulse; it was, therefore, not the source of the symptoms. A median incision was made, and an enormously distended cæcum was seen. During manipulation the cæcum burst and flooded the operation area with fæces, but the peritoneum was protected by gauze packing. Paul's tube tied in. Later Mr. Legg removed a cancerous growth from the sigmoid. The patient made a good recovery.

Mr. LEGG described the method of removal of the growth in the sigmoid flexure, which included four inches of the gut and a wedge of the mesentery. End-to-end suture employed, the first layer through all the coats, and the second through sero-muscular coats, parietal wound closed. The colotomy wound was plugged with a sponge, and the skin sutured closely over it during the operation. Patient did well.

Mr. PATON discussed two cases of partial hernia he had recently treated, in one of which, although a small portion of the gut was tightly constricted and was sloughing through, symptoms were purely local; in another case the condition of the hernia did not indicate the existence of local symptoms, which rather resembled perforated gastric ulcer, thus showing how sloughing of the gut often gives rise to anomalous symptoms.

CORK MEDICAL AND SURGICAL SOCIETY.

MEETING HELD WENESDAY, FEBRUARY 24TH, 1904.

J. COTTER, M.D., F.R.C.S.I., President, in the Chair.

DR. H. R. TOWNSEND read notes of five cases of appendicitis operated on in the acute stage. In four cases recovery followed, while in one case, owing to the mildness of the symptoms, surgical aid was not requisitioned at an early stage, and when the operation was performed the appendix and surrounding portions of intestine were found in a gangrenous condition, and the patient died five days later. In his opinion, as soon as a diagnosis of appendicitis was made, an

operation should be at once advised, as there were no trustworthy means of foretelling from day to day what course the case would take.

Dr. T. GELSTON ATKINS read notes of a series of cases of cholecystotomy, choledochotomy and cholecystectomy, and maintained that with the improved methods now adopted, gall-stones should be always treated by surgical means.

Dr. P. J. O'BRIEN read notes of a case of puerperal eclampsia complicated by acute sepsis, and of a similar case of eclampsia complicated by acute mania. The patient in the first case recovered after a very severe illness. In the second case the patient had to be removed to the asylum, but was at present, after two months, practically well, and was about to be discharged.

Dr. D. MORRISSY read notes of three cases of tetanus treated by anti-tetanic serum. In two of the cases the patients recovered. In the third case the patient, a woman, æt. 50, recovered completely from the tetanus in a week, but sixteen days after admission to hospital was attacked by broncho-pneumonia, which proved fatal nine days later.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, February 28th, 1904.

TREATMENT OF CHRONIC RHEUMATISM.

ACCORDING to Dr. Huchard, the medical treatment of chronic rheumatism consists essentially in iodide of potassium and arsenic. If the patient seems weak, arsenic will be given for three weeks in the form of Fowler's solution (5 drops twice daily), or of solution of arseniate of soda: arseniate of soda, 1 grain; water, 10 ounces (a tablespoonful before lunch and dinner).

If, on the contrary, the patient is vigorous, preference will be given to iodide of potassium (6 grains daily), and continued three weeks or a month.

However, if the rheumatism be of arthritic character, iodide will be of little use; it should be replaced by tincture of iodine, 5 drops three times a day in a glass of water, gradually increased by 1 drop daily to 10 or 15 drops each time, and continued a month, after which it should be suspended for ten days, and then recommenced. The treatment might be continued for months if the patient's stomach can support it. If an excess of uric acid be secreted, piperazine might be given:—

Piperazine, 1 drachm.
Water, 10 oz.

A tablespoonful twice a day for five days, and suspended five days, and so on for six weeks.

Colchicum was recommended by different authors, but in the hands of Dr. Huchard it gives no good result except when the rheumatism is of a gouty nature. Salicylate of soda might be tried in acute attacks of chronic rheumatism, but it acts less effectively than in the inflammatory form. In any case it is superior to antipyrin, aspirin, salophene, &c.

As regards external remedies, igni-puncture and blisters are employed successfully in chronic rheumatism, and tincture of iodine is of current application. An ointment which is frequently found very serviceable is that composed of salicylic acid:—

Salicylic acid,
Ess. of turpentine,
Lanoline, aa 10 drachms.

In cases of painful chronic rheumatism. M. Dieulafoy recommends a very simple application: poultices of bread crumb moistened with spirits of camphor and coated with the following mixture:—

Camphor, 2 drachms.
Extract of opium, 1 drachm.
Alcohol, q.s.

The preparation of the poultices is a little intricate. Four pounds of bread crumb are steeped in water for about five minutes; it is then pressed in linen and placed in a sand bath for three hours. At this point the bread forms a dry paste, and is softened gradually by the addition of spirits of camphor. The paste is then kneaded and spread upon a piece of linen, while the above mixture is spread over the whole surface. Thus prepared, the poultice is placed on the articulation and covered with a sheet of gutta-percha, and held in place by a flannel bandage; the application remains in place from eight to ten days.

Of the other methods generally recommended for chronic rheumatism, M. Huchard mentions massage, electricity, warm baths, hot air baths, turpentine vapour baths. Massage renders great service in the treatment of rheumatism deformans by suppressing pain and avoiding ankylosis. The ointment employed in the massage would be as follows:—

Tincture of nux vomica, 1 drachm.
Spirit of lavender, 1 drachm.
Vaseline, 6 drachms.
Lanoline, 6 drachms.

The warm baths are given every two days for ten or twenty minutes, and the temperature of the water is gradually raised while the patient is in the bath to the highest degree possible. Different substances might be added to the bath, but more especially essence of turpentine (black soap emulsion, essence of turpentine, of each 4 ounces). The hot sand bath gives much relief. The sand, heated in an oven, is poured into a tub and allowed to cool to 110°, the limb, bandaged, is plunged into the tub for twenty to twenty-five minutes. Bergeret recommended enveloping the joint in carded wool and placing on it three or four pounds of hot sand. He alleged that this treatment applied to hydarthrosis of the knee caused the effusion to disappear in a very few days.

Turpentine vapour baths are frequently employed. M. A. Robin uses them freely at the Hôpital de la Pitie. The baths are administered every two days, and last from ten minutes to a quarter of an hour; the vapour jet is received in a sort of tent in which the body of the patient is imprisoned up to the neck.

The hydropathic establishments for the treatment of chronic rheumatism are very numerous in France, but they should not be recommended indiscriminately. La Bourbonne (Haute-Marne) suits inveterate and exhausted rheumatic patients; Luxeuil (Haute-Saone) neuropaths; Neris (Allier) neuro-arthritics; Aix (Savoie) torpid rheumatism, peri-arthritis; the mud baths (sulphur) of Saint-Amand (Nord) succeed very well in all forms of chronic rheumatism.

In conclusion, M. Huchard says that chronic rheumatism is much more amenable to treatment than the arthritic form. This latter is not as yet very well understood as to its real cause, its nature being very complex, but the treatment already indicated—large doses, internally, of tincture of iodine, massage, and the hot sand bath—gave the least unfavourable results.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, February 28th, 1904.

AT the Free Society of Surgeons, Hr. Karewski gave an address on

HERNIA OF THE BLADDER.

As to the origin of the condition, either a prævesical fatty tumour dragged the bladder forward or grew in the bladder wall and weakened it. The important

points in connection with it were the size of the bladder, peritoneal adhesions, the size of the rupture and of the opening. He had seen five cases. Two of them could be verified cystoscopically; one was recognised as such at the operation, one only by a fistula remaining after operation. On a ligature being applied, a portion of the bladder wall was included in it, and the fistula resulted. Four were extra-peritoneal and one intra-peritoneal. All were characterised by a large development of prævesical fat. He had also made twenty-three observations on seven bodies. The result of his investigations was to determine that with a full bladder a connection existed between the hernial opening and the bladder wall, the more intimate, the larger the opening was; with increase in growth, therefore, the danger increased of including the bladder wall in the ligature. There was no diverticulum, however. If the bladder wall was injured on such an occasion, it was not a proof that an actual hernia existed. A further result of his investigation was to show that there was an intimate connection between prævesical præperitoneal fat and the bladder wall.

Hr. Israel spoke on

Artificial Substitutes for the Ureters.

He spoke of the importance that congenital hindrances had to the flow in hydronephroses. The disease first became manifest in the course of years either through increase of tension and accompanying colic, or through infection of the contents. Thus a boy, æt. 13, suffered for two years from left-sided renal colic, in whom a distinct sac could be felt during the attack, which became smaller, however, when the attack subsided. As the attacks became more frequent an operation was performed in December, 1902. A sort of blind sac-bulging of the pelvis of the kidney was found below where the ureter was given off. The ureter was perfectly permeable. The kidney was deeply placed, and its fixation at a higher level was not practicable. The position of the kidney was plainly congenital. Experimentally he first of all sutured the ureter with the lower part of the dilated pelvis of the kidney, but twenty-four hours later the colic returned and a drain had to be inserted. For ten days the urine remained clear; then it became cloudy, and a metastatic infection suddenly developed in a hydronephrosis of the right side that had up to then been latent. A tumour was soon palpable, and anuria set in, the left kidney also ceasing to secrete. The sac of the right side had now to be emptied and a drain inserted. The excretion of urine then came on again, but there were no means of conducting the urine into the bladder. The speaker at last determined to make a suprapubic vesical fistula and to join the kidney and the bladder by means of a tube running externally, and provided with a flap in order to prevent any back flow. The apparatus had now been working for eight months and had acted well.

He had operated four times for hydronephrosis of congenital origin. He then described a

Process for Exposing the Posterior Surface of the Liver.

An officer, æt. 41, had suffered for five months from pain in the right loin, which was worse on coughing, sneezing, or pressure on the lumbar region. More recently there had been fever. In spite of an enormously increased appetite there was extreme weakness. Urine normal, the right kidney could be felt; the liver was not enlarged. The symptoms pointed distinctly to some mischief in the right subphrenic space. First the adrenal gland was thought of, but against any disease of this was the fact that there was no disturbance of digestion. Only the liver remained. Afterwards the patient spoke of syphilis in earlier life, and the most probable assumption now was of a breaking down gumma in the liver. It was decided to explore. He made a transverse incision on the lower border of the twelfth rib and exposed the kidney. This was healthy, so he resected the twelfth rib subperiosteally, divided the fatty capsule of the kidney, and pulled it on one side. The suprarenal capsule was healthy, and there was no pus in the subphrenic space. A prominence was felt through the peritoneum at the fovea renalis hepatis, which, on being cut into, proved to be a gumma. This was extirpated. Both fever and pain ceased at once and the patient recovered. This method of freeing the posterior surface of the liver could be made use of if the ligaments of the kidney allowed sufficient movement.

Austria.

[from our own correspondent.]

Vienna, February 26th, 1904.

Pityriasis Follicularis Chronica.

Neumann presented a young man, æt. 28, with pityriasis follicularis chronica. Over the whole body, but more particularly the trunk, there were brown coloured elevations about the size of peas, with a covering of thick scurf which, when rubbed off, left a red, granular, efflorescent base. The lymphatic, inguinal, and crural glands were all swollen, although the mucous membrane was in a normally healthy condition. This condition of the mucous membranes, with the hæmorrhagic appearance under the dry covering, were strong evidence against syphilis, of which nothing could be gleaned from the history of the case.

Then psoriasis vulgaris was excluded by the absence of the shiny covering and the presence of the hæmorrhagic condition just described. He had had the case under his observation for the last ten years.

Histologically the disease is an inflammatory process of the cutis, which has gone on to a true para-keratose state. The affection recovered under the use of ung. Wilkinsonii.

Neuro-Fibroma.

Ehrmann showed two cases of neuro-fibroma of the skin. The tubercles or tumours removed ranged from the size of a pea to that of a bean, of soft consistence, jutting forward with muscular movement as if from a pedicle. They contained pigment, and were associated with skeletal anomalies and slight psychical defects.

Riehl remarked that these cases were not simple growths from the nerve sheaths, but must be considered hereditary vegetations in a wider sense.

Ataxia.

Röth brought forward a case of tabetic ataxia, which he had successfully treated with faradic electric baths, followed by Fraenkel's ataxia gymnastics, the principle of which is to teach movements of the muscles through the sense of sight.

Barlow's Disease.

At the Gesellschaft for Children, Weiss showed a female child, æt. 4½ months, with the so-called Barlow's disease. The child was at the breast, and weighed 5,040 grammes, or 12·7 lbs. For three weeks it had suffered from dyspeptic stools and eczema intertrigo; the lower limbs were well developed. Without any apparent cause a swelling about the size of an orange appeared on the right side of the face on the upper maxillary bone, with a broad base. It was movable with difficulty and generally hard in consistence, although deep fluctuation could be felt on the apex of the swelling. The skin was glazed but could not be lifted up. In parts the surface had spots as if congested; and the

whole swelling seemed to have no pain. An exploration syringe was driven into the fluctuating part, but nothing but a small quantity of fluid sterile blood was obtained. A little later a quantity of blood exuded from the lower eyelid, which was repeated in two days, the blood being of a dark colour. This bleeding afterwards became more frequent from mouth, eyes, and nose. Cranio-tabes was not a prominent feature of the case. The soft tissue of the cheek conveyed the opinion that it was a traumatic swelling having its origin in the subperiosteal structure. From the age of the child and the subsequent hæmorrhage from skin and mucous membrane he was led to the conclusion of Barlow's disease. The most successful therapeutics for this was change of diet for the mother and antiscorbutic adjuncts for the child.

Kassowitz agreed with the diagnosis, but felt some misgivings about the etiology, which was often attributed to the malnutrition of the child, particularly in those cases where children were fed with sterilised milk. He confessed that the disease was very seldom met with in Vienna, although this could not be averred of all Austria. He did not quite agree with the opinion that the change of food was a success, as he often thought better air and anti-rhachitic treatment was more effectual than change of food alone. His reason for thinking that the disease had a rhachitic basis was the contrast of its rareness to the frequency of rhachitis.

Neurath asked if the probing needle struck against bone. This, he thought, would prove its subperiosteal origin. He thought the mobility of the tumour, and the site of the swelling, was against Barlow's theory of the disease.

Knoepfelmacher said he had a child about ten months under observation, in which a similar hæmorrhage occurred in the cheek. The histological examination proved no connection with the periosteum. After one cheek healed the same hæmorrhage occurred in the other cheek. It was confined entirely to the soft tissue.

Weiss replied that he had no other opportunities to prove that the swelling was subperiosteal, although the Röntgen rays and exploration tended to that opinion.

NUMBER OF PRACTITIONERS.

The number of medical men practising in Austria has increased from 11,339 to 11,689, or about 3 per cent. The greatest increase is in Lower Austria, which has risen from 3,325 to 3,454. Then comes Bohemia, Galacia, &c. Of the capital towns, Vienna comes first with an increase from 2,576 to 2,721, while Prague has 538 to 558.

The Operating Theatres.

GUY'S HOSPITAL.

OPERATION FOR THE MECHANICAL OBSTRUCTION OF THE LARGE BOWEL RESULTING FROM CHRONIC CONSTIPATION.—Mr. ARBUTHNOT LANE operated on a man, æt. 38, who had for many years suffered from severe constipation, his bowels not being opened at times for a week, in spite of constant drugging. The chief reason which made him think of surgical treatment was the constant abdominal pain with which this condition was associated; this pain and discomfort made his life a burden to him, and rendered him quite unable to do any regular work. As this was clearly one of those cases of mechanical obstruction of the large bowel, consequent on constipation, which Mr. Lane has described in the *Lancet* of January, 1903 and 1904, he proceeded to make a vertical incision just a little to the left of the middle line of the abdomen. The intestines were seen to present that condition of inactivity and plasticity which is constantly seen under these circumstances. The ileum entered the left side of the true pelvis, where it opened at once into the cæcum, which was enormously elongated and considerably distended, occupying the bulk of the true pelvis. Emerging from the pelvis it ran upwards and to the right on to the iliac fossa and loin, where it was tightly bound down, and its lumen very considerably obstructed by the presence of stout bands and adhesions. He divided these bands and adhesions very freely, liberating this part of the bowel from their constricting influence. Then he examined carefully the mechanical condition of the altered cæcum, and, from the knowledge he had gained previously of surgical interference in these cases, he knew that the mere division would only give temporary relief, since the adhesions would re-form almost at once when the freed bowel fell back into its original position. He, therefore, decided to disconnect the large bowel. This he did by bringing out the sigmoid, to effect which it became necessary to divide abundant adhesions which had shortened up the meso-sigmoid externally and had pinned down the sigmoid into the iliac fossa. He effected a lateral anastomosis between the end of the ileum and the sigmoid, after which he divided the ileum between its terminations and the newly-formed anastomosis. It was of interest, he said, to point out that the appendix had become obliterated in the whole of its length; it was stretched over the cæcum, to which it was adherent. It was not interfered with. Mr. Lane said that these mechanical conditions of obstruction of the large bowel, causing symptoms of septic absorption of a more or less disabling or disagreeable character, and very often associated with pain of a griping character, and with much soreness of the abdomen, were very common, and often with evidence of damage to the appendix. The only doubt generated in his mind in dealing with these cases, he remarked, was whether the freeing of the large bowel from the adhesions and bands was likely to be followed by permanent relief from the several symptoms, or whether it was not wiser at once to disconnect the greater part of the large bowel, and especially that portion of it which forms the cesspool of the gastro-intestinal tract, so effectually disposing of any recurrence of the patient's symptoms. He pointed out that in the earliest operations which he had performed he had been satisfied to make a very large anastomosis between the ileum and sigmoid or rectum, removing portions of the circumference of each so as to obviate the passage of fæces into the cæcum. He, however, found that when the cæcum and sigmoid were permitted to become loaded up the result was that material passed out of the combined ileum and sigmoid into the ileum beyond the anastomosis, and so into the cæcum, producing for the time being the old painful symptoms. This he obviated by again opening the abdomen and dividing the ileum beyond the anastomosis, so rendering any recurrence of the painful symptoms impossible. He believed that the individual suffered no appreciable loss from the fact that the large bowel down to the level of the aperture in the sigmoid was totally disconnected. On the other hand, besides a very marked improvement in the colour and complexion of the patient, the weight, energy, activity and intelligence of the individual, all improved steadily after the operation. He was convinced that the time was not far distant when this operation would be performed very frequently indeed, since a very considerable proportion of women and a much smaller proportion of men have not the energy to work the large bowel

efficiently, and, once its functions become altered by mechanical interference with its lumen in the manner ndicated, the absorption of products from the large bowel assist in thoroughly poisoning the system and reducing still further the capacity of the several organs and tissues of the body to carry out their normal functions. In addition to this it was hardly necessary, he said, to point out what he has often called attention to before, that the interference with the mechanics of the appendix, which results from loading of the large bowel, and the consequent formation of adhesions, was a matter of serious importance, constantly endangering the life of the individual. Of course, he added, the more rational way would be to make women lead natural and healthy lives, keeping them in the open air, supplying them with suitable foods, &c., so rendering them capable of performing satisfactorily their physiology and of producing vigorous and healthy offspring, and so being efficient members of a well-organised society; but, as it is, women are practically a hopeless failure in a large proportion of cases; civilisation has ground them down into the poor, ill-developed creatures they often are, totally unfit to perform satisfactorily that function for which purpose they exist, and to carry on the physiology of the rest of their body in anything approaching a normal manner. This degeneration, he thought, must of necessity increase, since the intelligence of the nation is such that the only remedy it can find is to make an excessive demand upon the capital energy of women, both as regards their brains by what is called education, and upon their muscular system by what are called games. They are obviously both disastrous in the extreme. The educationalists, or rather those on whom the care of these unfortunate young creatures devolves, seem to forget that the girl is too often mortgaged up to the hilt by the demands of her sexual apparatus, and having met that demand, more or less unsatisfactorily, she has no energy left to expend beyond bearing a fairly normal mechanical relationship to her surroundings.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX"

WEDNESDAY, MARCH 2, 1904.

THE PLAGUE OF ADVERTISEMENT.

It is not so long since Sir Crichton Browne spoke at a medical dinner on the evils and dangers arising from the licence permitted to advertisers in the daily press. And, if we remember aright, it was his idea that the insertion of advertisements of a certain type should be controlled by a Press Censor, inasmuch as they constituted a direct danger to the public weal. This danger is real, not only from its moral but also from its physical aspect. The crass ignorance shown in many of these announcements is matched only by the impudence with which they herald to the public the specific potency of certain wares, which are asserted to cure every disease or affection of every organ of the body. It is a matter of congratulation that some journals have refused to open their columns to a notorious form of advertisement, which is merely a thinly-veiled inducement, to those who may be desirous of using them, to resort to dangerous agents to effect illegal objects. How many women suffering from affections of the genitalia owe their diseased pelvic states to the frequent use of such "remedies" it would be difficult to estimate. There is also a class of advertisement, by pamphlet or circular, or through the press, which assumes a technical and intimate acquaintance with the affections of some special organ, all of which are supposed to be cured by the exhibition of that particular medicine, appliance, or mode of treatment which is being proclaimed to the public as an infallible remedy. It is an easy matter to find someone who will express in the suggested terms the required eulogium on the efficacy of the vaunted "cure." In fact, there is an art and science in the manipulation of such advertisements which secures a fair livelihood for those whose services are at the disposal of some enterprising charlatan. A cynic might say, in the words of Dean Swift, "If you like your security, down with the dust!" and if people will rush blindfold for every miraculous nostrum or mysterious appliance they hear of, they must take the consequences. But there is a serious side to this trafficking with human life and health. Sooner or later, in a certain proportion of cases, the deluded victims find that the maladies which they had for a time persuaded themselves were being mitigated or cured had only strengthened their hold, and they are at last forced to seek skilled advice. They then awake to the fact that money has been wasted and time of priceless value lost, and that organic conditions are now present which are beyond amelioration or cure. It is not, however, in the exhibition of drugs only that we find the most flagrant examples of this dangerous risk to the health of sensitive organs. Uneducated people, who are utterly ignorant of the delicate and transitional phases which mark the borderland between that which is physiological and that which is pathological, as, for example, in the tunics of the eye, more especially the retina, where they are associated with disturbances of vision, undertake, with a mere knowledge of refractive aberrations, to treat visual disturbances. And perhaps no organ is more open than the ear to the assaults of the harpies who speculate in distress and suffering, drawing their handsome profits out of some "boomed" system of treatment, while no organ requires a nicer balance of judgment in

the management of its maladies, or a finer adjustment of means to ends than this. All the advances made in recent years in otology have tended to the more exact differentiation of the causes of deafness, and the experience and knowledge required for an accurate differential diagnosis are considerable. Both prognosis and treatment depend upon this. Yet various mechanical appliances for the treatment of affections of the ears are being ordered indiscriminately, after so-called "consultations." Pamphlets, interspersed with quotations from recognised authors, are plentifully issued, and popular descriptions of such physiological or anatomical facts as can serve the purpose are added to give point to the asserted potency of the electrical or other appliance from the sale of which some speculative company reaps its profits. And so in other matters, even more serious than the functional integrity of an organ of sense. "Institutions," with "professors," are springing up everywhere for "electrical," "high tension," "Finsen light," "X-ray," and "massage" treatment. The initial stages of grave nervous disorder, spinal arthropathies, ataxies, obscure cerebral changes in nerve tissues or vessels, secondary complications, in which other organs are involved than those in which the nervous disturbance is showing itself, are liable to be regarded as the results of "rheumatism," "gout," "general debility," "muscular weakness," and so forth. The skin affords a rich harvest to some of the "beauty doctors," whose audacity in prescribing for and treating various cutaneous affections perhaps almost surpasses every other class of the charlatan brood. We have said sufficient to draw attention to this multiform omnivorous canker, which demands closer attention in the proper quarters than it has hitherto received. Furthermore, the open effrontery with which names of certain medical men of repute are used to boom and puff these wares is a disgrace to the profession, and must be a cause of embarrassment and great annoyance to those whose names are thus so ruthlessly sent broadcast to the public.

PROGNOSIS IN HEART DISEASE.

THE Address by Dr. Barr, of Liverpool, on "Prognosis in Heart Disease," which we published in our last two numbers, will, we feel sure, have been read with the greatest interest. The problem that the Address deals with is one that faces the practitioner at every turn, and its interest is only equalled by its complexity. There must always be certain elements wanting in the basis of all human prognostications, and one is often tempted to think that because predictions are so often falsified in the event, that it is impossible ever to forecast with any degree of accuracy. This, however, is not so, if primary factors that go to make up a sound prognosis are in one's possession; and in medicine, if the diagnosis is well made, and the concurrent circumstances are carefully taken into account, our knowledge of the natural course of diseases will enable us often to form a pretty shrewd estimate as to the line likely to be pursued by a particular case. But without accurate diagnosis all prophecy as to the future is mere guess-work. For this reason Dr. Barr rightly laid emphasis on the importance of examining the heart as opposed to merely auscultating it, and weighty and sententious are his words, "I hold that the man who cannot diagnose any cardiac lesion independently of the existence or non-existence of a murmur has only half learnt his work." It is said of that great clinician, Sir William Jenner, that the deafness which in later life prevented him using his stethoscope to practical advantage never hampered his wonderful acumen in the diagnosis of cardiac affections. In speaking of co-existent mitral stenosis and regurgitation, Dr. Barr points out that in many such instances the auricle is so much dilated that the auricular systolic murmur is not produced, and the ventricular systolic murmur alone is heard. Thus the one-sided auscultator regards the case as one of mitral regurgitation alone, and is thus inclined either to take too favourable a view of the patient's future, or to attribute a graver significance to pure mitral stenosis than is justified by the facts. Proper regard to all the contributory circumstances, then, is due from the discriminating physician, and we venture to think that a good deal of the discredit that has been thrown on medical selection for life assurance has been incurred by hasty diagnoses founded on the hearing of a murmur. The life offices often complain that the examiner turns away a great many lives which are quite assurable, and no doubt there are many cases of organic heart disease whose risk is assessable that are often declined altogether. In fact, in no small proportion of sufferers from uncomplicated mitral regurgitation, in whom there are no secondary effects, a very moderate extra sum alone is called for on a limited term policy. Thus Dr. Barr recalls the case of a fellow-student of his who was afflicted with mitral regurgitation early in life, and yet has borne it with equanimity during thirty years of active practice. Few medical men cannot produce parallel cases from their own experience. Mitral stenosis is a far more serious affection, and yet a patient who develops it after puberty may have forty or fifty years of fairly good health before him. It is not, indeed, the physical signs of the lesion itself that give the clue to the after-history of the patient, but the collateral symptoms and the previous record. Aortic stenosis, the result of slight thickening or roughening of the cusps by rheumatic endocarditis, has of all forms of heart disease the most hopeful outlook; but aortic stenosis due to atheroma of the valves, associated with calcareous changes in the aorta, gives warning of a rapidly fatal issue. Most physicians will agree with Dr. Barr that aortic incompetence is the most serious of the valvular lesions of the heart, and it is surprising to read that the writer, Rosenstein, in Ziemssen's "Cyclopædia," should have expressed such an opinion as that "the prognosis as regards the length of life and activity of the patient is more favourable in aortic insufficiency

than in any other valvular disease." No doubt individual cases of unexpected longevity in subjects of aortic regurgitation are noted from time to time, as in Dr. Barr's patient, who led an active life for thirty-five years; but in this country, at least, they are relatively few and far between. On the other hand, we read with surprise the optimistic view taken by Dr. Barr with regard to the outlook in chronic myocarditis and fatty degeneration. Dr. Barr is probably correct in thinking that the right ventricle is more often affected by these lesions than is usually supposed, but it surely is unusual for a degeneration affecting so vital a structure as the right cardiac wall to run so chronic a course that the patient is able to enjoy fairly good health for many years. We ourselves have always felt that fatty degeneration of the heart was the first nail in the coffin, and that it would not be long before the rest were needed. Patchy degenerations are not always of great moment, especially such as occur as the result of acute myocarditis, but the senile progressive fatty changes must be considered of very grave omen. The key, we take it, of Dr. Barr's thoughtful and instructive address is to be found in the words, "Cardiac hypertrophy and dilatation, from whatever cause arising, are sure to be followed by degeneration, and the greater the hypertrophy the earlier does failure take place." The true estimate of the effect of a valvular obstruction or leak is to be found, first, in the effects produced on the cardiac structures themselves, and, secondly, on those of the other tissues and organs. Dilatation of the heart rapidly disorganises the circulatory apparatus, unless it be succeeded either by recovery or by hypertrophy; and hypertrophy itself is evidence of chronic embarrassment. The greater the embarrassment, the greater the hypertrophy, and hypertrophy is a process that can only act within strictly definite limits. The breakdown comes when those limits are over-stepped.

Notes on Current Topics.

"Dr. Jim."

The result of the recent Cape elections has led to another kaleidoscopic change in the career of this extraordinary man. Dr. Jameson now finds himself Prime Minister of Cape Colony and the chief adviser of His Majesty's representative in that turbulent State. Dr. Jameson's career alone would give the lie to the statement often made that the days of romance are over, for surely no Stevenson or Henty out of his fertile imagination could have evolved a creation more daringly at variance with the probabilities of every-day experience. Captain Kettle's vagaries are not a whit more startling than the new Prime Minister's own—a promising medical student, an admirable resident officer, a successful operating surgeon, the conqueror of a savage country, a capable Colonial administrator, a Commander of the Bath, the leader of a troop of raiders, a felon condemned to death, a prisoner in the dock before his own countrymen, a convict for years, near the point of death after a surgical operation, shut up during a prolonged siege, comforting the last days of his great friend, an active Parliamentarian, a Prime Minister. Can such a record as this be matched from the annals of our profession since the days of Dover, the old pirate who reformed his ways, practised as a physician, and invented pulv. ipecac. co.? The name of Jameson has stunk in the nostrils of a large section of his fellow-countrymen since his daring, unauthorised enterprise, but it says volumes for the respect inspired by his personality that he should have come out of penal servitude to be the leader of a great and patriotic party in the very Colony which felt the effects of the raid most severely. All people who have come in contact with him are agreed on one point—that he is possessed of a peculiarly lovable disposition. He has no personal enemies, even though he has many bitter political opponents. No one will deny the honesty of his convictions and intensity of his devotion to what he believes to be his duty, though it is universally admitted that the Raid, planned and executed as it was, was a hideous blunder. In spite of his fantastical career, Dr. Jameson is no adventurer, but a strong-minded man of great determination, and some people still feel regret that he should have abandoned surgery, of which he was one of the foremost exponents in South Africa, for the political arena. There is one other medical Prime Minister of the present day, M. Combes, but of him it cannot be said that he was instrumental in saving the life of his keenest opponent. It is an open secret, however, that Dr. Jameson was able to render such service to President Kruger.

The Eating of Rats and Mice.

The peculiar habits of the "Heathen Chinee" are at the present moment very much to the front in journalism. The point which appears to appeal most strongly to the ephemeral scribe as salient to his pungent pen is the matter of food. According to him, the average Chinaman feasts on rotten eggs, decayed shark, and birds' nests, after which he retires to sleep heavily after a few pipes of opium, the while he dreams of further delights in the shape of droves of rats and mice. As a matter of fact delicate cates of that kind would be far beyond the command of the Chinese coolie, who is one of the poorest men on the face of the globe. But why should the Western journalist, full of the superior pride of his new-born civilisation, condemn John Chinaman because he eats rats? Has not perchance the Eastern wisdom, hoary and ripened with a millennium of years, hit upon a perfectly savoury and sound source of sustenance in the common rat? In other words, why do the inhabitants of the New World not eat rats? During the siege of Paris the citizens paid high prices for rats as well as for dogs, cats, and any other town mammal. Perchance it was a similar stimulus of chronic hunger that first led the Chinese to take to rats and mice as staple articles of diet. Apart from prejudice there is no particular reason why we should not feed on our domestic rodents. Their flesh is delicate and savoury. The

possible objection that rats have recently been shown to be powerful agents in the distribution of the germs of plague and of other disease need not disturb the philosophic *gourmand*, for precisely the same observation applies to the flesh of all edible warm-blooded animals, and possibly or probably to some of the cold-blooded creatures as well. Thorough cooking, however, would sterilise the flesh of the rat as it undoubtedly does that of other animal food. Is it not possible that the patient intellectual prescience of the most ancient civilisation of the world has long ago solved these little problems as regards the eating of the rat, while we in the West are clinging to prejudices that it would be impossible to support with any degree of scientific candour ?

Popular Views of Cancer.

THE position of the medical profession with regard to cancer is very much to the front in everyday journalism. Every fresh scientific move is instantly unearthed from the medical journals and noised abroad through the length and breadth of the land, in many cases much to the discomfiture of the investigator, whose one aim is to avoid that kind of notoriety. There seems to be little chance, however, of arresting the modern curiosity of the man in the street with regard to the curability of his bodily ailments, especially of those that have hitherto been of a peculiarly deadly nature. It is quite understandable that the causation and the possible cure of cancer should exercise the greatest fascination over his mind, distracted as it has been in times past by many a grim tragedy, to which he himself may one day be similarly a victim. But the restlessness of the public imagination is not confined to the scientific aspects of the question. The correspondence columns of many newspapers are simply flooded with " cures " and theories of causation of cancer. An amusing instance of the kind appeared last week in a leading London journal, where a lay correspondent mentioned the case of a man who suffered from cancer of the lower intestine and fasted for four weeks. " It was the cancer that died." This sapient gentleman then sums up his views as follows :—" When the natural processes of life can go on, and except when a patient has been exhausted by operations, a cure may be effected by a spare diet of meal, fresh and ripe fruits, salads (uncooked), with an abundance of pure air night and day, a perfectly clean skin, and total abstinence from animal food. This remedy is of course, beneath the notice of the Cancer Research Society. They have given up radium, their latest and most absurd proposal, and are still looking through their microscopes, vivisecting animals, and spending the brewers' money." The writer does not date his letter, as might have been anticipated, from a lunatic asylum. It is to be feared he represents a large number of well-meaning but intellectually untrained persons who form the prey of the quack cancer curer. Meanwhile, it is reassuring to note that there is every prospect of radium securing a recognised position in the treatment of cancerous growths.

A German Quack in Court.

As regards quacks and quack medicines it is tolerably safe to conclude that they manage these things better in Germany. The law demands, for instance, that the composition of every patent medicine should be fully stated on the label of the containing bottle, jar, or other package. In that way the reflective Teuton has at least the opportunity of learning what drugs he is taking into his internal economy. Quack practitioners are dealt with by summary police methods. A laughable case is still occupying the Berlin courts, where a notorious quack doctor of Tilsit, Richard Schroeter by name, has been placed upon his trial. The quality of his methods may be gauged from the statement that he practised healing mainly by prayer. One case was adduced in which a young girl was made to pray that a certain coachman who had swallowed a thaler (about three shillings) should eject it in small change so as to avoid choking. Schroeter was called upon to demonstrate his powers of diagnosis on patients brought into open court. Put to this test he missed well-marked lung diseases. When told the patient also had an ulcer on one leg he replied that he had seen unmistakable symptoms of ulcer imprinted on the eye of the patient. In answer to a question from the judge he promptly referred the ulcer to the wrong leg. All this sounds like a scene from comic opera. The British public, however, before they laugh might do well to practise a little heart-searching as to the Eddys and the Dowies and the Viavis, and the quack curers of cancer, deafness, nerve disorders, and every other malady that flesh is heir to, all and every one of whom flourish on the credulity of their victims. Under the protection of a three-halfpenny stamp the Government sanctions the sale of poisonous drugs that the chemist would not be empowered to sell separately. The average Briton, however, swallows them all without knowledge and without reflection. Why should not Government forgo the patent medicine tax, which brings in a comparatively trifling sum ? Or, failing that, why should they not take a leaf out of the German book, and insist on the publication of the ingredients of every patent medicine ?

The Training of Soldiers' Sight.

THE Army Medical Service is waking up, or, perhaps, it would be more generous to say that the authorities are beginning to realise the vital importance of that branch of the Service, and the necessity of encouraging its scientific development. Upon the statement of the *Times* we learn that steps are being taken to introduce more generally into the Army a system of training for increasing the visual powers of soldiers and further developing their powers of observation in the field, which has already been tried under Field Marshal Sir Evelyn Wood, V.C., in the 2nd Army Corps. The purposes of the training now proposed are stated to be—To improve the soldiers' vision and develop his quickness of perception so that he may, under ordinary conditions, find his way about and locate an enemy without his presence being

disclosed. To train the soldier so that he may acquire an eye for country which will enable him to report accurately what he has observed, and instinctively to select the position which will afford the best cover and best field of fire and the most suitable lines of advance and retreat. To enable him, when fired upon from an unknown quarter, to judge the most likely position which an enemy may be occupying, and to teach him how to counteract the ordinary ruses and stratagems employed by an enterprising enemy in war. The improvement of the soldier's sight and powers of observation, it is suggested, can only be effected upon a system similar to that of the training he receives at school and at the gymnasium. The instruction should be individual and progressive, proceeding gradually from the training of the group or section by its leader to the higher training of the squadron, battery, or company by its commander.

Ventilation for Public Buildings.

The inquiry into the best method of ventilating the House of Commons made by the Select Committee appointed last year brought to light some very interesting facts and views. The House of Commons system of ventilation, which was designed by the late Dr. Reid, has often been held up in the past as a model of what such a system should be, and theoretically it was as perfect as it was mechanically ingenious. Yet the members were continually complaining of alternate draughts and stuffiness. More significant than either of these was the general experience that even when the system was working without a hitch a feeling of languor and oppression was felt by members sitting in the House. The Select Committee had before them a large number of architects, professors, and other experts, and their evidence is very instructive as applying to the value of mechanical systems of ventilation. The rules laid down in text-books of hygiene with regard to ventilation are very precise, and seem to leave no doubt as to how they should be adjusted to circumstances. The standard usually taken is that set by the proportion of carbonic acid gas in the air of the room, and this we have always been told should not exceed 0·6 per 1,000 by volume. Therefore, as fresh air contains 0·4 cubic feet of carbonic acid gas per 1,000, and as man gives off 0·6 cubic feet per hour, the quantity of fresh air needed per man per hour is 3,000 cubic feet. But this calculation only touches the fringe of the question. There are two other factors that are at least equally important. One of these is the quantity of organic matter in the air, and the other the number and quality of the micro-organisms. The air varies in its qualities enormously; and the air of Manchester during a fog, one of which deposited five tons of solid matter in three days some years ago, is hardly likely to have the same restorative effect on the breather as an equal quantity of air inhaled from the top of Mont Blanc. But let the mechanically driven air be as pure as may be, as free from bacteria and as free from organic matter as filtration can make it, there always remains a want of that indefinable but well appreciable factor—freshness. The invigorative and tonic effect of the air of one place and the depressing, enervating influence of another may be obvious to everyone, and yet chemically and physically the two airs may be indistinguishable. Probably one of the reasons why plenum and vacuum systems both fail to convey this quality of freshness in the air they supply is that the velocity and composition of the air is uniform, and the stimulus that currents of varying intensities produce is lacking. The place of the open window has not yet been taken by any mechanical arrangement for supplying air, and it does not seem likely that it will in the near future. One can hardly imagine Duncan saying of the air of any of our mechanically-ventilated buildings that it "nimbly and sweetly recommended itself unto his senses."

Plucky Rescue by Medical Men.

The saving of life is, of course, one of the essential and central motives for which the medical profession has been called into existence. Indeed, it has become so much a part of the professional career that the average medical practitioner accepts as a matter of course the fact that he has saved a patient from imminent death by the exercise of his skill and experience. At times it is given to medical men to save life in the ordinary civilian way, that is, by physical daring and presence of mind. In that way two members of the medical profession, we are pleased to place on record, recently distinguished themselves in Carnarvon Harbour. Drs. T. W. Clay and R. T. Ellis were walking together late at night when they heard a shout, and proceeding in that direction they met with an adventure which is thus described in the *Carnarvon Herald* of February 19th. "As they approached the Beach Yard, someone in the distance shouted for help, and both ran down to the end of the Mackenzie Pier. There they saw a boat with a rope attaching it to the railings. The night was very dark, and the tide low, so that it was impossible to see anything. They pulled the rope, and clutching to it they found a man, who was gradually slipping into the water. One of the doctors leaned forward—the other one taking hold of him, so that he could keep his balance—and grasped the man. Slowly they dragged him from his dangerous position. By this time the man was unconscious, and the two doctors, with considerable difficulty, carried him up the pier, and applied artificial respiration until he regained consciousness. They next called for help, but, none forthcoming, they carried him into the Sailors' Home, where he received every attention." It will be seen from the foregoing narrative that both gentlemen incurred great personal risk, which, in our opinion, deserves recognition not only from the Humane Society, but from the hands of Royalty itself.

British Medical Association and Medical Defence.

Since the British Medical Association underwent a radical change in its constitution a year or two ago, it has shown marked signs of vitality

in various directions which had been untried previously. There is a tendency to stretch the extent of its activity beyond purely scientific work, and to make the Association representative of the entire profession wherever unity of action is possible. From time to time we have commented on various proposals put forward in or by the Association, and though we have not approved of all of them, yet we think that the increased initiative shown by the branches, and the increased interest in professional matters shown by the Council are healthy signs of the intellectual activity of the profession as a whole. The latest scheme sent down to the Divisions for discussion is in reference to the Association undertaking, in addition to its work in other directions, the duties and responsibilities of medical defence. The suggestion is that the Medical Defence Union, the London and Counties Medical Protection Society, and other like bodies should be invited to merge themselves in the British Medical Association so as to form one organisation for medical defence. In its finances the new department would be entirely independent of the Association, and members who wish to share the benefits of medical defence would pay a special subscription for the privilege. An obvious advantage of such a scheme is, that one thoroughly representative body would take the place of several minor organisations, and the unpleasant spectacle would be abolished of two defence societies taking up cudgels on opposite sides of the same case. We think, too, that the British Medical Association is the only existing body strong enough to assume such a position. The matter is one of great importance, and we are sure will receive the deliberation it deserves at the hands of the Divisions.

The Lungs of London.

IT is difficult to conceive what the vast Metropolis would be like were the numerous open spaces, large and small, with which it is happily dotted, to be swept away and their places occupied by grim structures of bricks and mortar. To the hygienic enthusiast the idea is repulsive, in the harmony which should exist in the æsthetic relationships of art and Nature it strikes a discordant note, while to the many thousands of weary and jaded toilers of the great city it would mean, if carried into effect, a deprivation of much that is beautiful and a distinct danger to health. Yet such is the greed for gain exhibited by certain speculative builders and landowners that some of our most picturesque square gardens, several of which possess historic associations, would be sacrificed in this fashion to-morrow if only the necessary legal building rights could be obtained. One such garden in Kensington, three acres in extent, has been sold for this purpose, and so it is that here a little and there a little these precious air-spaces, which have been termed appropriately "London's lungs," become consolidated by an exudation of building materials. The value of these areas as estates is enormous, and it is this fact which lures on those by whom the health of city-dwellers is seldom mentioned, except with a contemptuous snap of the finger, to acquire for themselves the right of increasing still further the already over-congested state of the Metropolis. The London County Council has, in many instances, done good work in rescuing some of our open spaces from immolation upon the building-altar, but it obviously cannot buy up all the squares in every part of London. Apart from mere sentimental considerations, the subject is one which is to be earnestly commended to the notice of legislators, and it is to be hoped that the present Bill which is before the House of Lords may receive sufficient support to strengthen the hands of the Council in securing protection for citizens in this matter.

A Small-pox Hospital Action.

THE not unnatural objection of the inhabitants of a locality to have a small-pox hospital planted in their midst fortunately does not often end in legal complications. Last week, however, the Nottingham Corporation appeared in the Chancery Division of the High Court of Justice to oppose an application for an injunction to restrain them from erecting a small-pox hospital in Bulwell Forest. The usual contention as to the conveyance of infection by aerial infection from such a hospital to the surrounding neighbourhood was emphatically advanced. Mr. Justice Farwell gave judgment with costs in favour of the Corporation. Having regard to the necessities of the case, as when persons attacked with the disease lived in one or two tenement rooms, he held that if the fact of public nuisance were established it would be no answer to private owners of houses who objected to say that the hospital would have to be placed elsewhere. When the question was whether the nuisance in fact existed or not, all the circumstances should be taken into consideration. In the present case he found that the result of the evidence was that the site of the present hospital was carefully chosen, and it had not constituted any danger to public health or to the plaintiffs' property. His lordship held it was no part of the functions of the Court to decide in what way the disease would be picked up. The importance of this judgment is crucial to the future of infectious hospitals. From a common-sense point of view such institutions must exist somewhere. The Nottingham case will apparently be carried to the Lords for further and final settlement.

The Science Schools at Cambridge.

IT is certainly interesting to note how the University of Cambridge has changed during the past thirty or forty years in the attention it has given to the development of Science in its system of education. Classics and mathematics were alone recognised as deserving any help or encouragement, less than fifty years ago. Science was a something that both these regarded with suspicion or contempt. Gradually things changed. The influence of such men as Gabriel Stokes, Lord

Kelvin, Sedgwick, Henslow, Humphry, and their successors made itself felt, and now the Natural Science Tripos has grown, and grown from half a dozen entries or so to be the most important tripos in the University. The Medical School fifty years ago had three or four students, indeed, in one year there was only one, to attend the lectures on materia medica or comparative anatomy. It was really to the attractions which physical science had for such men as Stokes and Thompson (Lord Kelvin) that the changes at Cambridge are chiefly to be traced. There is no doubt that the Medical School has followed, as the outcome of good tuition in the sciences of chemistry, botany, and physics has always been recognised in the preparation of medical students, and the advantages of good preliminary education, which could not be obtained at school, or at hospital, were appreciated by those who wished their sons to be trained on the highest lines for the work of the profession they were going to devote themselves to. In the teaching of every department of science it is necessary to organise a system different from that suitable for the study of mathematics or classics. In the branches of science it is by experiment, by demonstration, and by something far more than can be learnt from books that knowledge is to be acquired; and we hope that every support will now be given to the promotion of science teaching at the University of Cambridge, and that the work of tuition carried on there may be fully consistent with the character of the important buildings opened by H.M. the King this week.

Postural Hæmorrhages.

For the privilege of assuming the erect position man has had to pay the penalty of a special liability to various circulatory and other disturbances arising as a direct consequence therefrom. The term "orthostatic," as applied to different morbid processes, serves to emphasise the influence of posture in the production or aggravation of disease. It has lately been shown that albuminuria of the cyclical or physiological type is affected considerably by changes in position. The common-sense mode of treatment in almost all forms of external hæmorrhage is the immediate assumption of the horizontal position, whereby the heart's force is lessened. At a recent meeting of the Société Médicale des Hôpitaux, MM. Achard and Grenet reported the case of a tuberculous patient in whom symmetrical purpura appeared upon the lower extremities, which disappeared after some hours' rest in bed, but reappeared on getting up. To this internal hæmorrhagic eruption they have given the name of orthostatic purpura. As was pointed out by M. Apert, this feature is not unfrequently seen in many forms of purpuric rashes. The distance of the blood-vessels in the legs from the heart, and the fact that the blood in them has to return in opposition to the effect of gravity, combine to render the valves in the veins incompetent, to produce or aggravate a condition of varicosity, or even to cause slight ruptures of the thin-walled capillaries in this region. In other varieties of generalised cutaneous eruptions, especially when characterised by vascular disturbances or inflammatory changes, the lower extremities are found principally affected, and upon them the malady lingers the longest. The vertical position, no doubt, interferes somewhat with the equilibrium of the circulation, but, considering the confusion which already exists between the various forms of purpura, it would be inadvisable to employ a term which simply signifies one of the modes of its production as an appellation which would appear to indicate a special variety of the disease.

The Private Entree to the Viceregal Court.

As we go to press we learn that his Excellency Earl Dudley has been pleased to direct that the right of private entrée to his Excellency's Levées and Drawing-rooms, which was recently withdrawn from the Presidents of the Royal Colleges of Physicians and Surgeons should be restored to them. We have referred in recent issues to the withdrawal of the private entrée, and although we have felt compelled to express in positive terms our opinion on the action of those officials who were responsible for the withdrawal, we have all along taken up the view that whoever was responsible for an ungracious act, it was not the Lord Lieutenant. This opinion is strengthened by the gracious manner in which his Excellency has restored the right, and we tender to him, on behalf of the medical profession in Ireland, our thanks for the action he has taken. As a lay contemporary very well expresses it, it can matter nothing to anyone inside Dublin Castle whether the Presidents of the Royal Colleges enter the Castle by one door or by another, and this very fact intensified the sense of slight caused by the removal of a privilege, intrinsically valueless, but from the mere fact that it was a privilege, highly prized. The same contemporary expressed the hope that his Excellency would administer a severe "wigging" to those who were responsible for the unnecessary friction to which the withdrawal of the entrée gave rise, and would restore the latter to the medical profession. We know that his Excellency has discharged the latter task, and perhaps we may be forgiven if we express the hope that he has also discharged the former.

PERSONAL.

Mr. Edred M. Corner, B.S.Cantab., F.R.C.S.E., has, we are pleased to learn, been appointed assistant surgeon to St. Thomas's Hospital.

The Lord Chancellor has placed the name of Dr. George Fletcher, of Highgate, on the Commission of the Peace for the County of Middlesex.

We understand that Sir Lauder Brunton contemplates an early retirement from his post of senior physician at St. Bartholomew's Hospital.

It is with extreme regret we learn that Sir Samuel Wilks' general condition is causing great anxiety,

and his strength has not rallied in a satisfactory manner since his recent operation.

ROBERT BELL, Esq., LL.D., M.D., D.Sc., F.R.S., Acting-Director of the Department of Geological Survey, Canada, has been appointed a Companion of the Imperial Service Order.

AT the annual general meeting of the Royal Medical and Chirurgical Society, to be held on Tuesday next, the Council will propose the election of Sir Richard Douglas Powell as President.

DR. WILLIAM MURRELL presided last week at the Guthrie Lecture, which was given by Captain Hutton on the highly practical subject of the methods of restraint of refractory patients.

SIR SANDFORD FLEMING has presented Queen's University, Kingston, with a one-tenth interest in a coal mine near the Rockies. The proceeds will probably be used for the development of the medical school.

HIS MAJESTY THE KING has been graciously pleased to promise a donation of 100 guineas in response to the appeal of the Senate for funds to build and endow an Institute of Medical Sciences under the control of the University.

THE following have been appointed the examiners for the new diploma in tropical medicine and hygiene at the University of Cambridge :—Dr. G. H. F. Nuttall, Sir Patrick Manson, K.C.M.G., F.R.S., and Major Ronald Ross, C.B., F.R.S.

DR. EDWARD MALINS, the well-known Birmingham obstetric physician, was recently presented by his friends and admirers with a handsome series of testimonials, in recognition of twenty-five years' honorary service at the Birmingham General Hospital.

THE annual dinner of the medical officers of the auxiliary forces will take place at the Imperial Restaurant, London, on Friday, April 15th, at 7.30 p.m., under the presidency of Lieutenant-General Lord Grenfell, G.C.B., G.C.M.G., Commanding the Fourth Army Corps. Tickets, 10s. 6d. each, may be had from Lieutenant Montgomery-Smith, 36 Abbey Road, N.W.

THE King visited Osborne House on February 20th to inspect the alterations which have been made to convert it into a convalescent home for officers of the Navy and Army. His Majesty expressed his satisfaction with the changes made, and also spoke some words of encouragement to Miss Haines, the matron, who acted as his nurse during the historical illness that caused the postponement of the Coronation.

Special Correspondence.

[FROM OUR OWN CORRESPONDENT.]

BELFAST.

BELFAST SAMARITAN HOSPITAL.—The annual meeting of this Institution was held in the hospital last week. The medical report was presented by Dr. John Campbell, F.R.C.S., who stated that the number of patients treated in the extern department of the hospital during the past year was 636, and the visits paid were 1,439. In the wards 172 patients were treated, and of these 113 required surgical operations. In supplementing the report, Dr. Campbell spoke of the work done in the two isolated cancer wards which had been added to the hospital by the munificence of the late Mr. Forster Green, and said that they had proved most useful.

BELFAST MATERNITY HOSPITAL.—The 110th annual meeting of this vigorous old institution was held in the Y.M.C.A. last week. The work of the hospital has outgrown the present premises, which it has occupied for 78 years, and it is hoped that in a few months a new building will be ready for occupation. Last year 326 patients were admitted to the hospital, and only one death occurred. The extern nurse attended 304 poor women in their own homes. During the year Dr. John Campbell resigned his post of honorary attending physician, and Dr. R. J. Johnstone was elected to fill the vacancy.

THE QUESTION OF FEES.—At a meeting of the Ballymena Board of Guardians last week, the question of medical fees was again under discussion. The former resolution of the Board not to pay temporary substitutes of medical officers more than £2 per week was rescinded, and it was agreed that Dr. Davison should be paid £9 9s. for three weeks' duty.

DEATH OF SIR JAMES MUSGRAVE.—Much regret is felt in Belfast at the sudden death last week of Sir James Musgrave, Bart., who has been not only a prominent figure in municipal affairs for many years, but has shown special interest in the furtherance of scientific education. A few years ago he gave a sum of £5,000 to the Queen's College to endow a Chair of Pathology.

Correspondence.

[We do not hold ourselves responsible for the opinion of the correspondents.]

ALOPECIA AND DENTAL CARIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—My trenchant critic, "M.R.C.S.," not having condescended to furnish the quotations establishing the dogmatic assertion that "enamel and dentine are incapable of physiological and pathological activity," I have referred to several standard works on the subject. Sewell ("Dental Surgery," fourth edition, p. 53) says: "By very careful decalcification of marsupial enamel, however, a considerable substratum of organic material is left after the complete removal of the lime salts, and this substratum is seen to correspond perfectly in structure and general appearance with the original cytoplasm of the ameloblasts." Could Tomes, "M.R.C.S.," or any other man of scientific training venture to assert that the organic matter in question had no possible active physiological or pathological relationship to the hard dental tissues? Organic matter exists in dentine and enamel, and I am aware of no exact demonstration that its nutritive and absorptive, aye, and reparative functions, are not exercised. How about absorption of hard dental tissue in the roots of the milk teeth? There is an instance, anyway, of where the deposit of dentine has not been permanent and final.

It is an acknowledged fact that union of a fractured tooth may take place. An instance has come under my own notice in the course of ordinary practice. Smale and Colyer ("Diseases of Teeth," 1901, p. 188) say such union may take place. Can "M.R.C.S." reconcile his dogmatic position with the repair of so serious an injury as the fracture of a tooth?

Unfortunately I have not the works of Sir John Tomes at hand for reference, but I feel confident that so scientific a man made no such dogmatic statement as that attributed to him by "M.R.C.S." By the way, the printer made me say "Sir John Turner" in my last letter instead of "Sir John Tomes."

It is to be regretted that a correspondent who strikes so hard should fall out at the first round after inviting a contest.

I am, Sir, yours truly,

MEDICUS SENEX.

London, February 29th, 1904.

Obituary.

SIR EDWARD SIEVEKING, M.D.Edin., F.R.C.P.Lond., K.B.

WE regret to announce the death of Sir Edward

Sieveking, Physician Extraordinary to the King, on the 24th inst. Edward Henry Sieveking was born in London in 1816, and was a son of a merchant of the same name, himself a descendant of a family well known in Hamburg. The son was educated at University College and Edinburgh, graduated as M.D. of the Edinburgh University in 1841, and settled in London to practise, becoming a Fellow of the Royal College of Physicians in 1852. He joined the staffs of St. Mary's Hospital and of the Lock Hospital, to both of which he was consulting physician at the time of his death. He was also for a time physician to the National Hospital for the Paralysed and Epileptic, and Physician in Ordinary to Her late Majesty Queen Victoria, as well as to His Majesty King Edward VII. when Prince of Wales, and was appointed Physician Extraordinary to His Majesty in 1901. Dr. Sieveking was for some years editor of the *Medico-Chirurgical Review*, and wrote much upon diseases of the nervous system, of which he had large experience at the National Hospital. He invented the æsthesiometer, for determining the tactile sensitiveness of the skin in different regions of the body. Among his works may be mentioned "Croonian Lectures on Epilepsy Delivered before the Royal College of Physicians," and editions of "Romberg on Nervous Diseases" and of "Rokitansky's Pathological Anatomy," both prepared for the Sydenham Society. Dr. Sieveking received the honour of knighthood in 1886, and he was a Knight of Grace of the Order of St. John of Jerusalem. He married in 1849, Jane, daughter of the late Mr. John Ray, J.P., and one of his sons is also practising as a physician in London.

The funeral took place on Saturday at Abney Park Cemetery, and a special service was, previous to the interment, conducted at St. Thomas's Church, Portman Square, by the Rev. Ralph P. Thompson. Mr. Dyce Duckworth, Dr. Verrier, Mr. Douglas Powell, Sir William Church, Dr. Charlton Bastian, and Dr. Robert Farquharson, M.P., were among those who attended, and the British Medical Association, the College of Physicians, the University of Edinburgh, and other bodies were represented. Mr. and Mrs. Herbert Forbes Sieveking and Miss Sieveking were the principal mourners. The King has sent a letter expressing his sympathy.

THOMAS DAWSON, SEN., M.R.C.S.

We regret to record the death of Mr. Thomas Dawson, who for many years practised in Rodney Street, Liverpool. He was in his eighty-sixth year, and died at 33 Alderley Road, Hoylake, where he had been living in retirement for several years. Apart from his professional activities, Dr. Dawson at one time figured with some prominence in the life of the city. In 1866 he entered the City Council as a Conservative representative for Rodney Ward, in succession to Mr. C. J. English, and two years after was defeated at the poll by Mr. David Campbell. In 1870 he attempted, unsuccessfully, to regain the seat, his opponent being the late Mr. P. H. Rathbone. For about forty years Mr. Dawson was a member of the Liverpool Lyceum, and in 1873 was elected president of the institution. He obtained the diploma M.R.C.S.Eng. in 1842.

Medical News.

The Finances of the Meath Hospital.

In the House of Commons last week Mr. Clancy asked the Chief Secretary whether he would state what was the contribution out of the county cess or the Poor-rate, by the governors and subscribers, and from any other source towards the maintenance of the County Dublin Infirmary in the years 1897 and 1898, and what was the proportion of the contribution out of the county cess or Poor-rate towards the building of that institution. Mr. Wyndham, in reply, gave the following figures as the sources of income of the Meath Hospital and County Dublin Infirmary for the years ended March 31st, 1897, 1898, and 1901:—County presentment (1896-97), £1,000; (1897-98) £1,000; (1900-01), £1,000. Contributions from governors and subscribers, £1,487, £1,995, £1,622. All other sources, £3,249, £2,831, £2,992. Totals: £5,736, £5,826, £5,614. Mr. Wyndham further stated that in the report of the Dublin Hospitals Commission, which was presented to Parliament in 1887, the hospital, as it was then reported upon, was built at a cost of £12,876, partly contributed by private subscriptions and partly by grants from the grand jury. The latter grants, he understood, amounted to £4,788. No grants have since been made from county sources for building purposes. A further sum of £17,393 has been expended on new buildings since the date of the report, all of which was privately provided.

Central Midwives Board and Pupil Midwives.

At a meeting of the Central Midwives Board on February 25th, Dr. F. H. Champneys in the chair, the following business was transacted:—A letter was read from the President of the Royal Academy of Medicine in Ireland setting out the difficulties that would be experienced by the Irish Chartered Maternity Hospitals in enabling their pupil midwives to comply with the rules of the Board as to personal delivery of twenty cases and a ten days' puerperium. A copy of the following resolution of the Section of Obstetrics, adopted by the General Council, was enclosed: "That in the opinion of the Obstetrical Section of the Royal Academy of Medicine in Ireland, any women holding the nursing certificate of the Irish Chartered Maternity Hospitals should be deemed to have complied with the rules of the Central Midwives Board regulating the course of training of pupil midwives, and should be eligible to present herself for the examination of the Central Midwives Board." After consideration of the foregoing, it was resolved: "That having considered the letter addressed to them by the President of and the Secretary of the Royal Academy of Medicine in Ireland, the Board regret that the suggested alterations were not brought to their notice before the rules were sent to the Privy Council, as, having been approved by that body, it is impossible for the Board to alter them." The question of framing a scheme of examinations to be instituted by the Board was referred to the Standing Committee for consideration and report, and other routine business was transacted.

The Poisoning at Portsmouth Asylum.

The inquiry into the circumstances attending the deaths of four female inmates of the Borough Asylum, Milton, Portsmouth, to whom sleeping draughts were administered on February 3rd, was concluded last week. The evidence of the borough analyst and the public analyst for Hampshire as to the analysis of the one draught which was not given but was similar to those administered showed that it contained 192 grains of chloral hydrate to the fluid ounce. Dr. Lysander Maybury stated that in his opinion the four women died from an overdose of chloral hydrate, and that the drug was more effective on account of the diseased state of the internal organs, as all the patients were suffering from inflammation of the lungs. The jury found that death resulted from chloral hydrate poisoning severally administered in the four sleeping draughts, the result of misadventure, and they were of opinion that all dispensing should in future be performed by fully-qualified persons only; and they also regretted that the person or persons who last filled the dispensing bottles had not had the courage to admit the act.

Sanitas.

At the annual general meeting of this Company, held on Wednesday last, Mr. C. T. Kingzett, F.I.C., F.C.S., the Chairman, called particular attention to the "Pine-Oxygen" treatment of consumption and lung and throat affections which had been elaborated by the Company, and he anticipated a growing demand by the medical profession for Sanitas Oil and Sanitas Fumigators and Inhalers, which appliances are associated with that treatment. It was pointed out that this treatment of consumption is inexpensive, and is within the reach of the very poor, while it does not necessitate residence abroad and obviates the rigours of the so-called open-air cure.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

RUPTURE OF TUBAL PREGNANCY ON THE NINETEENTH DAY.—A CORRECTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the account you publish of the above case, notes of which I read before the British Gynæcological Society, the name of Dr. Gordon Hogg is inadvertently substituted for that of Dr. A. J. Hogg, of Ealing.

I am, Sir, faithfully yours,
WILLIAM DUNCAN.

REDIVIVUS (Hampstead).—We doubt if you will find a single supporter of any standing among the medical profession in your condemnation of the antitoxin treatment of diphtheria. The experiments you mention were carefully conducted, but their conclusion has long since been generally abandoned.

THE DISCUSSION OF MEDICAL QUESTIONS WITH LAYMEN.

MEDICAL men will do well to avoid discussion of physiological problems, such as those relating to the use of alcohol and tobacco, vivisection and the like, with persons who lack proper scientific training. Dr. Oliver Wendell Holmes thus condenses his own views on this subject:—

"You know that if you had a bent tube, one arm of which was the size of a pipe-stem and the other big enough to hold the ocean, water would stand at the same height in one as in the other. Controversy equalises fools and wise men in the same way *and the fools know it.*

B. W. H. (Winchester). The poison administered to your cat was undoubtedly prussic acid. It is a curious fact that an animal poisoned with that drug will sometimes run a considerable distance, as, for instance, up and down several flights of stairs, before dropping down dead.

S. H. H. STEPHENSON.—We beg to acknowledge with thanks the exchange number of the *Ophthalmoscope*.

BRISTOLIAN.—There is an excellent volume dealing with the subject in the Medical Monograph Series (Bailliere).

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MARCH 2nd.

OBSTETRICAL SOCIETY OF LONDON (20, Hanover Square, W.).—8 p.m. Specimens: Mr. A. Doran: Pregnant Fibroid Uteri removed by Operation. Dr. Addinsell and Mr. Walker (introduced by Dr. Addinsell): Demonstration of Microscopical and Lantern Slides showing Mitotic Changes in Cancer Cells. Papers:—Mr. H. Crippe and Dr. H. Williamson: Two Cases involving the Question of the Site of Impregnation.—Mrs. Boyd: Two Cases of Abdominal Hysterectomy for Fibroids complicated by Pregnancy, with Specimens.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. A. H. Tubby: Clinique. (Surgical.) 5.15 p.m. Dr. F. J. Smith: Cough and its Significance.

THURSDAY, MARCH 3rd.

RONTGEN SOCIETY (20, Hanover Square, W.).—8.30 p.m. Presidential Address:—Some Laboratory Notes of the ast Six Months.

CHILDHOOD SOCIETY (Library of the Sanitary Institute, 72, Margaret Street, W.).—8 p.m. Lecture.—Prof. W. A. Potts: The Protection of Feeble-minded Children during and after School Age.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (20, Hanover Square, W.).—5.30 p.m. Discussion on Obesity (opened by Dr. L. Williams).

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. F. J. Smith: Cough and its Significance.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7, Fitzroy Square, W.).—5 p.m. Dr. F. Price: Mitral Stenosis (illustrated by cases). (Post-Graduate Course.)

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—6.15 p.m. Dr. M. Dockrell: Sycosis. (Chesterfield Lecture.)

FRIDAY, MARCH 4th.

SOCIETY OF ANÆSTHETISTS (20, Hanover Square, W.).—8.30 p.m. Paper:—Dr. D. Buxton. Communications by the President (Mr. C. C. Braine) and Dr. Flux. Annual General Meeting.

LARYNGOLOGICAL SOCIETY OF LONDON (20, Hanover Square, W.).—5 p.m. Cases, Specimens, &c., will be shown by Dr. McBride, Dr. F. Potter, Dr. Smurthwaite, and others.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22, Chenies Street W.C.).—4 p.m. Mr. E. Clarke: Clinique. (Eye.)

Vacancies.

Aberdeen City District Lunacy Board.—Assistant Medical Officer. Salary £110 per annum, with board. Applications to C. B. Williams, Clerk, 20, Union Terrace, Aberdeen.

Brentwood Union.—Medical Superintendent of Infirmary and Medical Officer of Workhouse and Schools. Salary £300 per annum, with furnished residence in the Infirmary, rations, washing, &c. Applications to William Stephens, Clerk to the Guardians, Union Offices, Isleworth, W.

County Lunatic Asylum, Lancaster.—Assistant Medical Officer. Salary £150 per annum, with board, lodging, washing, &c. Applications to the Medical Superintendent.

East London Hospital for Children and Dispensary for Women, Shadwell, E.—Medical Officer. Salary £100 per annum. Applications to Thomas Hayes, Secretary.

Joint Counties Asylum, Carmarthen.—Junior Assistant Medical Officer. Salary £150 per annum, with board, furnished apartments, and washing. Applications to Dr. Goodall, Medical Superintendent, the Asylum, Carmarthen.

London Fever Hospital, Islington, N.—Assistant to the Resident Medical Officer. Salary £120 a year, with board and lodging. Applications to the Secretary.

Manchester Children's Hospital.—Junior Resident Medical Officer. Salary £80 a year, with board and lodging. Applications to the Secretary, Gartside Street, Manchester.

Manchester Royal Infirmary.—Resident Medical Officer. Salary £150 per annum, with board and residence. Applications to W. L. Saunder.

Nurses' Co-operation, 8, New Cavendish Street, London.—Lady Superintendent. Salary £140 per annum, with board and residence. Application to Committee of Management.

Roscommon Union.—Medical Officer. Salary £120 per annum, together with Vaccination Fees about £8, also to act as Sanitary Officer at a salary of £150. Application to J. J. Keeffe, Clerk of Union. (See Advt.)

Westminster Hospital.—Medical Officer. Salary £120 per annum. Applications to Sidney M. Quennell.

Appointments.

BULLMORE, CHARLES CECIL. L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer to the Falmouth Workhouse and to the Falmouth District by the Falmouth Board of Guardians.

COGSWELL, P. D., M.R.C.S., L.R.C.P.Lond., Medical Officer of the Stanton District in the Hinckley Union.

CROSSMAN, EDWARD, M.D.Durh., L.R.C.P.Lond., M.R.C.S., L.S.A., Medical Officer of Health for the Barton Regis Rural District Council.

GABB, H. S., M.B., B.S.Cantab., Certifying Surgeon under the Factory Act for the Hastings District of the county of Sussex.

GODWIN, HERBERT JAMES, M.B., B.S.Durh., F.R.C.S.Edin., M.R.C.S. Eng., L.R.C.P.Lond., Surgeon in Ordinary to the Royal Hants County Hospital, Winchester.

HARTIGAN, T. J. P., F.R.C.S.Eng., Assistant Surgeon to the Hospital for Diseases of the Skin, Blackfriars.

MAY, F. H., M.R.C.S., L.R.C.P.Lond., L.S.A., Medical Officer of Health by the Aston Manor Corporation.

RAINBIRD, P. H., L.R.C.P.Edin., L.R.C.S.Edin., L.F.P.S.G., Certifying Surgeon under the Factory Act for the Saxilby District of the county of Lincoln.

SMITH, M. HAMBLIN, M.R.C.S., L.R.C.P., Deputy Medical Officer, H.M. Prison, Manchester, H.M. Prison, Wandsworth.

STEWART, ROBERT SLOSS, M.D., C.M.Glasg., D.P.H.Camb., the Deputy Medical Superintendent to the Glamorganshire County Asylum, Bridgend, Superintendent.

WAUGH, P. M., M.B., B.S.Glasg., Certifying Surgeon under the Factory Act for the Rye District of the county of Sussex.

WEAVER, J. J., M.R.C.S., L.S.A., Medical Officer of Health of Southport.

Births.

BACKHOUSE.—On February 24th, at the Terrace, St. Ives, Cornwall, the wife of Charles F. Backhouse, M.R.C.S., L.R.C.P., of a son.

STEEL.—On February 23rd, at the Duke of York's Royal Military School, Chelsea, the wife of Capt. E. B. Steel, Royal Army Medical Corps, of a daughter.

WARRINGTON.—On February 17th, at 69, Rodney Street, Liverpool, the wife of W. B. Warrington, M.D., M.R.C.P., of a son.

WELLBY.—On February 25th, at Fletham, Liss, the wife of S. Wellby, M.D., of a daughter.

Marriages.

RICHARDSON—WOODLAND.—On February 24th, at Rye Lane Baptist Chapel, Henry Edward Richardson, L.R.C.P., M.R.C.S., of London, son of Charles Winterton Richardson, late Presidency Magistrate, Bombay, to Lilly, daughter of Thomas William Woodland, Forest of Dean, Gloucestershire.

Deaths.

CHRISTIE.—On February 25th, at Brompton Square, London, S.W., Robert J. Holder, eldest son of the late Robert Christie, M.R.C.S., aged 75.

DIXON.—On February 22nd, at 59, Granada Road, Southsea, James Deighton Dixon, M.B., Newcastle-on-Tyne, aged 50.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, MARCH 9, 1904. No. 10.

Original Communications.

ON

LATENT OR INTERMITTENT NASAL OBSTRUCTION.

By MAYO COLLIER, M.B., M.S.Lond., F.R.C.S.Eng.,

Senior Surgeon to the North-West London Hospital and Ex-President of the British Laryngological Association.

MR. PRESIDENT AND GENTLEMEN,—The object of my communication to-day is to ask you to consider with me a condition of things within the nose that, up to the present, has scarcely been entertained by rhinologists, and certainly not with the apprehension that this condition was one of any moment or worthy of much consideration.

I want to point out to you that there is a condition of things within the nose that is extremely common; that this condition, although extremely common, has escaped general recognition.

That this condition of things is potent for harm, and is a source of many of the affections found within the throat, ear, nose, and post-nasal space.

The terms latent or intermittent nasal obstruction are sufficiently descriptive of the condition I wish to discuss with you this afternoon.

I suggest to you, that apart from the various forms of nasal obstruction due to growths, outgrowths, deflections, or what not with which we are all familiar, there is a form of nasal obstruction that is more common and more harmful than all these put together. This form of nasal obstruction is latent, that is to say, it may come on in a nose that is physiologically perfectly patent, and in which there is nothing abnormal to be seen.

This form of obstruction may alternate with a condition of things in which the functions of the nose are perfectly performed, and yet for twelve hours out of the twenty-four the nose may be absolutely occluded, and the patient in a condition of extreme misery and discomfort.

This intermittent form of nasal obstruction often eludes recognition, and the surgeon is led astray because at the time of his examination the nasal chambers are perfectly free and patent, and the functions of the nose are perfectly performed.

I feel sure that no one present would resent the suggestion that more or less complete obstruction of the nasal chambers might be harmful to the individual, and might lead to ear, throat, or nose troubles. If you admit that constant nasal obstruction is in many cases a cause of ear, throat, and nose troubles, I am not straining your imagination when I ask you to believe that intermittent nasal obstruction is also powerful for harm in the same direction. Or, in other words, if continuous loss of the functions of the nose results in trouble in the nose, throat, and ear, I am here to contend that intermittent loss of the functions of the nose has a similar effect.

This, then, is the subject-matter of my remarks to you to-day.

In order to properly understand this question, we must have a clear idea of what are the functions of the nose, and how the physiology of this organ is related to the physiology of the surrounding organs, and to the economy in general. The nose has important relations with respiration, with digestion, with audition, with speaking and singing, with taste and smell, with sight and with the various emotional states.

The nose may also be looked upon as a respiratory organ in itself, as it is certain that a considerable interchange of gases takes place in its recesses and cavities. There is also some reason to believe that the nose is the safety valve of the brain.

In order to fully appreciate the effect of the loss of the functions of the nose, and the harm that may in consequence accrue to the individual, we must first be in a position to appreciate their value.

This can only be done by a careful survey and accurate knowledge of these functions as far as we are able.

In order to obtain this, we will discuss *seriatim* the nose in relation to the various functions I have enumerated.

And first of all with respiration, and so through respiration with the circulation and oxidation of the blood. As baldly stated in the physiology books the nose warms, moistens, and filters the air, but how this is accomplished the learned writers of text-books have not attempted to explain. At first it is a little difficult to see how a stream of air some thirty or forty cubic inches in volume can become warmed, moistened, and filtered whilst passing through the nose in the space of two seconds.

When, however, we examine the upper respiratory tract as a whole, we see that it is not a channel or tube of one uniform calibre, but that it presents several remarkable constrictions that alternate with equally remarkable expansions.

We then begin to see that these constrictions prevent the very thing from taking place that we are told does take place—*viz.*, that the air from the exterior passes slick through the nose from front to back, and on into the lungs in a solid, more or less cylindrical stream, and does not mix with its surroundings. This is manifestly incorrect. If we look at the upper respiratory tract, and view it as a whole, we shall be surprised at the variations that it presents.

Commencing with the external nares, we find that the vestibule becomes narrower as it passes inwards; and joins the nasal chamber opposite the nasal process of the superior maxillary bone.

The vestibule or inlet to the respiratory function is cone-shaped, and at its junction with the nasal chamber becomes so contracted as to constitute perhaps the narrowest point in the whole respiratory tract. It is curious to note that whereas the external nares are capable of expansion and contraction, the canal of the upper respiratory tract at its junction with the nasal chamber is rigid and unalterable, being surrounded by bony and cartilaginous borders. A limit is thus put to nasal respiration by the size of the anterior opening of the nasal chamber.

After passing this narrow spot in the respiratory tract we find that the canal expands in a remarkable

manner into the nasal chamber, which, with its recesses, constitutes a cavity of considerable dimensions.

These recesses must not be dismissed from our calculations when studying the act of respiration.

It is sure and certain as anything can be that these recesses act not only as resonance chambers to the voice, but as warming and mixing chambers; so that the air as it is admitted from the exterior in a raw and unprepared state is mixed with the contents of the nose and its recesses, and so made ready to pass on into the pharynx and upper tubes.

An observation I had the advantage of making on a healthy frontal sinus will go a long way in substantiating this fact.

I opened a frontal sinus for exploratory purposes, and being very careful I removed the button of bone without injury to the lining of the sinus.

At each inspiration the lining membrane was depressed and at each expiration bulged into the wound, proving incontestably that part of the contents of the nasal sinus is withdrawn during inspiration, to be replaced during expiration. The air then entering by the cone-shaped vestibule must do so with an increasing rate of speed till it has passed the narrows of the anterior opening. It must here lose much of its velocity, and becoming slowed down will distribute itself in all directions, as regulated by the sides of the delivery tube of the vestibule.

It is thus seen that as a stream of air it must be subject to and conform to the shape of the tract through which it passes, and that the rate of motion of the air will be an average between the rates of motion in the narrowest and widest parts of the respiratory tract.

Passing onwards we come to a second marked narrowing, that of the posterior nares. This is crescent-shaped and varies with the size of the posterior end of the inferior turbinal body. The cross section of this opening can only be a very small fraction of the cross section of the nasal chamber. Consequently the air in its passage backwards must be greatly delayed by having to pass this constriction, thus allowing time for the necessary warming, moistening, and filtering of the inflow.

Following on this constriction is a remarkable dilatation, that of the pharynx extending from the base of the skull to the upper opening of the larynx.

The nasal contents, having passed the posterior opening of the nares, lingers in the pharynx and passes slowly on, but with increasing speed, to the larynx. The act of warming, moistening and filtering is continued in the pharynx.

So far we have traced the inflowing air to the larynx, and can surmise that the anterior and posterior constrictions of the nasal chamber serve a very good purpose in delaying and slowing down the air in its passage through the nose.

The narrow anterior opening or inlet insures that the inflowing air shall be distributed and mixed with the nasal contents. The posterior constriction prevents the too rapid emptying of the nasal chambers by the powerful aspiration of the lungs.

It is curious to note the alteration in the positions of the contents of the respiratory tract from the commencement of inspiration.

At the commencement of inspiration the air in the bronchial tubes will pass in and fill the bronchioles and vesicles. The air in the larynx and trachea will follow on into the bronchial tubes, and the air in the pharynx will pass on and take the place of the air in the trachea and large tubes, whilst the air in the nasal chambers will flow into the pharynx, larynx, and trachea.

We thus see that the air passes in, and mixes with, and dilutes the impure reserve and residual air, but cannot displace it.

During expiration the impure expirate extrudes the contents of the pharynx and nose, and fills the upper respiratory tract. This, no doubt, undergoes considerable purification in the chambers and recesses of the nose in the interval before the next inspiration.

I would here remind you whilst on the subject of respiration that this is the supreme function of the economy. The circulation and oxidation of the blood, not only in the systemic but portal system, is dependent on respiration. It is not unreasonable to suggest to you that any interference with the functions of respiration, and so with the proper oxidation and circulation of the blood for a considerable period in twenty-four hours, must be harmful and baneful to the individual.

The functions of the nose are closely related to the functions of digestion, both directly and indirectly.

Directly by the interference with mastication that follows an obstructed nose.

A person with his nose occluded cannot shut his mouth sufficiently long to properly masticate his food, and consequently bolts the same before it is half divided, to the detriment of his stomach.

Again the congestion of the pharynx and post-nasal space incidental to, and associated with, nasal obstruction upsets the stomach in more ways than one. Directly by the amount of unhealthy mucus that passes into the stomach, and indirectly by the constant irritation of the pneumogastric centre by the branches of the pharyngeal plexus.

The insanitary state of the mouth that follows mouth breathing, and the amount of contaminated and dusty mucus that must pass into the stomach (or what has been properly termed oral sepsis) is a considerable disadvantage to digestion.

Seeing that the whole of the circulation of the liver and abdominal organs is carried on by the respiratory act, any interference with this must be of serious detriment to the absorptive functions of the alimentary canal, and so a fertile source of slow digestion and other forms of dyspepsia.

Digestion and respiration are so intimately associated that I seldom meet with a patient suffering from nasal obstruction in a marked and chronic form who escapes from symptoms of indigestion, sluggish liver, or other abdominal troubles. Now what relation have the functions of the nose to the eye? The nose is the drain of the conjunctival sac. Nasal obstruction will cause epiphora, and conjunctivitis and other troubles. The two functions are intimately and sympathetically associated. The same nerve and the same artery supply both.

Any irritation in the nose is responded to by flushing of the conjunctiva and watering of the eye. The nose is the guardian of the eye.

A strong light detrimental to the retina will cause sneezing, and so prevent further damage by altering the position of the head and casting the eyes to the ground, or closing them altogether.

Congestion in the nose will be followed by fulness of the retinal veins and congestion of the conjunctiva. The nutrition of the nose and eye are intimately associated. The ophthalmic and spheno-palatine ganglia are anatomically and physiologically closely related. Passing on to the relations of the nose to the ear, it is not surprising to find that these are peculiarly sensitive.

The middle ear or tubo-tympanum is developed from the nose by two finger-like prolongations. It is simply a prolongation of the nose cavity. The cavity of the nose and ear are practically one. Any increase or decrease of tension within the nose is immediately felt, and communicated to the contents of the ear.

It is not difficult to realise that whatever affects the main cavity of the nose will affect its various recesses and prolongations. The unity of the nose and middle ear must be taken into consideration and fully realised as the first and essential step in the proper understanding and treatment of many of the affections of this *cul-de-sac*.

There is little doubt that in normal nasal respiration both inspiration and expiration are felt in the tympanic cavity, and that a slight movement of the membrana tympani takes place inwards with inspiration, and outwards with expiration, the same as has been recorded in the frontal sinus.

In corroboration of this may be mentioned the fact that, when one is listening very carefully for a sound, the mouth is opened, and respiration is suspended or

carried on very gently by way of the mouth in order to annul (I suggest) the oscillations incidental to respiration.

The relation between the functions of the nose and the voice are peculiarly apparent.

Besides preserving the covering of this organ in a healthy condition, the nasal chamber is the delivery tube of the voice, as well as its resonator. The functions of smell and taste are almost entirely dependent on the patency and proper functioning of the nose, and must be entirely annulled if the nose be occluded. And, lastly, there are some grounds for supposing that the nose is the safety-valve of the brain, by acting as a drain to the arachnoid cavity. We know that the arachnoid sheath is continued through each opening in the cribriform plate and surrounds the olfactory nerves almost to their terminations. The confusion of intellect, the forgetfulness, the difficulty of concentrating the thoughts, the headache, the morning drowsiness, and other mental symptoms that are associated with nasal obstruction may well be due to increase of arachnoid fluid, and congestion following on nasal obstruction and the consquent arrest of the functions of the nose. There may be some reason, also, for believing that some, at least, of the large quantity of moisture that is taken up by the inspired air comes from the arachnoid fluid.

Again, the pathological conditions known as hydrorhœa, where pints of fluid are discharged from the nasal cavities, associated with polypi and other abnormal states can more easily be explained by the assumption of an outflow from the arachnoid extensions into the nose modified, possibly, by filtration. In order to remind you of the relation of the functions of the nose to the emotions, I would ask you to imagine any great actor with an obstructed nose and an open mouth. The emotional display of the face would be quite impossible, and the actor's efforts ruined. The relation of the nose to the sexual functions is well marked in some of the carnivora but may, I think, be altogether discarded when dealing with the genus homo.

Now, gentlemen, you will agree with me that the nose is not an unimportant or idle organ, and is well worthy of your best care and consideration.

I will now return to our main subject, and explain to you more fully what is meant by latent or intermittent nasal obstruction, the mechanism of its production, its diagnosis, and lastly, if we have time, I shall say a few words as to treatment.

I can more easily explain to you the exact condition to be known as latent or intermittent nasal obstruction by citing you one or more out of the large number of cases I have records of. In 1895 I was consulted by a medical man who gave the following account of himself. He was sixty-three years of age, for the last fourteen or fifteen years he had been troubled with his nose becoming occluded at night, and at other times. His general health, he said, was indifferent, he was easily fatigued, and suffered from flatulent dyspepsia, headache and deafness. His sleep was constantly disturbed at night, and he awoke in the morning unrefreshed and tired. He said for years he had suffered from catarrh in the nose and head, but lately things had become so much worse that he felt sure he would go out of his mind if something was not done for him. This gentleman was a tall, pale, liverish-looking person, with the look of suffering stamped on his face. I ascertained that he had treated himself with washes, snuff, and inhalations, but with little effect, and that he had been under the care of a distinguished physician who assured him his heart, lungs, and abdominal organs were sound. I found in his present condition nothing that one could lay one's hands on and label as disease. The throat was pale and anæmic, the interior of the nose was pale, and the mucous membrane was, if anything, anæmic. There was ample room for nasal respiration, and nothing abnormal or irregular was apparent, save one sign which I venture to suggest was the key to the whole situation. On either side of the septum there was the tell-tale hollow or groove, the exact cast of the lower turbinal body. Beyond this there was nothing to indicate that the nose had been anything but free night or day.

Well, gentlemen, with this physical condition of complete freedom of nasal respiration and the absence of anything abnormal with the nose, this patient was on the very verge of melancholia from the misery and discomfort of complete nasal occlusion so soon as his head was placed upon the pillow. The functions of the nose were here intermittently performed: for sixteen hours the nose was free, for eight hours it was closed. Yet this nocturnal occlusion was quite sufficient to affect and put out of gear all the correlated functions of the nose, and to bring the economy almost to a stand still. An almost exactly similar case was that of a barrister sent to me from Dublin by a member of this Association. These are extreme but typical cases, and happily, I am glad to say, are few and far between. The commoner forms of intermittent nasal obstruction present symptoms of less severity. In many cases there is only the slight hoarseness and morning cough, and difficulty in clearing the throat on rising in the morning. There may only be a tendency to flatulent dyspepsia or distension after meals.

The hearing may not be quite so good as it was, and the patient may tell you he thinks he is getting deafer, until he finds out he is suffering from a marked degree of deafness. This is constantly the only symptom of intermittent nasal obstruction. I believe that in intermittent or latent nasal obstruction we have a valid and sufficient explanation for the existence of that large class of slow, insidious, painful forms of ear trouble known as chronic progressive deafness. Given an occlusion of the nose for eight out of the twenty-four hours, and you have all the factors ready and able to produce occlusion of the Eustachian tubes, congestion of the tympanic cavity, and depression of the drumhead, and the subsequent physical changes known as sclerosis. This explanation is worthy of your consideration, and the more I live and learn the more assured I am of its soundness. I have on more occasions than one insisted that there is an intimate relation between intermittent nasal obstruction and the affections of the other recesses and extensions of the nose, and the same anatomical and physiological facts that govern the recess of the middle ear apply equally with all the other extensions of the nose.

The tympanic cavity and the antrum or frontal sinu are on all fours with each other. They have a common origin. Their lining membrane is similar and continuous, They are subject to the same variations in air tension and supply, and they are subject to the same affections. I have recently exhibited to you a case of frontal sinus trouble where the suppuration was kept up for three years by occlusion of the nostril on the same side from collapse of the wing of the nose, and enlargement of the turbinal body.

On reducing the turbinal body and supporting the wing, the suppuration promptly disappeared. Uncomplicated chronic suppuration of the accesssory cavities of the nose is induced and maintained by intermittent obstructions of the nose. This applies equally to the aural accessory cavity. The obstinate discharges from these cavities that continue sometimes after operations are to be explained when intermittent nasal obstruction is present. We have heard a good deal lately about the etiology and treatment of polypi. My experience is that when these growths are properly removed, and the nose properly ventilated, and nocturnal nasal obstruction prevented, they do not return. I have one case that illustrates my meaning perfectly.

I operated on a gentleman whom I exhibited in this room as a typical martyr to asthma relieved by clearing his nose from polypi. Well, these growths recurred and required removal off and on for eleven years. In the earlier periods of my treatment I took no account of the fact that he was completely obstructed at night time and yet was free during the day. The asthma was better when the nose was cleared, but returned with the obstruction. Some four or five years ago I operated on both lower turbinal bodies. I have never

had occasion to treat him medically since, and his nose remains perfectly free from polypi to this day.

I believe that intermittent nasal obstruction plays an important part in the production and recurrence of polypi. Much more could I say on this important subject, but the time at my disposal will not suffice for a more extended view. We pass now on to the subject of diagnosis. How do we know when intermittent nasal obstruction is present or not? If there is nothing abnormal to be seen in the nose, and if the functions of nasal respiration are perfectly and adequately performed, by what signs shall we be able to recognise this form of obstruction? In latent or intermittent nasal obstruction, the obstruction, as a rule, occurs at night-time when the head is on the pillow, and the body is more or less in a horizontal position. When up and about, as in sitting, walking, or standing, there is seldom obstruction except on passing from a cold to a warm atmosphere, and sometimes when drinking hot liquids or taking spiced or pungent meals, with alcoholic drinks. In the vertical position of the trunk, gravity retains the venous blood in the great vessels of the neck, chest, and abdomen. On assuming the horizontal position, the blood flows into the veins and sinuses of the head and neck, in response to the same force. When sleeping, the arteries become smaller in calibre, and the veins larger, so that the veins of the head and neck contain relatively more blood. The cavernous tissue and mucous membrane of the nose become, when lax and atonic, distended mechanically by the increased intravascular pressure caused by the mere inflowing of blood to these parts. The distended turbinal bodies approach the septum on either side, and press upon it so vigorously as to form a groove or exact cast of themselves, and completely to obliterate the lumen of the nasal chambers. The erectile tissue on the floor and lower part of the septum helps to complete this. The groove, then, is to be sought for and is undoubtedly evidence of the condition I am attempting to describe to you. It is indeed more than evidence, it is pathognomonic of intermittent nasal obstruction, and is the only objective sign that will present itself to you. With subjective symptoms of laryngeal, throat, nose, or ear trouble, and the objective sign I have described to you, you have all the evidence you require to make the diagnosis of intermittent nasal obstruction.

I place no credence on the answers of patients to the question as to the method of breathing at night. Some, very often the worst cases, will indignantly repudiate the suggestion that they breathe through the mouth at night, yet will in the same breath tell you that they awake with the tongue dry, and are always anxious for a cup of tea in the morning. The subject of treatment will involve much time and consideration, and as I feel I have already occupied a large measure of your time, and like yourselves am anxious and looking forward to the Presidential Address, I will postpone it to a more opportune moment. If in the remarks I have made I have given you any suggestions worthy of your acceptance, or set you thinking on this important subject, I shall be more than amply repaid for the anxiety and labour attendant on this communication.

THE DIMINISHING BIRTH-RATE:

ITS CAUSE, ITS TENDENCY, AND POSSIBLE REMEDY. (a)

By JOHN W. TAYLOR, M.D., F.R.C.S.,

Professor of Gynæcology in the University of Birmingham; President of the British Gynæcological Society.

(*Concluded from page 227.*)

PART II.

III.

WHAT will be the outcome for England in the future if nothing be done to check this and allied abuses of so-called modern civilisation? If I shall not weary you with statistics I would ask you to turn your attention for a short time to our sister nation, France, where (as in a magic mirror) one can apparently see the future of those countries in which the birth-rate tends to fall until the population becomes stationary, or even less than stationary, as it is in France to-day. (*a*)

In a remarkable paper written by M. Alfred Fouillée, of the School of Moral Sciences, in the *Revue des deux Mondes* of January 15th, 1897, we find the following account of the criminal statistics of France: "Since 1881—that is, from 1881 to 1896—the number of prisoners before the Correctional tribunals has risen from 210,000 to 240,000. Since 1889—or in 7 years—manslaughter has risen from 156 to 189, murder from 195 to 218, and sexual crime from 539 to 651.

"In addition to the general increase in criminality of all kinds, a sort of specialisation of crime, especially for acts of violence, is to be noticed. These belong more and more to a certain class, that of the old offenders. The number of these, which was 30 per cent. in 1850, is now 65 per cent. In short, during the last fifty years criminality has trebled itself in France, although the population has hardly increased at all.

"The saddest side of the criminal statistics is that regarding children and young people. From 1876-1880, while the misdemeanours of common law had trebled among the adults, the criminality of youths (from sixteen to twenty-four) had quadrupled, that of young girls had nearly trebled, and the number of children prosecuted had doubled. In the period 1880 to 1893 criminality has increased still more rapidly. To-day child-criminality is nearly double that of adults, notwithstanding that minors from seven to sixteen years only represent seven millions, while adults amount to more than twenty millions. In Paris more than half of the individuals arrested are under twenty-one, and nearly all have committed the more serious offences." According to M. Adolphe Guillot, the acts of the young prisoners are marked by an exaggerated ferocity, a special refinement of lust, and a bragging of vice that are never met with to the same degree at a more advanced age.

"Child prostitution is growing, and in ten years the number of children charged with prostitution was estimated at 40,000. In 1830 the number of suicides was 5 in 100,000; in 1892 there were 24 to the same number. By 1887 the suicides of children under sixteen years (formerly extremely rare) amounted to the number of 55. In 1896 we had 375 suicides of young people between the ages of sixteen and twenty-one, and the suicides of children under sixteen were 87."

These are facts written by a Frenchman for French readers in the best known French magazine of the day. (*b*)

If we like to extend our inquiry we find that these figures are taken from the national statistics, and are in harmony with other observations. "Since 1880—that is, during the last twenty years—the consumption of alcoholic drink in France has trebled, and France has passed from the seventh place in order of consumption of alcohol to the first." (Mr. Yoxall, M.P.)

The figures in Mulhall's "Dictionary of Statistics," though varying to some extent, are in rough accordance with these. According to this authority, we find that insanity is steadily increasing in France, and that the ratio of suicides has risen from 112 per million in 1880 to 205 (or nearly double) in 1885.

I do not want to press these figures beyond their bare legitimate application. In particular, with regard to alcoholism, this depends on many factors.

(a) Inaugural Address read at the meeting of the British Gynæcological Society, Thursday, February 11th, 1904.

(a) "In France during the past year, according to the returns of the Bureau of Vital Statistics, there were 25,998 more deaths than births, and 20,000 fewer births than during the previous year. The record shows only 827,297 births for a population of 39,000,000, though there was a slight increase in the number of marriages, and a slight decrease in number of divorces." (*Montreal Medical Journal*, December, 1903.

(*b*) A very similar or parallel article on the increase of crime in the United States (where "prevention" is exceedingly common) is written by Dr. Buckley in the *Century Magazine* for November, 1903.

and is very much governed by the legislation of the country regarding its sale. In England, for instance, there was a marked diminution in national expenditure after the Early Closing Act of 1872, and in France there has been a great increase since 1880, when, as I understand, the facilities for obtaining it were much increased.

But this does not alter the fact that after half a century of trial with an increasingly limited population France shows more and more a lowered and still falling moral average, a lessening virtue and strength, and an increasing national neurasthenia, which seems to crave and to need the help of constant stimulation in order to face the ordinary routine of life.

Here we see a great nation, a people and a land which, next to my own, I think I understand, appreciate and love better perhaps than any other, and to which I wish nothing but good; but a nation so bound by the fetters she has forged for herself that nothing but the life she has deliberately cast aside could apparently save her from her slow decay.

And is not this refusal of life by the French at the root of the deep anti-Semite feeling which otherwise would be so contrary to the frank spirit of the French? The Hebrew race, to their lasting honour, with very few exceptions, have not only kept themselves free from the vice of which I have been speaking, but, by reason of their laws and customs, are the most systematically temperate in their sexual relations of any nation or people I know.

Consequently, among them, the natural breeding of the better stock has never been interfered with, and in a country like France, the Hebrew seems to rise not only individually, but racially, among the people with whom he has his dwelling, until what appears to be an unfair proportion of responsibility and power and wealth rests in the hands of an alien race. When this is discovered, and the cause of it but dimly recognised, there cannot but be bitter feelings of jealousy and even hatred in the great mass of the nation among whom the Hebrew dwells, and it is not surprising that the power of combination and of number is sometimes unjustly used to overcome (if possible) the disadvantage.

So far, I have been dealing only with what is open to observation and experience. But may we not reasonably go a step further? What must be the future of such a society if degeneration goes on and the power of the democracy remains as at present or increases? So long as the race progresses the people can be trusted with the powers of Government, but when decadence has been going on for years, or even ages, what can be the final outcome of such democracy but anarchy and confusion?

IV.

In dealing, or attempting to deal, with the treatment of this grave national evil it is necessary to take a broad and yet sympathetic view of the problem.

It is one belonging essentially to the higher gynæcology, in which no false sympathy or lower obstetric platform must be permitted to interfere with what is really best for the individual and the race. And yet when we recognise that the whole force of modern civilisation, its honour paid to riches, its luxury, its frivolity, its impatience, its society, its manner of life, its very "neurasthenia" seems all more or less opposed to the cultivation of that true family life which is its best safeguard against decay, one needs indeed to temper judgment with a quick appreciation of all the difficulties encountered by every modern wife and mother, and to recognise the almost insurmountable obstacles for the Church, the State, and the Profession of Medicine to slowly overcome.

For, I think, the help of all is needed. The Roman Catholic Church teaches that prevention is a sin, and though this is altogether beyond my province, I would submit that no lower standard of sexual morality should be allowed by those who belong to another communion, and that every effort should be made by the religious and the moralist to inculcate a higher ideal, and a plainer and simpler standard of life.

In the State it might be possible to encourage this higher ideal by regarding the well brought-up family as one of the attendant qualifications for high distinction and honour, and, in addition, by some wide scheme of old-age insurance or pension, by better facilities for the higher education of children, and by some special remission of taxation to lighten the burdens of those who are bringing up large families to be a credit to themselves, and a lasting benefit to the nation.

Again, where further education is demanded, and legitimately demanded, by any profession or calling as necessary to full qualification, I would have the State rather jealously guard the earliest possible date at which productive work may begin. Part of the difficulties of our modern life seems to be caused by the ever-receding age at which such work is possible. In my own student-days many of us qualified at twenty-one, were earning our own living at twenty-two, and yet managed to keep up study and hospital attendance until taking the higher degrees at twenty-five or twenty-six. This may have been mistaken, but I am convinced it is a far greater mistake to keep a young man, with a man's vigour and ambition, from any real independent work through most of the years from twenty to thirty.

In the Medical Profession itself the evils of prevention, both immediate and remote, should be studied more closely, and explained to such patients as need direction and advice. No advice should be given in favour of it without special consideration of the subject in all its bearings and due consultation.

My own opinion is that while occasional abstinence in married life is perfectly allowable and may have, as I have suggested, a high moral hereditary value, no artificial prevention is advisable save that which is produced by operation, when deformity or grave disease imperatively demands it.

Certainly in the present day when septic diseases, as we know, can be reduced to a minimum and should be almost entirely avoided, when surgery can so effectually and safely deal with nearly every kind of difficult or dangerous labour, it is not the time for the fairly healthy parents of one child to shelter themselves behind the terrors and troubles of a first confinement, and demand some easy but evil way of further immunity.

But as civilisation increases, there can be little doubt that the susceptibility to pain increases also, and it may be that the mothers of to-day need a greater consideration and help, during the progress of pregnancy and lactation, than the mothers of former years. Very much more may be done during these periods by suitable advice, management, and diet than many imagine. In some cases, as I showed last year, repeatedly disastrous pregnancies may be changed into ones of healthy type and character solely by what amounts to a special and more liberal dietary before and during pregnancy; (a) and much of the partial collapse and ill-health that is apt to follow parturition and accompany lactation may be modified or altogether avoided by due provision and direction for the hygienic requirements of mother and child, particularly as regards rest and food.

In these ways, and especially by personal influence and example, the medical practitioner may do more perhaps than anyone else to reform the judgment and correct the practice of this and coming generations.

But when all this is said and done, there still seems to be needed some general awakening of the national conscience if any thorough and lasting change is to be hoped for. Let us be careful that the awakening is in the right direction.

One word of caution may be needed. Whatever may be the merits or demerits of celibacy as compared with marriage, statistics show, as I have already stated, that it has but very little practical bearing on the subject before us. "The birth-loss in the United Kingdom must be due to causes operating in the married life

(a) *British Medical Journal*, April 11th, 1903.

of its inhabitants." True celibacy, maintained, as it often is, for the sake of the better service of mankind, is worthy of the highest honour and may well be subject to a higher law than that of physiological increase. Many noted examples of this will occur to all as I speak, in every profession and of both sexes. These are vicarious fathers and mothers whose children far out-number the limits of a physiological family, and the lives they protect or encourage or save make for that "maximum of life" which is associated with the "maximum of virtue."

There is no reason to fear any high ideal of chastity or continence, and especially none when it is associated with the care of those forces which go for the defence of the nation and that child-life which is its future hope.

On the other hand, there is every reason to fear that debased ideal of married life which is secretly and insidiously working for the ruin of the nation's power and for the destruction of its hope.

Artificial prevention is an evil and disgrace—the immorality of it, the degradation of succeeding generations by it, their domination or subjection by strangers who are stronger because they have not given way to it, the curses that must assuredly follow the parents of decadence who started it—all of this needs to be brought home to the minds of those who have thoughtlessly or ignorantly accepted it. For it is undoubtedly to this that we have to atttribute not only the diminishing birth-rate, but the diminishing value of our population.

No truer words were ever said than those by Ruskin: "The maximum of life can only be reached by the maximum of virtue." Do they not carry with them another truth which has now become almost a demonstrable fact, that the prevention of life is always accompanied by moral deterioration?

And this evil harvest, for ourselves and for our children, is of our own sowing. Some, looking back on past history and bygone civilisations, have imagined that the rise and fall of empire follows some unalterable law, and that nations, like individuals, must necessarily suffer from senility and decay.

But it is not so. National decay or degeneration is by no means the inevitable consequences of age. Our modern ally, Japan, is an evidence of this. After a long and chequered history, quite as long or longer than our own, she has emerged in all the activity and strength of a second youth.

And it is interesting to note that this new-found power is directly associated in the mind of the Japanese with the knowledge of their own racial strength and power of increase; indeed, it is this which gives them—youth.

This is well shown by some recent remarks of one of their more prominent men. He writes:—"Japan is in no danger of race-suicide. . . The mothers are not shirking maternity as in other lands, and the result is that we can spare half a million of men a year for an indefinite number of years and not miss them.

"Barring Formosa and the Pescadores, we have less than 150,000 square miles of territory, of which eleven-twelfths is unproductive of food. Nevertheless, we have close to 50,000,000 folk to feed. Do you wonder that we are land-hungry—that we want elbow-room?" (Reported by Stephen England in the *Daily Mail* of December 23rd, 1903.)

In a somewhat different way the Hebrew race, to whom I have already referred, may also be cited as an example of an ancient people, old in every sense, and still not dying out. Conquest and dispersion have left their ineffaceable impress on the race, but they are with us to-day, not infrequently showing evident traces of centuries upon centuries of nervous training and development, of nervous wear and tear; possessing, too, a history of great achievement in music, art, and literature, corresponding to that development, and yet showing, so far as I am able to ascertain, no sign of real decay or loss of reproductive energy.

We have the same power with far better opportunities and a much brighter outlook. At no period in our history, perhaps, was there less reason for racial suicide, and, apart from this, for pessimism. All of us, both men and women, need a truer and braver conception of life. Life is entrusted to us—life and the power of life—and we should be ready to work, to suffer and to adventure greatly and cheerfully, for the honourable and wise employment of the entrusted capital.

"Then welcome each rebuff
That turns Earth's smoothness rough,
Each sting that bids, nor sit, nor stand, but go.
Be our joys three parts pain!
Strive and hold cheap the strain;
Learn, nor account the pang; dare, never grudge the throe."

I must confess when I hear of thoughtful men among the Boers in South Africa, military authorities in St. Petersburg, and Japanese in far Japan, noticing and counting on their own racial increase, and comparing this, kindly or unkindly, with our own comparative stagnation, I would like, if I could, to sting my fellow-countrymen into some proportionate sense of shame and duty.

My voice is weak, but in the responsible position in which you have so generously placed me, as the temporary head of a great British Society, which may well claim to be the greatest British authority on such questions, I am surely not overstepping my province if I ask for the grave interest of every Fellow in this important subject; if I ask, not so much for any following of my leadership as for the fullest independent investigation into all the facts, figures and arguments I have brought before you. For with us lies a great responsibility, and ours will be to a very large extent the blame if, in after years, the lamp of the Anglo-Saxon is found to be burning dimly.

SOME OF THE LIMITATIONS OF MEDICINE IN ABDOMINAL DISEASES. (a)

By G. P. CHAPPEL, M.D., B.C.Cantab.,
Physician to Out-Patients Tottenham Hospital.

THOSE morbid abdominal conditions, both acute and chronic, which are amenable to surgical treatment have, since the introduction of antiseptics, become so numerous that I only propose to touch upon those which are more commonly met with in everyday practice.

Stomach.—The remarkable advances in surgery which have been made during the last few years in the treatment of perforated gastric ulcer have robbed this fatal complication of much of its terrors. Every hour that laparotomy is postponed very seriously diminishes the chance of recovery. Patients who are the subjects of simple gastric ulcer are always liable to get relapses when surrounded by bad hygienic conditions. When repeated small hæmorrhages or a second large one occur, and the ulcer will not heal in spite of medical treatment, I think it is our duty to call in the surgeon. Another class of cases are those of chronic gastric catarrh in which the digestive powers are much impaired, and the recurrence of pain and flatulence causes much suffering. The process of lavage is very helpful in getting rid of the stringy mucus, and it is one which patients can soon learn to perform for themselves, but where this fails to give relief the question of performing a gastro-enterostomy should be seriously entertained. In malignant disease of the stomach, medical treatment is useless, except as a palliative.

Liver.—We may say broadly that the treatment of hepatic disorders belongs to the physician, with the exception of liver abscess and hydatids, both of which have to be distinguished from perihepatitis and hypertrophic cirrhosis. In the two latter the enlargement of the organ is uniform, whereas abscess and hydatids usually affect one or other lobe. The case becomes

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(a) Abstract of a Paper read before the North-East London Clinical Society, at the Tottenham Hospital, Thursday, March 3rd 1 04.

more complicated, however, when these conditions are multiple.

The most common cause of *jaundice* is a catarrhal condition spreading up the common duct and causing obstruction by swelling of its mucous membrane. If pain be very severe, it is probably due to the passage of a gall-stone. Medical treatment must be anodyne. Solvents have been recommended in the shape of large doses of olive oil. A large proportion of autopsies show that gall-stones are frequently present in the gall-bladder without causing any trouble. Surgical interference is indicated under the following conditions—(1) When there are repeated attacks of biliary colic which tend to exhaust the patient; (2) when there is evidence of inflammation of the gall-bladder; (3) in cases of dropsy of the gall-bladder; and (4) in obstructive jaundice due to the impaction of a calculus in the common duct.

Peritonitis.—I pass by acute general peritonitis as being entirely surgical, and also acute peritonitis occurring as part of an acute miliary tuberculosis. In chronic tuberculous peritonitis there are usually many adhesions, and ascites may be present. The treatment should be medicinal at first, consisting of attention to diet and hygiene, together with cod-liver oil and mercurial inunction to the abdomen. A large percentage of cases are either cured or greatly improved by the performance of laparotomy, which should be undertaken if no progress is made on medical lines. The pathology of the cure is not fully understood. The operation is, of course, useless in cases associated with extensive tuberculous lesions of the lungs or other viscera. Carcinoma of the peritoneum offers very little hope for surgical interference.

Intestines.—In typhoid fever one of the most serious complications is perforation, whether viewed from a medical or surgical point of view. It is most apt to occur in protracted cases, though it may happen as early as the eighth day. I well remember a case in the London Hospital, which perforated some three weeks after the temperature was normal, when the patient was getting up and taking solid food. The chief danger to life is the accompanying peritonitis. It is our duty to give the patient the chance of life afforded by operation, though the mortality is very great. Perforation from tuberculous disease is not a common occurrence, but immediate laparotomy affords the best prospect of cure. Malignant disease of the intestine should come under the surgeon's notice as soon as possible, as by this means the chance of a radical cure is rendered more likely.

Appendicitis.—This disease has, of late years, become more and more a surgical one, and to my mind rightly so. The days of "waiting for an abscess to form" have long since passed. Any treatment is generally hopeless in those terrible fulminating cases in which perforation of a gangrenous appendix occurs without warning. In an ordinary case absolute rest in bed should be enforced, and an ice-bag placed over the region of the appendix. Opium should not be given, or only in small quantities, as it masks the symptoms. Purgatives do more harm than good. One enema may be given, but not repeated. If after forty-eight hours no improvement is manifested, and the temperature and pulse both remain high, together with vomiting, the question of operation should be seriously entertained. If the symptoms are subsiding, operation should be postponed for at any rate a week. Many persons who have had one attack of appendicitis by careful attention to diet and to the state of their teeth may avoid a second, but they are never safe. After the second attack, I think in all cases the appendix should be removed.

FIVE further cases of small-pox—two from Poplar and one each from Bethnal Green, Stepney, and Orsett—have been admitted to the Metropolitan Small-pox hospitals. There are now 44 patients under treatment in London. This state of affairs naturally gives rise to a good deal of anxiety.

A CASE OF ECTOPIC GESTATION NEAR TERM WITH INFECTED OVUM —LAPAROTOMY—RECOVERY.

Under the care of DR. E. GOINARD,
Obstetric Surgeon to the Civil Hospital, Algiers.

[SPECIALLY REPORTED FOR "THE MEDICAL PRESS AND CIRCULAR" BY DR. GUBB.]

I RECENTLY had under my care a young woman, æt. 25, who, on April 20th, was brought to the hospital with symptoms pointing to an acute abdominal lesion. I elicited that her last menstrual period was at the end of January, and beyond the usual symptoms of pregnancy she had observed nothing abnormal until that afternoon when, during the act of micturition, she felt a sharp pain in the hypogastrium, followed by a feeling of faintness which, however, soon passed off.

When I saw her, she was pale, the features drawn, and the lips blanched. The abdomen was distended, painful all over, and the rigidity of the muscles rendered it impossible to obtain any direct information by the aid of palpation. Pulse 150. Temperature normal. No vaginal discharge. On vaginal examination the os was felt to be small and round.

Ice-bags were applied to the abdomen, the bowels emptied by an enema and opium given to relieve the pain. She gradually improved, and two days later I was enabled to make out a globular swelling in the lower part of the belly, reaching three fingers' breadth above the pubes. This was taken to be the gravid uterus. Vaginally some tumefaction was felt in Douglas' pouch, like that associated with an inflamed tube. The improvement continued and, in opposition to my advice, the patient left the hospital on April 30th, eight days after admission.

A week later she returned to the hospital complaining of further abdominal symptoms, but she did not come under my notice, and in view of the obscurity of the symptoms the surgeon on duty performed an exploratory laparotomy. He made a short incision in the middle line and came down upon a globular tumour which looked like the gravid uterus, so he closed the wound, and in dué course the wound healed and the patient was discharged.

She was not seen again until September, when she told us that pregnancy had followed its course with more or less discomfort. She was somewhat emaciated and the lower limbs were extremely œdematous. The urine contained six grammes of albumin per litre. The belly was smaller than one would expect in view of the period of gestation, but the fœtal movements were distinctly felt and the fœtal heart-beat was audible. It was remarked that the uterus lacked the limited mobility usual in the gravid organ. She complained of abdominal pain, recurring in spasms and accompanied by a slight discharge of blood. Labour, however, did not proceed, and the pains ultimately ceased. From this time the fœtal heart beat ceased to be audible, and the mother's plight underwent a marked change for the worse. She became more and more emaciated, the albuminuria persisted, and finally her temperature rose. On vaginal examination the cervix was not obliterated,

and a fulness could be felt in the posterior cul-de-sac.

On October 8th, as a blood count revealed an increase in the proportion of polynuclear corpuscles, I determined to operate. Having obtained anæsthesia by rachis-cocainisation I punctured the posterior cul-de-sac with a fine needle and withdrew pus. I then made a small incision, but without obtaining the evacuation of much fluid, and on introducing my finger I felt the fœtal bones, so that I had evidently opened up the gestation sac. Thereupon, I passed my finger through the cervix, which, though not obliterated, was easily permeable, and found to my surprise that the uterine cavity was empty; in fact, it was evident that we had to do with an ectopic gestation sac.

The patient's condition was most alarming. Her pulse was thready and rapid, and her collapse was such that it hardly seemed possible that she could withstand another operation. However, as it was her only chance, I at once made an incision twenty-five centimetres long in the middle line, through which I withdrew the macerated fœtus. The placenta was removed without occasioning any bleeding. I left the wound open, having packed the cavity with gauze. At this stage we injected artificial serum in considerable quantity.

The subsequent history can be related in a few words. The temperature at once fell to normal, and the sac rapidly closed. The only complication was the formation of a small urinary fistula which soon healed spontaneously, and the patient left the hospital in good health six weeks after the operation. A small sinus still remained, but was rapidly cicatrising.

The interest of the case lies in the difficulty with which the diagnosis was arrived at. Of course, laparotomy is often performed in the treatment of ectopic gestation, but in this instance the central position and general appearance of the cyst, even when exposed by an exploratory laparotomy, led to its being taken for the uterus. Yet it must be admitted that there were certain signs which, looking at the case in the light of our subsequent experience, might have suggested the possibility of the case being one of extra-uterine gestation, such, for instance, as the post-cervical tumefaction. As already explained, the spherical outline and median position of the cyst led us to ignore this indication, so certain did we feel that the tumour felt above the pubes was the gravid uterus. Had we employed the uterine sound much assistance would have been obtained, but I need not insist upon the reluctance with which one has recourse thereto in such cases.

Then, too, when the patient re-entered the hospital for the purpose of delivery, certain signs ought, perhaps, to have put us on our guard—*viz.*, the immobility of the tumour and the resistance of the abdominal walls, but these conditions might conceivably be due to various causes other than extra-uterine pregnancy. I do think, however, that by means of careful bimanual exploration it would have been possible to discover the ovoid body on the right of the tumour which turned out to be the empty uterus. I repeat that what misled us was the steady development of the cyst, exactly in the position normally occupied by the uterus. The case illustrates once again the many difficulties which the diagnosis of extra-uterine pregnancy may present with the result that when present it is often mistaken for some other affection and is not unfrequently diagnosed when non-existent. On the whole I can only congratulate myself on the happy issue of my intervention, though my satisfaction is attenuated by the reflection that, had we operated earlier, we might have saved not only the life of the mother but also that of the infant.

Clinical Records.

PSORIASIS IN CHILDREN.

By G. NORMAN MEACHEN, M.D., B.S., M.R.C.P.,
Physician for Skin Diseases, Tottenham Hospital.

THE influence of age in determining the course, clinical appearances, and other manifestations of disease is by no means the least important or interesting among its etiological factors. With regard to cutaneous disorders, there are very few that are not met with in infancy and childhood, but, like other maladies, certain features may be intensified or suppressed in varying degrees, so that an altogether different picture may be presented in the child from that which is commonly seen in the adult. Psoriasis is a disease which is distinctly rare in infancy, but when it does occur it forms no exception to the general principle of age-modification.

A male infant, æt. 2½, was brought to my out-patient department with the history that the child's body had been covered with spots for two months. The mother stated that she had had "acute rheumatism," for which she was attended by a doctor, and that she had also suffered, as well as her sister, from an exactly similar skin eruption some years ago. On examination,

CASE OF PSORIASIS IN A CHILD, ÆT. 2½.

the whole of the trunk was covered with discrete, nummular patches, typical of psoriasis, the scales being somewhat profuse and easily detached. The photograph shows how loosely they were attached. There were a few spots upon the face and some scaly patches upon the scalp. The eruption was best marked in the dorsal region and front of the chest, the buttocks and groins being less affected, while the lower extremities were perfectly clear. Upon the arms the rash was complicated by a moist eczematous condition, probably secondary in origin. The child's general health was good, with the exception that the bowels were

rather constipated. There did not appear to have been any indiscretion in the dieting. I should mention that the case was kindly sent to me from the medical out-patient department by Dr. G. P. Chappel.

I prescribed the pharmacopœial ung. picis. liq. for application to the spots on the body; the ung. hydrarg. ammon. for the places on the scalp and on the face; a mixture of soda and rhubarb internally, together with a lotion of "cyllin" (formerly known as creolin). A week after this treatment the eruption had nearly disappeared from the trunk, all the scales having vanished. The ammoniated mercury ointment was diluted with the ung. zinci cum plumbi acet. for application to the forearms.

All observers are agreed as to the rarity of psoriasis before the fifth year of life. In a series of 334 cases of the disease collected by Pietro Benassi (*Giorn. ital. d. Mal. Ven. e delle Pelle*, vol. xliv, 1903), of Bologna, only fourteen were met with before the age of ten. The earliest case on record is that of M. Rille (*Journ. des Mal. cutan. et syph.*, vol. xi, 1899), where the affection occurred in an infant, five days old. A few cases have been reported in children from three to eighteen months old. Rille has drawn attention to the fact that psoriasis may occur after vaccination, but, from the readiness with which parents among the hospital out-patient class ascribe cutaneous eruption to the effects of vaccination, too much stress cannot be laid upon this as an exciting factor in the production of the malady. The connection between psoriasis and one or other of the acute exanthemata is sometimes more obvious. The influence of heredity would often appear considerable, and Besnier and Doyen have shown that in the majority of cases of infantile psoriasis a family history of the disease is usually obtainable. In the present case, it will be noticed that the child's mother and aunt had both suffered from it, and in several other instances which I have come across lately of psoriasis in rather older children—*i.e.*, from five to ten—I have not failed to obtain some evidence of the presence of the malady in other members of the family.

The chief characteristics of infantile psoriasis may be stated to be the smaller size of the individual patches, their tendency to a punctate, guttate, or nummular form, the liability to complication by secondary moist eruptions, the easily detached condition of the scales, and the less extensive area of distribution of the lesions. In my case, the gradual diminution of the eruption from the lumbar region downwards was very noticeable, and it was also manifest that the disease affected the flexor surfaces of the trunk and upper limbs quite as much as the extensor. This latter feature is not infrequently observed in adults. A readier response to treatment may be noticed in psoriasis in childhood, but this is also seen in many other kinds of skin diseases, and is probably due to the greater cutaneous reaction to external medication which is met with in the earlier years of life.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXXVI.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

SHERWOOD FOREST SANATORIUM.

In our previous articles we have on several occasions had to draw attention to the advantages of a judicious association of public bodies in establishing and maintaining institutions for the consumptive poor, and we have already described such interesting experimental sanatoria as those of Kelling, at Holt for the tuberculous workers of Norfork, the Westmorland Sanatorium, near Grange. It is only by adequate combination of public or philanthropic supporters that sanatoria for the poor consumptive of our various counties can be efficiently conducted.

An important work for the phthisical of Nottingham and district is being carried out at the Sherwood Forest Sanatorium by the Nottingham and Nottinghamshire Association for the Prevention of Consumption. The objects of this body are defined as:—

"(*a*) To establish in the County of Nottingham a sanatorium for the treatment of consumption in persons of limited means; (*b*) to spread a knowledge of the laws of health, and to encourage voluntary measures tending to reduce the causes of tuberculosis; (*c*) to co-operate in educational and voluntary measures with the National Association for the Prevention of Consumption, and with its local branches." The Association has influential supporters and a committee which is responsible for the conduct of the sanatorium. We were privileged to visit the institution in company with the House Committee and one of the hon. secretaries, Dr. W. B. Ransom, who is also one of the hon. consulting physicians.

The sanatorium is situated on high ground in picturesque country at Ratcher's Hill, in Sherwood Forest. The estate consists of fifty acres of pinewood and heather-covered moorland, and was presented by the Duke of Portland. The site is excellent, the soil is sandy, and pines afford considerable protection and admirable opportunities for enjoyable outdoor life. The elevation is 470 feet above sea-level, and towards the south there is a wide expanse of open country. Mansfield, the nearest town, is about three miles distant and is in telephonic communication with the sanatorium.

The building has been erected by the Portable Buildings Company, of Fleetwood. It is constructed of wood, with double walls placed on a brick foundation. The double walls, with a layer of felt and air-space between, are said to secure warmth in winter and coolness in summer. Long and wide glass-covered verandahs have been constructed on both sides of the wards, thus allowing of a ready and convenient arrangement of the patients so that according to the state of the wind shelter may be obtained and life in the open be fully maintained. The wards are light, clean, and so constructed as not to harbour dirt.

There are several shelters near the main building, and there is at present accommodation for twenty-six patients, thirteen of each sex.

There is a good electric light installation, the dynamo being worked by an oil engine. The building is heated by low pressure hot water, in pipes and radiators. The drainage is on the water system, and the sewage is dealt with in a septic tank. A good supply of water is obtained from the Mansfield Water Works. The construction and equipment of the sanatorium has cost over £5,000. The initial cost per bed is placed at £220. It is estimated that at but slight additional expense provision can be made for an addition of twelve patients.

Treatment is conducted on strict hygienic lines. A lady medical acts as resident medical officer. There is a matron, sister, and probationer and staff of servants. On all hands there is evidence of efficient oversight, judicious economy, and common-sense management. We were glad to find that much local interest and support were forthcoming; there are visiting, house, and after-care committees, all of which appear to be accomplishing much good work.

Two practitioners resident in Mansfield act as hon. visiting medical officers in case of need; and there are four hon. consulting physicians. According to the last medical report available, during the first eleven months of the existence of the sanatorium (which was opened for patients February 3rd, 1902), 61 patients were admitted, 41 were discharged, and of these only 11 were in an early stage, while 21 were classified as serious, and 9 as advanced. Recently encouraging results have been obtained, but hitherto it has not been found possible to find desirable forms of out-door work suited to the physical condition of the patients.

The manner of management presents many features of interest. According to the rules, only those persons are eligible for admission who "(*a*) satisfy the Committee that they are unable to pay for treatment in a

private institution, or to obtain proper treatment at home; (*b*) are certified by one of the consulting physicians to be in such a stage of the disease as to afford reasonable expectation of permanent improvement or cure." Patients must live in the county of Nottinghamshire, or within ten miles of its borders; but preference is given to inhabitants of the county. We understand a number are now on the "waiting list." Much care is taken in the selection of cases, many being first kept under observation by the examining physician in the Nottingham General Hospital. Patients are admitted to the sanatorium "(*a*) on the nomination of persons or groups of persons called nominators, who pay the cost of maintenance of a bed and have the right of nominating to that bed, subject to the by-laws drawn up by the Committee; (*b*) on the recommendation of members of the Association; (*c*) the Committee shall have power to enter into any agreement with any local authority for the reception of sick inhabitants of the district of such authority (subject to these rules and to any by-laws made by the Committee) on payment of such annual or other sum as may be agreed upon." Persons or groups of persons subscribing £75 annually have the right of nomination to a Free Bed for one year. A subscription of £40 annually gives a nomination for six months, and £20 for three months. Persons or groups of persons may also become Nominators to a bed for which the patient pays ten shillings a week on the following terms:—"50 guineas for one year; 26 guineas for six months; and 13 guineas for three months. If, however, all the beds are not allotted to nominators and the income of the Association permits, persons may be admitted on the recommendation of a member to a free bed, to a partly free bed, or to a paying bed, where the patient pays the whole cost of his maintenance (31s. a week)."

The Notts Consumption Sanatorium is worthy of careful study by all county authorities, public bodies, and combinations of benevolent persons anxious to alleviate the lot of the phthisical sufferer and lessen the prevalence of human tuberculosis. It affords an excellent example of good work accomplished in the face of considerable difficulties and at almost a minimum of expenditure.

Continental Health Resorts.

RIVIERA NOTES—CANNES.

[FROM OUR SPECIAL CORRESPONDENT.]

YEARS ago our British people came to the Côte d'Azur for rest and for health. Now, the Riviera seems chiefly sought for pleasure. Each year the "season" here grows shorter; visitors come later and go away earlier. Even the most comfortable trains begin in what, not long ago, would have been considered the middle of the season, and are taken off before what are really the most agreeable months on the Riviera.

For those busy bread-winners and active politicians who cannot spare a longer play-time, this brief breathing spell is better than none; but for those who have leisure, and especially for those who are invalid, delicate, or need rest and a climatic change, the old custom of coming in October or November, and remaining along the Mediterranean Coast until May, was decidedly the better and safer course. To derive benefit from a climatic change, it is well to get acclimatised *before winter commences;* better still, not to whirl away from a southern climate abruptly, before May has ameliorated our insular weather.

Years ago likewise, medical writers dwelt much on the climatic differences, and these are, of a truth, more noticeable between not only the different resorts on the Riviera, but also of the really diverse "zones" at each of the principal Riviera resorts. Comparisons and statistics abounded in medical articles and books formerly. Now, so many thousands of our people come abroad that everyone is supposed to know all that is necessary about Continental places.

This idea of the superiority of present day knowledge is a fallacy, as is nowhere more apparent than on the Riviera. All along the coast one meets families in hotels and villas located precisely where one or more of the members ought not to be even for a limited visit. It would have been better for their health had they stayed away. If one asks why they selected that particular place, the reply is, "Somebody said to them 'go to the Riviera,' or others recommended such and such hotels." It is old adage, "One man's meat is another man's poison." So on the Riviera, some towns suit certain constitutions and benefit some individual or transient states of health which would not suit, and might even be detrimental to, other peculiarities and constitutions. In the same towns even different localities vary noticeably. Continental physicians seem to be, at present, studying these phases of the question more actively than our own medical writers. The "Index Médical," recently published by the Syndicat Général des Médecins des Stations Balnéaires et Sanitaires de France, gives an admirable *résumé* of the climatic and other advantages of Cannes, and of the indications for its different residential zones, relative to particular cases, needs, and constitutions.

Medically considered, Cannes includes the large territory, formerly the great valley of the Liagne river, embraced between Cap Roux of the Esterel range on the west, and on the east by the spurs of the Alpes Maritimes, terminating at the Croisette. This territory of triangular shape, the town of Cannes lying at its southern base, and the town of Grasse at its northern point, is well shielded by heights, especially from north and west winds—*i.e.*, from mistrals by mountains, and by wooded hills from undesirable easterly winds coming across the Gulf of Genoa and from the snow peaks of Northern Italy. It lies open to southern winds and sea-breezes. It is broken up in the interior of the plain and in Cannes itself by a variety of small hills, the chains of which run chiefly north and south, affording many sites more or less elevated. These sites are much varied, some on summits, some in glades, others on hill-sides amid woods and flowers. Sheltered or in open spaces, shaded by trees, or in full sunlight; near the sea or inland; in spacious vivifying atmosphere, or in calm and sedative seclusion; in all kinds of positions are residences, elegant or modest, suitable for a variety of purses and of preferences. In this lies the great charm of Cannes, as compared with less varied and less favoured seashore resorts. Owing to the convenient elevations on which in large gardens are many picturesquely situated villas and hotels, as the Hôtel Continental on a rock yet only five minutes from the central sea-side square, visitors can very agreeably remain at Cannes throughout April and May; and at the neighbouring town of Grasse (1,100 feet altitude) even until midsummer. The numerous easy excursions around Cannes and Grasse, among hills, woods, and vales rich in flora, mediæval villages, prehistoric vestiges, and grand scenery, make the months of April, May, and early June the most pleasant here of the year.

Those who do not wish to travel long distances, yet desire to derive all the benefits of summer at an Alpine altitude, would find at the Grand Hôtel Climaterique of Thorens (three hours' drive from Grasse railway station), a very desirable summer-home, over 4,000 feet above ocean-level, amidst vast forests and great hills, and in every respect most comfortable. The high valley of Thorens consists of about 12,000 acres of park-like ground, broken up by woods and rock terraces, the views extending from snow-covered Alps to the Mediterranean; and its mountain atmosphere, tempered by pine forests, is delicious and fortifying.

Transactions of Societies.

HARVEIAN SOCIETY OF LONDON.

CLINICAL MEETING AT ST. MARY'S HOSPITAL, FEBRUARY 25TH, 1904.

DR. D. B. LEES showed a case of

APHASIA WITH ANOMALOUS SYMPTOMS,

also a case illustrating the use of large doses of sodium

salicylate. This patient had taken at irregular periods as much as 400 grains of sodium salicylate in combination with potass. bicarbonate per diem, and if the drug was discontinued symptoms immediately recurred. This case exhibited well the great tolerance patients had or soon acquired for sodium salicylate.

Dr. PHILLIPS remarked that he never used such heroic doses of sodium salicylate, but in these cases preferred to try aspirin.

Dr. WM. HILL inquired the cause of absence of tinnitus when administering these large doses of sodium salicylate. Was it due to the combination with potass. bicarbonate?

The PRESIDENT inquired of the cause of aphasia in the first case—*i.e.*, what was its pathology in this instance? In the second case, was she to continue the salicylate for ever?

Dr. LEES said salicylate in large doses was really stimulating, and we were discouraged when ear symptoms appeared, and immediately discontinued the drug. The pathology of tinnitus was probably that of partial cerebral thrombosis.

Dr. SIDNEY PHILLIPS showed a case of

OSTEO-ARTHRITIS OF THE SPINE,

in which there was thickening, pain, tenderness, partial fixation by spasm and rigidity over the upper four dorsal spines. The head was slightly flexed to the left and rotated at an angle to the vertebræ. The deltoid, pectorals, and triceps on the one side were wasted, and there was deformity of the fingers, with glossy skin and tingling of the same hand, suggesting pressure on the nerves in the inter-vertebral foramina. Dr. Phillips thought these cases much more common than is usually assumed

Mr. LOCKHART MUMMERY considered the case to be one of those called spondylitis deformans.

Mr. SILCOCK considered it the type of disease found in workers in the open air, and was very ancient, being found in Roman bones.

Dr. PHILLIPS did not consider it to be one of the ordinary type referred to, but it seemed to him to be a case of pure osteo-arthritis of the spinal articulations.

Dr. CALEY showed a case of

RAYNAUD'S DISEASE WITH SPLENOMEGALY.

Dr. E. CAUTLEY asked Dr. Caley if the splenic notch was in a normal condition, that is, was the growth symmetrical? He had seen a case with twisting of the pedicle in which the organ enlarged, then subsided, but left some permanent enlargement. This case might be of the same nature.

Dr. CALEY thought the axis normal, and notch proportionately normal, but was too tender to examine carefully. Against twisting of the pedicle was the fact that symptoms came on when the patient was at rest.

The PRESIDENT commented on the case.

Mr. A. Q. SILCOCK showed a woman, æt. 30, who had been the subject of a dermoid cyst of right side of chest. She was admitted to St. Mary's under Dr. Lees, in February, 1903, presumably suffering from empyema, which was opened and found to contain a large quantity of caseating sebaceous material mixed with pus. Subsequent examination proved the (?) empyema to be a suppurating dermoid cyst. Portions of the cyst wall were removed at intervals, the patient being too weak to stand prolonged operations. As a result, the cavity became smaller and the suppuration diminished. Finally the whole of the remaining cyst wall was dissected away. Mr. Silcock remarked upon the infrequency of the affection, and upon the fact that many of the reported cases had been mistaken for empyema. The cyst was about the size of a polo ball or larger. He had as yet been unable to find a case in which a cyst of this size had been extirpated, and pointed out the difficulties of so doing, especially in separating it from the pericardium.

Dr. LEES considered the case practically unique. When admitted he thought it to be a pleuritis; there was slight pain in the side, with cough; the heart was pushed far into the left axilla, a point against pleurisy, but which may be present in hydatid of the lung or liver. The case was difficult to examine.

Mr. CLAYTON GREENE showed a case of hernia cerebri following a compound depressed fracture of the skull. The patient, a girl, æt. 10, fell out of a window into an area on October 26th, and was admitted under Mr. Silcock. In spite of local treatment the brain protrusion increased, a leaden plate was applied without benefit, absolute alcohol was beneficial, but did not check the hernia cerebri, carbolic acid was useless. About a month after admission a mass of hernia cerebri the size of an orange was excised; free hæmorrhage resulted, which adrenalin failed to check.

The hernia gradually re-formed and surpassed its original size. Everything failing to remedy this condition, it was again removed, this time by means of an electric snare. It was followed by little bleeding and no shock. Extensive œdema of eyelids, face and neck appeared, but gradually subsided. Three points of interest were remarked upon. (1) The hernia consisted largely of brain matter, not granulation tissue. (2) All treatment short of removing the protrusion was ineffectual. (3) In spite of abscision of a large portion of the frontal lobe, there was no loss of intelligence, or moral perversion, as far as could be judged. The facial paralysis was rapidly improving.

Mr. SILCOCK considered the condition due to extension of the suppuration into the cranial cavity, and regretted he did not open up and remove bone more freely in the first instance.

Mr. P. L. DANIEL showed a case of a young woman, æt. 24, who, immediately after delivery of a second child nineteen months ago, was seized with small-pox. Seven weeks later, when she returned from hospital, she noticed a small tumour on the right side of thorax. Mr. Daniel considered the case to be cutaneous actinomycosis associated with visceral involvement, a condition which in recent years was shown to be not uncommon, and was considered to be syphilitic because it cleared up under potassium iodide.

Mr. JAFFRAY referred to two cases of a somewhat similar nature, which he had first treated as gummata, which did not break down, but cleared up under potassium iodide.

Dr. GRAHAM LITTLE showed an interesting case of lupus associated with lichen scrophulosorum. An injection of tuberculin (No. 1) resulted in a typical reaction, in which the lichen scrophulosorum participated, becoming vividly red. The reaction of the lichen scrophulosorum, and its association with a definite tuberculous lesion, was interesting. He exhibited drawings of the condition.

Dr. NICHOLSON (for Dr. Cheadle) showed a case of (?) primary malignant disease of the liver, with microscope specimens.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD THURSDAY, FEBRUARY 18TH, 1904.

JAMES BARR, M.D., F.R.C.P., President, in the Chair.

PERFORATING ULCER OF THE STOMACH.

DR. BUCHANAN and Mr. W. THELWALL THOMAS related a case in which an operation had been successfully performed for perforated gastric ulcer. The patient was an anæmic girl who was suddenly seized with acute abdominal pain, for which she was admitted into hospital. The diagnosis was at first doubtful, the continued elevation of temperature and a marked leucocytosis suggested the possibility of typhoid fever. The subsequent progress of the case, however, revealed a localised peritonitis, which was thought to be most probably due to a perforated gastric ulcer. On the twelfth day of the illness Mr. Thelwall Thomas operated. The stomach and the liver were adherent to the abdominal wall, and on separating these adhesions a localised abscess was opened and a distinct hole seen in the stomach. An unsuccessful attempt was made to close the perforation with stitches, and finally the abdominal wound was left open and packed with gauze. Convalescence was prolonged, but the patient ultimately made a satisfactory recovery.

PERFORATING ULCER OF THE DUODENUM.

Mr. DAMER HARRISSON related a case in which he had successfully operated upon a man, æt. 45, for perforating ulcer of the duodenum. There had been no previous gastric symptoms. The patient was suddenly seized with acute abdominal pain, which he referred more especially to the right iliac fossa. An operation was performed eleven and a half hours after the onset. A perforated ulcer of the duodenum, close to the pylorus, was found and closed with sutures.

Mr. LITTLER JONES referred to a case in which perforation of a gastric ulcer had occurred at midnight. The patient finding that the pain was relieved by the knee-elbow position, remained in that posture all night. At the operation next day, there was found an anterior perforation of the stomach, with little if any extravasation, but fair adhesions.

Dr. E. T. Davies, Mr. Newbolt, Mr. George Hamilton, Dr. Carter, and Dr. Macalister took part in the discussion on these cases.

THE TREATMENT OF MALARIAL FEVER.

Dr. CARTER read a note on the treatment of some cases of malarial fever. Four cases had come under his care during 1903; they all, more or less, resembled each other. They were cases of obstinate continuance of fever, in spite of all the ordinary remedies; there was complete breakdown of the general health, and loss of weight. In every instance, a complete and apparently permanent relief of all symptoms had followed upon the administration of Warburg's tincture. In one case the patient had suffered from frequent attacks of malarial fever during the last three years, and during the last attack, in spite of the administration of large doses of quinine, the temperature rose to 106° F., but after a few doses of Warburg's tincture the temperature fell to normal, the general health markedly improved, and apparently permanent relief has followed.

Dr. BRIGGS read a paper on the

TREATMENT OF SEVERE CASES OF PLACENTA PRÆVIA.

By severe cases were understood one considerable, or two or more recurrences of, hæmorrhage, regardless of the degree of placenta prævia. The paper was mainly based upon the more modern means of treatment, which promises to improve the results obtainable in the management of these cases. Dr. Briggs first alluded to the bag devised by Champetier de Ribes, which, together with its forceps, presents an inconvenient and cumbrous appearance, hence, possibly, the comparative rarity of the use of the bag in the treatment of severe cases of placenta prævia. Its use could be rendered easy by preliminary dilatation of the cervix, by the finger or by Bossi's method in the rare instances in which the latter is required. The twenty-two cases tabulated, and the conclusions formulated in the paper by Dr. Blacker, in the Obstetrical Society's "Transactions" for 1897, were freely used by Dr. Briggs. Blacker quotes the words of Champetier de Ribes:—"I should be disposed in a case of placenta prævia, with no pains, to rupture the membranes when I was able to reach them, and to place the bag within the amniotic cavity. I am convinced that the bag would form an excellent tampon, fulfilling all the conditions necessary in these grave cases to ensure the best result to the mother and to the child." Dr. Briggs cited two severe cases of placenta prævia, as illustrating the value of the treatment he advocated—(1) in the twenty-eighth week of gestation, when the cervix was closed, the bleeding was free and labour pains absent; and (2) a full-term labour with copious hæmorrhage. In both the bag was used, and in the former preliminary dilatation was effected by Bossi's instrument, which enabled the medical attendants to complete what had been a presumptive diagnosis, and to introduce the bag of Champetier de Ribes, which served its purpose by controlling the bleeding, inciting and completing labour in eight hours. In the second case, labour had commenced and was completed with a living child in the first vertex position, in two and a half hours after the bag had been introduced. Dr. Briggs then referred to De Paoli's nineteen cases of placenta prævia treated by Bossi's method, completed in five to twenty-five minutes, without laceration of the cervix, and with a death-rate of one mother and three children. Dr. Briggs expressed his opinion that rapid delivery in cases of placenta prævia was becoming a more common practice. He cited his own experience in six cases in which for grave internal conditions he had used Bossi's method. As to the use of the bag, its great value consisted in its easy introduction, its standing boiling, and its perfect control of the bleeding, forming, as Dr. Herman had stated, a better hæmostatic wedge than the half-breech of the child, after turning. From his own experience of thirty cases treated by version, he concluded that forcible delivery was rarely necessary, for in all these cases the bleeding had been controlled, and without exception, traction on the child was not required to check bleeding. It was probable that in many cases hæmorrhage from laceration of the cervix during podalic version was a source of bleeding, due to the treatment adopted. The interests of the child were improved by the use of the bag of Champetier, and whenever the bag was available it ought to be used in the treatment of placenta prævia.

Dr. JOHN GEMMELL said that most cases of placenta prævia were of the marginal type, and in these the use of the bag was not necessary. Further, the introduction of the bag necessitated the presence of a second medical attendant to administer an anæsthetic, which would render its being generally employed impracticable.

Dr. LLEWELLYN MORGAN relied upon tight packing as a routine treatment in cases of severe hæmorrhage.

Drs. Heatherley, E. T. Davies, Mackay, Blair Bell, and Littlejohn also took part in the discussion, and Dr. BRIGGS replied.

THE SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

A MEETING of this Society was held on FEBRUARY 19TH, 1904, at 11 Chandos Street, Cavendish Square, W., Mr. R. CLEMENT LUCAS in the chair.

A case of cerebral diplegia with changes in the fundus oculi was shown by Dr. ROBERT HUTCHINSON. The child was æt. 17 months. It was full time, the labour was easy, and there was no history of syphilis. All its limbs were flexed on the trunk, the muscles were spastic and the deep reflexes were exaggerated. It was imbecile. The optic discs were atrophic, there was extensive choroido-retinitis and diffuse opacities in the lenses. The condition was thought to be due to arrested development of the cortex cerebri, probably syphilitic.

A case of progressive cerebral degeneration of the family type was also shown by Dr. Hutchinson. A boy, æt. 4, was healthy until æt. 10 months, when fits occurred on and off for some weeks. Two months ago he began to stagger when walking, and he next developed some spasticity of the legs with mental apathy. The optic discs were becoming atrophic. There was another child in the family who became affected in the same way and at the same age. There was no history of syphilis.

Mr. SYDNEY STEPHENSON thought the case belonged to a group which had been more or less worked out lately, one in which systemic symptoms were those of cerebral degeneration, which were correlated with fundus changes, the optic discs being pale, but not necessarily atrophic. Smallness of the retinal vessels was also noticed, and fine pigmentary changes in the central region of the fundus. He had seen one case the offspring of a consanguineous marriage.

Mr. JACKSON CLARKE thought the cases illustrated the importance of consultation with a physician before surgical treatment was undertaken in young children with general spasticity.

A case of symmetrical bilateral branchial fistulæ with symmetrical bilateral helical fistulæ and misshapen aural pinnæ was shown by Mr. J. HOWELL EVANS. In the cases recorded by Sir James Paget there was a very definite hereditary influence. There were other congenital deformities in members of the family in Mr. Evans' case.

Mr. MUMMERY did not agree with Mr. Evans that the

fistulæ in the case were in the position of the fourth branchial cleft; he thought it was the third.

Mr. CLEMENT LUCAS said the cases showed the extreme hereditary tendency there was. He had seen closed fistulæ mistaken for glands in the neck owing to cyst formation.

Mr. EVANS, in reply, said it was the third cleft as usually reckoned, but he was inclined to view it differently.

A portion of a coin catcher which had been removed by gastrotomy was shown by Mr. DONALD ARMOUR.

A case of vertical monocular nystagmus was shown by Mr. ARNOLD LAWSON.

An early case of Friedreich's disease was shown by Mr. JACKSON CLARKE.

A specimen of secondary angio-sarcoma of the lung was shown by Dr. W. A. WILLS and Mr. DOUGLAS DREW. Mr. Drew removed the left testicle for sarcoma in April, 1903, and there was no recurrence, local or general, until December, 1903. It was thought to be a case of empyema when admitted, and a rib was resected so sanguine were they that there was pus, but at the resection a new growth was discovered. At the post-mortem it was thought to be a primary sarcoma of the lung, but subsequent inquiries negatived that idea, and the case illustrated how a fallacy might arise even after a very careful post-mortem examination. Mr. Douglas Drew reminded the Society that in the previous November he had exhibited the child as one of cure after removal of sarcoma of the testicle. On the last occasion he had seen the child, Dr. Parkinson had found no evidence of disease in the lungs. The primary growth was adeno-myxo-sarcoma. The lung tumour resembled the primary growth in part, but the rest of it was of the nature of angio-sarcoma or endothelioma.

Dr. PARKINSON thought that the growth started at the root of the lung, that it came to the surface comparatively late and that was why there were not any physical signs.

Dr. WILLS, in reply, thought the growth had been extremely rapid at the last.

A case of anæsthesia and recurrent ulceration of the gluteal regions from spina bifida was shown by Dr. PARKES WEBER.

Microscopic sections of the kidney from a case of general œdema in an infant were shown by Dr. GEORGE CARPENTER. The infant was breast-fed. It was dropsical like a case of nephritis, and there was albuminuria, but no tube casts. Post-mortem, there were no inflammatory renal changes, but the kidneys could not be looked upon as absolutely normal in that they showed exudation between the glomeruli and their capsules and in the convoluted tubules, but there was complete absence of catarrhal or interstitial changes. He considered the condition toxæmic, but the nature of the toxin was not obvious or, indeed, the cause for death.

Dr. PARKES WEBER thought the case was an example of what could be called toxæmic œdema and toxæmic albuminuria. Absence of nephritis in such cases might be due to personal peculiarity. Microscopic sections of the heart and kidney from a case of acute œdema of the lungs and sudden death were shown by Dr. GEORGE CARPENTER. The child came under observation clinically as a case of heart failure, and it was diagnosed during life as one of uncomplicated myocarditis. The urine was loaded with albumin, there were no patellar reflexes and the soft palate was thought not to move freely. There was no history of diphtheria, but taking the clinical findings into consideration the condition was thought to be diphtheritic. Dr. Carpenter drew attention to his observations on uncomplicated myocarditis in children during the previous session and recorded in the Reports of the Society, and published in the *Lancet* in 1903, and said that the case well illustrated the clinical conditions met with in those cases which were diphtheritic and rheumatic. The child died suddenly the following day. The heart muscle showed well-marked degenerative changes. Contrary to the finding in one of his published cases, there were no interstitial changes in the present instance, and the condition was not inflammatory. He thought observations should more frequently be directed to the microscopical examination of the cardiac muscle in all diseases than happened at present. Clinically in his experience cases of weak cardiac action and probably of toxæmic origin were not uncommon, and he thought that such cases as he had called attention to would be more frequently discovered if looked for.

Dr. HUTCHINSON said he agreed with Dr. Carpenter's view that the condition of the heart was due to the diphtheritic poison.

Dr. C. O. HAWTHORNE was disposed to agree with Dr. Carpenter. Cases of sudden syncope after diphtheria were, of course, well known. Dr. Carpenter's case, in all probability, afforded a demonstration of the manner in which these disasters were produced.

Dr. C. W. CHAPMAN narrated a case of post-diphtheritic rapid cardiac dilatation with syncope.

Dr. PARKES WEBER thought that Dr. Carpenter had hit upon the only possible explanation.

Mr. CLEMENT LUCAS thought the case showed that the condition might easily be overlooked. He called attention to an epidemic of slight sore throats in a surgical ward where the diphtheria bacillus was found in swabs taken from these throats, but the patients had no serious symptoms.

Dr. CARPENTER, in reply, said a girl, æt. 6, under his care for cardiac failure, with a systolic apex bruit, a dilated heart, and a pulsating liver and albuminuria completely recovered in due course and before she developed paralysis of the soft palate nearly a month after she was first seen, which thus clearly demonstrated the nature of the toxæmia, though at the time the cause of the heart failure was not obvious.

A paper on the treatment of hernia in young children was read by Mr. LOCKHART MUMMERY.

Mr. CLEMENT LUCAS alluded to the special difficulty in young children, that of isolating the vas deferens from the sac. There was a real danger of destruction in inexperienced hands.

Mr. MUMMERY, in reply, said it was precisely that difficulty referred to by Mr. Lucas to which he alluded.

The organs from a case of hemi-hypertrophy were shown by Dr. ROBERT HUTCHINSON. He was a healthy, well-developed child with three small capillary nævi in the skin. The left arm and leg were hypertrophied, and to some extent the trunk also. The asymmetry of the limbs was apparently due to an increase of the subcutaneous tissues of the left side, resembling a diffuse lipoma. He subsequently developed an empyema and died. The increased thickness of the lett limbs was entirely owing to an increased deposit of subcutaneous fat. The bones were normal. Most of the paired organs were decidedly larger on the left side than on the right. The left lobe of the thymus was larger, but the two lobes of the thyroid were symmetrical. The liver contained some multiple angiomata. He thought the condition must date back to embryonic life and be in consequence of unequal segmentation in the ovum.

Dr. HAWTHORNE alluded to a case of Dr. MacGregor's, of Glasgow, where the hypertrophy was limited to the lower limb. Post-mortem, there was a tumour of the optic thalamus. In view of the relation between the enlargement of the pituitary body and the condition of acromegaly, Dr. MacGregor's case seemed of much importance.

Dr. PARKES WEBER said the case furnished an excellent example of the association of congenital general overgrowth of a portion of the body with angiomata in the skin representing vascular overgrowth.

Dr. HUTCHINSON, in reply, showed a giant finger which had been amputated and also an enlarged suprarenal capsule on the same side from the same patient.

NORTH-EAST LONDON CLINICAL SOCIETY.

MEETING HELD THURSDAY, MARCH 3RD, 1904.

DR. J. W. HUNT, President, in the Chair.

DR. G. P. CHAPPEL read a paper on some of the LIMITATIONS OF MEDICINE IN ABDOMINAL DISEASE, an abstract of which will be found on page 254.

Dr. FREDERICK H. DALY remarked upon the great

advances which antiseptic surgery had made, whereby it was possible to operate successfully upon cases of gall-stones, and he referred to a paper which he had read upon the subject twenty-five years ago before the Clinical Society of London, when such an operation as cholecystotomy was deprecated by nearly all present.

Dr. E. HOOPER MAY expressed the opinion that cases were invariably sent into hospitals too late, and pleaded for the earlier assistance of the surgeon. He considered that those cases of perforated gastric ulcer in which there was a history of profuse hæmorrhage often did better than those in which this symptom was only slightly marked.

Dr. R. MURRAY LESLIE agreed that much hæmatemesis was seldom a feature of the cases which went on to perforation. The reason why the hæmorrhagic cases recovered sooner was probably because the physician was thus placed earlier upon his guard, and a rigid diet was at once enforced.

Dr. THOMAS RUSHBROOKE said that there were many cases of appendicitis in which it took longer than twelve hours to decide the diagnosis. He thought that if the consulting surgeon realised the great difficulties which beset the general practitioner in respect to the question of operative interference he would sympathise more with him.

Mr. WALTER EDMUNDS referred to the difficulty of diagnosis caused by the presence of a pancreatic cyst, and said that surgical aid had been of value in certain cases of spasmodic contraction of the pylorus in children.

Mr. HERBERT W. CARSON considered that abdominal troubles might be divided into two groups, those which were primarily surgical, and those which secondarily became so. In the first class he would include all acute perforative lesions and all cases of appendicitis. To the second class he referred all cases of chronic gastric disorders accompanied by perigastric adhesions. He drew attention to the prospect held out of the cure or alleviation of cirrhosis of the liver by surgical measures, and to the importance of more frequent examination of the blood for leucocytosis as an index of suppurative changes.

The PRESIDENT thought that the moral effect upon the patient's mind of a proposal to operate must be taken into consideration, and that, while an exploratory incision was of the greatest value in all doubtful cases, it was as well that the public should be disabused of the idea that a surgeon, when called in, would of necessity operate in all cases.

Dr. CHAPPEL replied.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 6th, 1904.

INTESTINAL EXPERIMENT.

KREIDL showed a dog to the members of the Gesellschaft der Aerzte, on which he had operated fourteen days previously by stripping off the muscular covering of the small intestine over a metre of its length. The day after the operation the dog was quite fresh and took its food as the other dogs. The stools were regular and natural without any abnormal appearances. He concluded that muscularis mucosa was quite sufficient, as it had proved in this case, to carry on the continuity of the bowels without the support of the muscular covering of the canal.

VESICULAR DIVERTICULUM.

KÖLLES exhibited a young man, æt. 17, with a diverticulum in the bladder which could be felt and seen as a firm tumour in the right lower part of the abdomen. Its size varied from that of an apple to a man's fist. The cystoscope revealed two funnel-shaped openings in the wall of the bladder from which urine could be pressed. The Röntgen rays confirmed the pouch, which could be emptied and blown up as a tumour. The bladder, when full, would contain two litres, while the residue or sac would give out 850 cubic centimetres when pressed empty.

PERFORATION OF THE PROCESS VERMIFORMIS.

Moszkowicz brought forward a girl, æt. 8, who in her fifth year had a perforation of the vermiform process, followed by two abscesses, one in the right and one in the left iliac fossæ, which were opened as soon as they were discovered. Five weeks later an operation had to be performed for a stenosis of the bowel, owing to some backing of the ileo-omentum, when an artificial anus was made in the upper part of the ileum. After this time she rapidly gained in weight, rising from sixteen to twenty-one kilos in a very short space of time.

A fistula formed later within the rectum that admitted of the closure of the artificial anus.

The saving of this child he attributed to the early opening of the two abscesses, which were not in communication.

PURULENT PERITYPHLITIS.

This is a subject that had been opened for discussion by Moszkowicz at a former meeting.

Schnitzler said that he had operated on seventy-two cases for pus in connection with the appendix, with the death-rate of 14 per cent.

This form of abscess should be operated on as soon as it has been diagnosed that matter is present; when it occurs in the pouch of Douglas, the rectal operation is the best. When meteorism is present the danger of infection in the peritoneum is very great. He thinks it very bad practice to go searching through the abdomen for hypothetical abscesses after opening the primary one. He is, however, a strong advocate of early opening. Whatever has to be done in the way of operating should be done within the first twenty-four or forty-eight hours, whenever diagnosed.

Spieler preferred the radical operation at once. If the appendicitis be the real cause why not remove the appendix in the first place, and more particularly in children where the diffuse form is more common, and which form two-thirds of the whole number? He thought there was no more danger in the radical operation than in the expectant one of opening an abscess. It is noteworthy that the peritoneum loses its power of absorption after inflammations, such as that of the vermiform process, and becomes very inactive, probably owing to the changes in the endothelium, which may have the power of destroying the function of the membrane.

Toges related the history of a few cases that had come under his own observation, where certain inflammatory processes of the female genitals had produced purulent perityphlitis. These often result in purulent inflammation of the adnexa, with subsequent bands of adhesion.

Lotheissen said that he invariably incised the perityphlitic abscesses where it was at all possible, over the appendix in the cæcal region. He is also in favour of early action, even though there be no fever but a quick pulse and fluid in the right flank. The prognosis is always better in the single abscess than in the multilocular. The prognosis of a general peritonitis accompanying the abscess will depend upon the nature of the exudation, the cause of the abscess and the resisting power of the patient, such as age and temperament.

He related the history of twelve cases of purulent peritonitis he had operated on when collapse had set in and the patients were almost pulseless. Yet only three were saved out of the twelve. If he were to offer any advice on the subject, he would say, operate within the first four days of the illness, by performing laparotomy and draining thoroughly.

Ullmann thought that the purulent ichorous peritonitis is usually the consequence of the bursting of

the abscess and not the opposite as Moszkowicz had affirmed. He condemned the further search for other abscesses after opening the primary, and thought it impossible to diagnose multiple abscesses. It was better to wait with confidence and hope after incising the primary abscess.

Owing to the absence of a precise clinical diagnosis the whole question was a difficult one to offer an opinion on. As to operating early with success he entertained grave doubts on this point and was glad to see that Gersuny shared this opinion. He had operated early in many cases, perhaps too early, where the disease had the appearance of a simple abscess, but to his disappointment they had turned out to be the most severe cases he had had. There was danger also in being too early.

Hochenegg announced himself as an advocate of early operation and admonished all his colleagues to operate as soon as they had made a correct diagnosis. It is difficult to forecast from any diagnosis we can make what will be a light case or a severe case. He had recently operated on twelve cases in the early stage, and not one of them died. In the same time he had operated on twenty-nine cases, with diffuse peritonitis, and twenty-seven of them died! There was no doubt that a single abscess would be a favourable case and would recover in a short time, while a multilocular form would be protracted.

The best method of opening an abscess in the pouch of Douglas is by the para-sacral operation. What he understood by a Douglas abscess was one quite closed up in that sac of the peritoneum having no connection with the appendix. The radical operation is not always so simple as described, as not infrequently we meet with a number of capsuled abscesses around the appendix, filled with pus that may or may not be removed, but as a rule the interval operation is the more successful.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

Tuberculous Disease of Elbow-Joint.—Erasion of the Elbow-Joint.—Mr. Mayo Collier operated on a boy with extensive disease of the left elbow-joint. He said the boy was admitted under his care for operation, but previous to this he had been treated for prolonged periods with immobility secured by splints, and general attention to health. Some improvement had taken place so long as the elbow was kept fixed, but as soon as functional activity was allowed the trouble set up with increased vigour. The present condition was not favourable for operation, and a useful joint was a matter of considerable doubt. The disease had invaded the whole lining membrane of the joint and had extended in various directions. There was a large abscess extending from the outer condyle halfway down the radius, and a similar boggy condition of the tissues over the lower third of the humerus. There was distinct grating in the radio-humeral and ulna-humeral joints. The question was, What form of operation would be most advisable? Excision was out of the question, as by this procedure it would be impossible to get beyond the disease. The treatment lay between amputation and erasion, and seeing that the boy was in other respects apparently free from disease, Mr. Collier decided to do an erasion of the joint and scrape and curette all the abscess cavities and tracts, and, if possible, secure a fair joint. At all events, the more severe operation of amputation could always be resorted to if the present procedure failed to remove the disease. Mr. Collier made an incision over the upper third of the radius and opened a large cavity filled with tuberculous granulations and *débris*, exposing the upper third of the radius in a bare and carious condition. The elbow-joint was further opened by a transverse incision over the back of the joint, opening a second large collection of tuberculous granulations and *débris*. The olecranon was next sawn through transversely, and the cavity of the joint being now freely exposed, the operator set to work with scissors, curette, and forceps to remove the whole of the tuberculous synovial membrane and diseased structures. This procedure occupied a considerable time. The upper third of the radius was removed, and the whole cavity deluged with hot carbolic lotion. The bleeding being arrested, the tracts and hollows were packed with strips of gauze soaked in iodoform emulsion. A drain was left in opposite each condyle, and the limb supported on a rectangular splint. Mr. Collier said this elbow was an excellent example of the harm that may result in trusting too long to rest and splints. In the very earliest stages this was good treatment, but so soon as definite thickening and granulation had occurred nothing but erasion or excision could be of the smallest use. In this case, the disease had got beyond the joint and invaded the tissue of the forearm, and it was perhaps too much to expect that the procedure now adopted would result in a useful limb. However, Mr. Collier thought it right to give the boy the chance.

FRENCH HOSPITAL AND DISPENSARY.

Resection of Ribs.—Mr. Clayton Greene operated on a patient, æt. 21, who had been admitted four months ago for a large swelling (fluid) over the ribs and sternum of the shape of an inverted pear, pulsating with the heart-beats, and which had gradually been increasing in size for the past three months. There was a history of a blow received about four months before the man's admission, and also a history of influenza. On examination, the swelling was found to be fluctuant, not reducible, and was evidently an abscess. On inserting an exploring needle, purulent material was withdrawn. The swelling was incised and about a pint and a half of pus was let out. On further examination it was found that the second rib and the posterior part of the sternum were carious, and the lung was flattened on to the posterior chest wall. The second rib was removed and a large empyema tube was inserted. About three months afterwards the patient was sent to the Brighton Convalescent Home with a small discharging sinus. A month afterwards he was readmitted to the hospital with a small fluctuating mass over his sternum. This was incised and scraped, and was found to communicate with the old sinus, and on further exploration the first rib was also found to be carious. This rib was then removed after very careful separation of the structures in the immediate vicinity; the old sinus was well scraped out; new bone was found to have been formed where the second rib had been removed; the lung, too, had expanded. The incision for the excision of the first rib was completely sewn up, and a large drainage-tube then inserted up to the first rib cartilage, together with gauze plugging, which was to be removed in twenty-four hours. The wound healed by first intention, and the patient is doing very well indeed. Remarks by Mr. Greene on this case will be published next week in "Operating Theatres."

The following telegram from the officer administering the Government of Mauritius was received at the Colonial Office on the 4th inst.:—"For the week ending March 3rd, six cases of plague, five fatal."

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX"

WEDNESDAY, MARCH 9, 1904.

THE DIMINISHING BIRTH-RATE.

THE birth-rate of a nation affords a sure index of its vitality, and denotes with unerring finger the period of its growth, its maturity, and its decay. It is governed by laws that are not yet understood in their entirety, but which it is of the utmost importance should be reduced to a scientific basis. It is with pleasure, therefore, that we publish at length an exhaustive discussion on the subject by Dr. Taylor, of Birmingham, in his recent Inaugural Address to the British Gynæcological Society. Dr. Taylor bases his essay on the theory of Ruskin, that there is no wealth but life, and on the fact that the birth-rate of the United Kingdom is steadily diminishing. The latter proposition is borne out by the gradual decrease of the birth-rate per 1,000 from 34·3 in the five years 1874-78 to 28 in the years 1897-1901. A diminishing birth-rate is not a feature of our own country only, but has occurred also in Austria, Germany, Italy, and France. In the absence of exact information, there is good reason to think a similar fall has taken place in the United States, while it is notably rising in Russia and Japan. In the United Kingdom the marriage-rate has not altered much, so that the lessened birth-rate must be due not to celibacy, but to causes operating in the married life of its inhabitants. The fertility of marriages, in point of fact, has decreased to such an extent that it has been estimated by a statistical authority to mean 26,000 less births per annum in London alone. A mere decrease in quantity might possibly not be an unmixed evil were that attended by a bettering in quality. We are compelled, however, to the conclusion that race deterioration is taking place. The juvenile population of to-day compares unfavourably with a former generation in criminality, in mental diseases, and brain weakness, and even in alcoholism. Dr. Taylor's conclusion is that not only are modern marriages relatively infertile, but that the offspring are weak and neurotic, being specially prone to alcoholism, criminality, and insanity. He further points out that the marriages of the upper and middle classes are now so sterile that an undue and dangerous proportion of the rising generation is recruited from the more ignorant, the more vicious, and the more criminal substratum of society. At the same time it should be remembered that there is no finer foundation for the stamina of a nation than the presence of a large and prosperous labouring element. Coming to the cause of the relative sterility of modern marriages, Dr. Taylor courageously goes to the root of the matter. He says that the elevation of the age of marriage is a small factor, but the main cause is the deliberate use of preventives against conception. Instead of the families of five, twelve, or eighteen children familiar to our grandparents, we commonly find three, two, or one. Dr. Taylor traced various unfavourable results to the use of preventives. He pointed out that the storing of seminal fluid is a source of strength in man and the lower animals. That the testicular secretion has a profound influence upon the bodily economy has been abundantly proved by the researches of Brown-Séquard and Boy Tessier. As regards the female, it has clearly some function beyond fertilisation. As an illustration of that proposition might be taken the neurasthenia that often accompanies sterility due to plugged cervical canal. Then, again, pregnancy plays an important part in giving ovarian rest during its continuance. When the natural cycle is prevented the woman probably suffers far more than she would do from child-bearing. It is a noteworthy fact that the mothers of large families still furnish the finest and healthiest specimens of British matronhood. Prevention, moreover, robs the male of the moral control acquired by the recurring periods of abstention and restraint due to pregnancy and parturition, a quality that is presumably more or less transmissible to his offspring. As regards the child, it is usually the child of the larger family and the poorer parents, often from the lower ranks of society, who pushes his way to the front and elbows out the child whose coming has been carefully "arranged for." The influence of prevention of families upon a nation is undoubtedly great. During the past fifty years in France, although the population has hardly increased at all, yet its criminality has been trebled. In 1830 the suicides amounted to 5 per 100,000 of population as against 24 per 100,000 in 1887, 55 of the latter being under fifteen years of age; whereas in 1896 there were no less than 375 between fifteen and twenty-one years of age. Then, again, is the highly significant fact that since 1880 France has passed from the seventh to the first place among the nations as a consumer of alcohol. After fifty years of limited birth-rate, France appears to be afflicted with a hopeless national neurasthenia which demands constant stimulation in order to face the ordinary routine of life. In considering the possible remedies one must recognise the fact that the forces of modern civilisation appear antagonistic to family life. Religion should inculcate a higher ideal and

a simpler standard of life. The State might afford special relief of taxation to the parents of large families, and by better protection lower the ever receding age at which remunerative work is possible in the learned professions. Medical men would do well to make a closer study of the evils due to limitation of families and educate the laity on the point. Dr. Taylor personally condemned all artificial prevention except in cases of deformity or of grave disease. Almost all labours are safe in the hands of modern surgeons. To artificial prevention must be attributed not merely the diminishing birth-rate, but also the diminishing value of our population. The maximum of life can be attained only by the maximum of virtue; the prevention of life is always accompanied by moral deterioration. This eloquent address on a weighty subject is worthy of earnest study by every member of the medical profession.

COMPOUNDING BY MEDICAL MEN.

This question, recently discussed at the meeting of the Metropolitan Counties Branch of the British Medical Association, where so decisive an expression of adverse opinion was given, touches several matters of grave interest to the profession. Dr. Heron must have foreseen that his proposal to alter the Medical Act by the insertion of prohibitive clauses could never for a moment obtain any support. To endeavour to hamper medical practitioners in the exercise of their undoubted right to compound their own prescriptions was an idea so obviously unpracticable and unjustifiable, that we can only attribute it to a hope on his part that its very extravagance would lead to the discussion of other issues which are inseparably associated with the one he desired to raise. It is profitless to discuss either the necessity or expediency of the compounding of medicines by practitioners. Apart altogether from the question of professional interests there is that of the public need, which in numberless instances cannot be met in any other way than by the practitioner dispensing, for the doctor's medicine as well as his services, in many localities, must go together. Also, even in places where there is an over-abundant supply of chemists, there are populations which cannot afford to pay both doctor and chemist, to whom the physic that goes with the advice is indispensable if they are to seek medical aid at all. A large number of those who crowd our out-patient departments in the hospitals come, as it is, from this class. Nor does the evil, though widely known to exist, decrease. As yet no means has been found to check the shameful abuse of hospitals, and the impositions practised on them by persons who can well afford to pay for advice and medicine which practitioners in their immediate vicinity are willing to give for most moderate fees. Not only that, but it is no uncommon event, having run up bills with their doctor for services rendered by night as well as by day, and for the required medicines, to seek evasion of their debt by going to the out-patient department of the nearest hospital, and, since depreciation of the doctor's services is a necessary part of their dishonest duplicity, to return and spread reports that "the doctors at the hospital" said that the previous treatment had been altogether wrong. Or they have a chemist close at hand who is ready to give "over the counter" advice, and to prescribe for all ailments at the cost of some registered pill or bottle of patent medicine. Thus, the unfortunate practitioner is hard pressed between the abused hospital department on the one hand, and the prescribing chemist on the other. Little wonder is it that "fees," if we can regard the sums paid in the light of these, are so miserably small. It must be so in the face of such competition. There is, of course, the danger that in the further reduction of fees comes the temptation to the practitioner to give the cheapest medicines and thus in some measure find himself recouped for his time and advice. And this is a danger that cannot be ignored. In medicine, as in other matters, necessity is a strong incentive, and even a doctor has "to eat to live." If he can only get a shilling for his advice and medicine, or eighteenpence for his visit and medicine, he must be a man with a strong sense of professional honour and duty to give 50 per cent. of the amount back in the shape of physic. The point is, can anything be done to lessen these evils? Can hospital authorities be induced to make more stringent regulations regarding the notes for the out-patient departments of the legion of hospitals, general and special, that are everywhere springing up? Can the evil of "over the counter" prescribing by chemists be curtailed? We fear that but little can be done to mitigate the latter evil. The Pharmaceutical Society may impose certain conditions with the view of restricting counter prescribing, in the granting of its diploma, but this cannot avail much as long as the practice can be pursued with impunity, and that no penal results follow. For the rest, so far as compounding is concerned, the profession itself is gradually drawing a clear distinction between two classes of practitioners. There is "surgery practice," with its dispensing department and surgery hours, filling a great want for the lower middle classes, and there is the general practitioner who has nothing to say to compounding, and who is rapidly treading on the heels of the consultant. For things are altering quickly, and the high class general practitioner is doing his own work, and only calls in the aid of a consultant on rare occasions of emergency or doubt. Ambition will lead any capable man to desire to join the ranks of the latter. As time goes on these ranks will be largely increased, and surgery practice with its dispensing will be more and more confined to poorer districts, and those in which the services of a pharmaceutical chemist cannot be had. It was unfortunate that at any time the skilled services of the medical adviser should not have been kept entirely apart from the medicines which he prescribed, and that they should have come to be linked with the latter in the medical

charges. One thing is clear—that as long as young men without private means adopt medicine as their profession, and are compelled to accept the low fees at present paid for their services, they will be forced to compound their own prescriptions at least during the earlier years of their professional career.

Notes on Current Topics.

"P.J.F."

ONE of the least admirable features of the proprietary drug trade is that each sample of the preparation has to bear a penny-halfpenny Government stamp. The amount gained from this tax is inconsiderable in proportion to the total revenue, but nevertheless doubtless forms one of the many obstacles to the abolition of the trade in secret medicinal preparations. Moreover, it gives many of the purchasers an idea that the Government guarantee the preparation as possessing, if not all that the advertisers claim for it, at least no noxious properties. Of course, it does nothing of the kind. The boot, indeed, is on the other leg. By recent legal decisions it appears that so long as the ingredients of a medicine, pill, or powder are printed on the outside of the bottle or box, or published in a well-known book of reference, the Government cannot claim stamp-duty; whereas if the vendor does not choose to let people into the wonderful mystery, he must pay his penny-halfpenny. When the article is priced at a shilling or two, he generally prefers to keep the secret locked in his own bosom; but if he only expects a few pence for his preparation, his profits are seriously curtailed if he has to pay the Inland Revenue authorities a penny-halfpenny out of them. To relieve the dispensing chemist of this disadvantage, the *Pharmaceutical Journal* has just brought out a book of 10,000 recipes. By putting on the label of any bottle or box dispensed the cabalistic symbols "P.J.F." ("*Pharmaceutical Journal* Formulary"), followed by the reference number, the chemist will evade the obligation to pay stamp duty. The Formulary will be "A well-known book of reference" in the eye of the law, as the dispenser will find it save him a great deal of trouble. Thus one little drawback to the prescribing chemist's business will be removed, and he will be free to go on and prosper. One doubts if the *Pharmaceutical Journal* will gain in respect from the medical profession by its action in bringing out a book of this kind; but no doubt it has met the convenience of many members of its *clientèle* by so doing.

A Poor-law Infirmary and Puerperal Fever.

THE Bristol Board of Guardians have been faced with a serious state of affairs by the occurrence of two cases of puerperal fever in their lying-in wards. Their Medical Officer has not minced matters, for in reporting the cases above alluded to he said there would always be a risk of lying-in women becoming infected in that way when nurses who were doing ward work—dressing septic cases or working in a ward where such cases were—were allowed to attend midwifery cases. Clearly no nurse should be allowed to tempt providence in that way Indeed, we have no hesitation in saying that any Board of Guardians who permitted such a practice after due warning should be indictable for damages and death from resulting puerperal infection. There is no disease more disastrous and more difficult to eradicate than puerperal fever, yet at the same time it is absolutely preventible by rigorous preventive measures. We note that the occurrence has raised the whole question of the Poor-law Infirmary at Bristol. One of the guardians stated that there were eighty-nine patients in eighty beds, and two of them testified to having seen two patients in one bed. We are happy to believe that so far as England and Scotland are concerned, such a state of affairs is practically obsolete. It is to be hoped that all Poor-law Infirmaries will take the hint from what has happened at Bristol and appoint independent lying-in nurses. Why have the Local Government Board inspectors permitted this overcrowding and improper nursing?

Surgical Diagnosis of Abdominal Conditions.

IT has happened to most surgeons of experience at one time or another to open the abdomen in search for one disorder, and to find something quite different. Many, indeed, have operated for an inflamed or suppurating appendix, and have found the appendix quite healthy. Again, as everyone knows, there is no more difficult point in surgical diagnosis than the recognition of perforation. Only a few days ago we heard of a surgeon of great experience and undoubted diagnostic acumen who, in presence of all the symptoms of acute appendicitis, found a healthy appendix, but a perforated ulcer of the stomach. With such facts before the mind it is perhaps hardly to be wondered at that in hospital practice, at any rate, exploratory operation in doubtful cases is becoming more and more common. In private practice this procedure is not usually so feasible, since before submitting to a serious operation a patient likes, if possible, to get a decided opinion as to the nature of his disease. Nevertheless, we think there is too great a readiness on the part of many surgeons to suggest exploratory section, when some more care might suffice to guide the opinion without resort to operation. As Mr. Tubby remarks, in a recent paper, (*a*) "The method of settling the diagnosis by making an exploratory incision is . . . strongly to be deprecated, because it savours merely of the art of surgery, and not of the science. He is a poor surgeon who finds himself compelled to cut the Gordian knot of his difficulties by acting on the formula, 'Let us open the abdomen and look inside.'" Mr. Tubby goes on to relate some interesting cases of abdominal injury or disease in which the diagnosis was very difficult, and he gives some hints as to the symptoms which he himself has found most useful in diagnosing suppurative inflammations. Special emphasis is laid on an altered relation between pulse-rate and

(*a*) *Brit. Med. Journ.*, February 13th, 1904.

temperature, rigidity, absence of peristalsis, persistent tenderness, and excessive leucocytosis. At the same time, and we think rightly, it is pointed out that the marked prominence of one of these symptoms should nearly always outweigh the absence of others. Special attention to these points through the whole course of an abdominal disease will do much to obviate the necessity of many exploratory operations. At the same time it must be remembered that often even the best surgeon may be left in doubt, and exploration may be not only justifiable, but compulsory.

Ultra-Microscopic Germs.

IN lighting on ultra-microscopic disease germs as a subject for his afternoon lecture at the Royal Dublin Society recently, Dr. McWeeney chose a topic not only of great interest to the lay public who frequent these assemblies, but of deep scientific importance. After the discovery of the bacterial origin of many diseases it was at first thought that all infectious diseases would finally be brought into line by the discovery of a specific organism for each. Repeated failure, however, in the case of many diseases, and these neither unimportant nor uncommon, turned the minds of bacteriologists to the possibility of the specific organism being too small to be seen, even with the most powerful microscope. The wave-length in the case of white light is about $\frac{1}{25000}$ of an inch in length, and particles less than half a wave-length in size can only be seen as little blurred spots. The bacteria with which we are most familiar vary in size from about a micron in diameter to seven or eight micra in length, but it is easy enough to conceive that organisms much smaller may exist, the limit of observation being about quarter of a micron, that is to say, half a wave-length of white light. Germs less than this are by their size quite beyond our ken, yet it is possible that their presence may be made out by their effects, and such has been the fact in various diseases. In the case of pleuro-neumonia of cattle the late Professsor Nocard found out how to grow the microbe in nutritive fluids. They became opalescent from suspended particles too minute to be seen distinctly with the most powerful microscope. Other diseases due to ultra-visible microbes are the so-called foot-and-mouth disease of cattle, the South African rinderpest, and among human maladies yellow fever and in all likelihood hydrophobia. An important point in regard to these germs is that they can pass through filters which are sufficient to block all known bacteria.

Acute Suffocative Pulmonary Œdema.

IN comparatively few of the text-books is there any attention paid to the acute form of pulmonary œdema. Osler, Fagge, and Fowler just mention that such a condition occurs, while Nothnagel, Allbutt, and Gibson pass it over unnoticed. The most complete clinical description is that given many years ago by Dieulafoy. There have, however, been several cases described by individual observers during the past few years, and as the condition is very serious and the treatment somewhat tentative, it is well to call attention to them. The attack is very sudden, and is accompanied by a feeling of suffocation, severe palpitation, excessive dyspnœa, and collapse. The patient is usually cyanosed, and cannot lie down in bed. Cough very soon begins, and there is copious, pink, frothy expectoration, amounting in some cases to as much as a pint in half an hour. A temporary albuminuria occurs. Though the clinical appearance is very distinctive, the pathology is quite vague, beyond that the lungs are very dropsical. In some cases there has been distinct mitral valve disease and in others a fatty heart, but in many it was impossible to find evidence during life of any definite lesion. There is considerable difference of opinion as to the proper treatment. Dr. Steven, of Glasgow, who published a lecture on the subject a year or two ago, (*a*) believing that the collapse was the most pressing condition, strongly advised stimulant treatment, and condemned the use of sedatives as tending to prevent free expectoration. On the other hand, Dr. Lissaman (*b*) found inhalations of chloroform of great use in shortening the duration of attacks, and Dr. Hewlett, in several cases recently reported, (*c*) got equally good results from hypodermic injections of morphia.

The Value of Holmgren's Colour Test.

THE testing of defects of colour-vision is a question of interest, not only to the ophthalmic surgeon, but also to every medical man in general practice. The serious consequences that may arise from the mis-reading of coloured signals are too obvious to need discussion. Under these circumstances it is somewhat disquieting to learn that the most classical and easily applied test for colour-defect is inadequate. That fact was originally pointed out by Dr. Edridge-Green, and subsequently found the subject of investigation by a special committee appointed for the purpose by the Ophthalmological Society of the United Kingdom. Their report has been lately issued. It states that, used in the proper way, Holmgren's test is sufficient to detect a large proportion of cases of colour-blindness, especially when "the defect is of such a kind as to render its possessors liable to make mistakes in common signal lights." At the same time the Committee agree with Dr. Edridge-Green that certain cases cannot be detected by Holmgren's test, however skilfully applied. A supplementary report is promised. Meanwhile it will be well for medical men who are testing candidates for any of the military, naval, mercantile marine, or other service where normal colour-vision is an essential, to bear in mind the fallacy that lurks in the method of Holmgren.

Mediæval Hospitals.

AN interesting account of hospitals in the Middle Ages is contributed to a recent number of the

(*a*) *Lancet*, January 11th, 1902.
(*b*) *Ibid.*, February 8 h, 1902.
(*c*) *Intercolonial Medical Journal of Australasia*, December 20th, 1902.

Dublin Review by Miss Elizabeth Spearman. The organisation of charitable relief to the poor and sick is almost entirely of Christian origin. In Greece and Rome there was little, if any, provision for the needy and though in the East hospitality and charity to the poor are proverbial virtues, yet they were practised individually and without system. The establishment of hospitals in Europe being entirely due to Christian influence, it was but natural that they remained for the most part under ecclesiastical management, and were often merely appendages to the great monasteries. In the Middle Ages medical science was not far advanced, and beyond the ministrations of the monks, who, indeed, were frequently the most learned leeches of the day, there was before the sixteenth century no regular medical service in the hospitals. Their mission was rather to provide rest, food, and spiritual comfort, than to cure the body. The nursing, if ignorant, was careful, and night nurses were provided. In addition to the general hospitals, which were more numerous than one would think, there were many leper houses. Asylums for the insane were few, and treatment was barbarous. Miss Spearman believes that the disappearance of leprosy from Europe is due to the practice of segregation of lepers. In some places, however, this segregation was lax in the extreme, while in others it was sufficiently strict.

Nelson's Arm.

A BLUE-BOOK which has just been issued will have more than ordinary interest for medical men, as it contains extracts from the naval medical officers' journals from 1793 to 1856, and therefore recounts in brief the medical history of those great sea-fights with Napoleon which constitute the most glowing records in our naval annals. Turning the leaves of this book one encounters much that brings before the mind the horrors of surgery in pre-anæsthetic days, and much that is merely grotesque in the way of obsolete remedies. But the extract that will rivet more attention than any other is a description from the log of the surgeon of the "Theseus" of the operation and after-treatment of our greatest admiral when wounded before Santa Cruz. Nelson, it will be remembered, was in the act of stepping out of a boat, which contained part of the landing party that was to storm the town, when he was shot. The musket-ball struck his right arm a little above the elbow, cutting the brachial artery and producing a compound fracture of the humerus. Lieutenant Nisbet rendered timely first aid to his step-father by binding the limb firmly with his handkerchief above the wound, probably saving his life thereby. The invariable treatment of a compound fracture —amputation—was resorted to on Nelson reaching the ship, and he was given "℞ Opii gr. ij. ft. Pil. statim." It is curious to contrast the after-history of the patient as given respectively by the surgeon and by Southey. According to the former, everything went as well as possible, and in a week's time he tells us :—"Continued getting well very fast, stump looked well, no bad symptom, sore reduced to the size of a shilling." Southey says that Nelson's sufferings were long and painful, and that it was not till the final ligature came away at the end of November that he got rid of the pain and the wound began to heal.

Radium at Bath.

THE good citizens of Bath appear to be somewhat unduly elated at the discovery of radium in their renowned hot springs. A few days ago their Mayor offered his warm congratulations to the Town Council on the discovery of this most up-to-date constituent in connection with what has always constituted, so to speak, the backbone of Bath. Can the Romans with splendid intuition have recognised the effects of dormant radium in their beloved hot baths? Or was not the discovery first made by a sagacious hog, who revealed the virtues to a Saxon King by wallowing in the warm mud around which the city of Bath grew and multiplied and has ever since flourished? Is the claim of priority of discovery of the radium in Bath springs to be conferred upon hog, or Saxon King, or Roman, or the modern analytical chemist? Whatever answer may be given by posterity to that important question, we fancy the Mayor has somewhat over-estimated the value of the radium in the famous mineral waters of his ancient city. The baths will be no better and no worse than they have been during many bygone centuries. The quantity of this revolutionary element is so minute that it would not repay extraction, which is the only way in which the Bath Corporation would be likely to make money out of their radium mine. It is possible, however, that some visitors may be attracted to the city with the object of bathing in water charged with so precious and fashionable a medicinal agent. So mote it be!

Hospital Amalgamation in Dublin.

AN interesting event took place the other day in Dublin in the completion of the scheme for the union of the two ophthalmic hospitals. For many years St. Mark's and the National Eye and Ear Hospital have, pending the construction of the new building, been working as separate branches of one institution. A few months ago, however, the necessary part of the building was completed, and the patients are now all lodged in what is known as the Royal Victoria Eye and Ear Hospital in Adelaide Road. The out-patient department and another wing are still to be built, but we understand that the Board do not intend to proceed until funds are forthcoming, although the institution is at present free from debt. As Mr. Swanzy pointed out in his speech at the annual meeting on the 25th ult., the amalgamation of these two special hospitals is only part of a much more general scheme proposed twenty years ago. During Lord Spencer's viceroyalty there was much talk of amalgamating Dublin hospitals, and he appointed a Commission to inquire into the matter and make recommendations. In the Report the amalgamation of some

of the general hospitals on either side of the city was recommended, but the solitary fruit of the Commission is the Royal Victoria Hospital. We cannot help thinking that Dublin would gain if some of the smaller general hospitals would seriously think of copying the special hospitals in this direction.

The Purity of Sweets

THE universal sweetmeat has long and often been a subject of suspicion to vigilant custodians of the public health, and over and over again analyses have been made to see if the variegated dainties that are sucked by the children of the poor are not doing more harm than merely stimulating early dental caries. It is comforting to think that cheap sweets are generally found to be above reproach, a result which is due to the cheapness of sugar itself. It simply does not pay to adulterate as it is difficult to find any substance wherewith to sophisticate sweetments that is cheaper than sugar itself. To this reason more, one would be inclined to think, than to the unflinching moral rectitude of the lower order of confection-mongers is due the harmlessness of the pear-drop, aniseed balls, and bull's-eyes that tickle the palates of the street urchins. Vegetable essences to flavour the sweets are also very cheap, and aniline dyes are very little used. Whether a rise in the price of sugar by taxation and the abolition of bounties will lead to more frequent adulteration is a point to be watched, but in the meantime it may be said fairly safely that wee MacGreegor's "taiblet" is, if taken in a moderation to which he appears to have been averse, quite as wholesome as any other part of his diet.

Adrenalin in Acute Glaucoma.

THE pathology of acute glaucoma has been variously described as being due to a retention of the intra-ocular fluids or to their hyper-secretion. While modern ophthalmological opinion is inclined towards the acceptance of the former theory, there can be little doubt that vascular congestion plays no small part in the production of the glaucomatous state. The performance of iridectomy and the use of myotics have, up to the present time, constituted the main forms of treatment. The anti-glaucomatous effect of a myotic depends, of course, entirely upon its power of bringing about contraction of the pupil, and if this cannot be done the drug is valueless. M. Grandclément (*a*) showed at a recent meeting of the Société des Sciences Médicales, of Lyons, a patient, aged thirty-seven, in whom he had cured an attack of acute glaucoma by the instillation of adrenalin. The strength employed was 1 in 5,000, and the solution was dropped into the affected eye every half-hour for three consecutive days. It has been found experimentally that suprarenal extract arrests the formation of the aqueous humour in the eyes of animals, and, therefore, diminishes intra-ocular tension. In the discussion which followed the exhibition of the case, M. Aurand stated that he had used adrenalin in a case of double glaucoma, in which relief of pain and some contraction of the pupil were obtained, but he performed iridectomy afterwards. Until it can be proved that this beneficial effect of adrenalin is more than temporary, it is doubtful whether this powerful vaso-constrictor will find favour with ophthalmic surgeons. If it be established that operation affords the best chances of success in acute glaucoma, there can be no object in wasting time by employing less radical measures. We have by no means exhausted the therapeutical possibilities of suprarenal extract, and its use in this department of surgery may, after further experiment, be found of service.

(*a*) *Lyon Medicale*, February 14th, 1904.

Nurses of Yore.

THE nursing profession is advancing every day, and if the Bill for the registration of its members passes into law (which seems very unlikely this session) it will acquire a status that will not be grudged to it by those who know the value of a trustworthy and skilled nurse. It is amusing to read in the records of one of our big hospitals that the salary of a sister in the year 1552 was only 40s., whilst a "herb-woman" was in receipt of double that sum. The sisters of the present day are not overpaid, but most of them would not find devotion to their work sufficient to carry them through the year with only two pounds to spend on dress and amusements. The restrictions placed on the sisters' movements were considerably greater than they are now. The "late pass"—or, indeed—any pass—did not exist, as there is a record of three sisters being threatened with discharge for going about the town, and this severe penalty was to be inflicted "yf they doe the like hereafter." The amorous house-surgeon, or his homologues, would seem to have been more or less *en évidence* even in 1552, for the sisters were bidden to beware the machinations of the males about the hospital precincts. The rule enjoined that no one "should talk susspitiously nor contract matrimony with each other within the house." One sister who ventured to "carry on" in spite of this rule was so far successful in her object as to be "axte in church" by her swain. On being handed over by the authorities to the matron's "discressyon" she seems to have found but little favour with that adamantine female, for she was politely requested not to "remayne." The work of the modern nurse may present a marked contrast to that of her prototype of three and a half centuries ago, but her predilections and weaknesses seem to have undergone but little alteration, and it would seem that the rules relating to her discipline have not substantially changed in principle.

Phalangeal Enlargement in Rickets.

ALTHOUGH affecting more or less the whole system, the stress of rickets appears to fall most heavily upon the osseous structures. The characteristic epiphyseal thickenings, many of which bear distinctive names, are early brought before the notice of the student of medicine, who soon

learns to recognise the "rickety rosary" and other bony abnormalities met with in the course of the disease. Dr. Jacob Sobel, (*a*) of New York, has called attention to the fact that enlargement of the bones of the phalanges is not unfrequently seen in true infantile rickets, and, indeed, is often overlooked. The condition is one of true bony hypertrophy, though the clinical appearances sometimes resemble very strongly those seen in strumous or syphilitic dactylitis. There is, however, an absence of the dusky hue which generally accompanies tuberculous lesions of the phalanges, and other signs of rickets may be found elsewhere. The diagnosis from syphilitic dactylitis may be more difficult, especially as enlargement of the spleen occurs in both affections. With morbus cordis of congenital origin associated with clubbing of the fingers it is hardly likely that there would be confusion. Dr. Sobel quotes the experience of Dr. Rudolph Neurath, who has found that periosteal thickening may be easily demonstrated in these cases by means of the X-rays, the interior of the bone being practically unaffected. The term "rhachitic dactylitis" is suggested for the condition which principally affects the phalanges of the upper extremities.

The Complications of Measles.

THE acute exanthemata, as a class, are not so much to be dreaded for their own sake as on account of the many and varied complications by which they are so often accompanied, or the sequelæ which sometimes follow in their wake. The secondary lesions, from their gravity and importance, are naturally feared more than the disease itself, and it is for their prevention that the skilful practitioner earnestly strives. The readiness with which the general public are apt to make light of the milder varieties of the acute specific fevers, calling them—as they do—"only children's complaints," and, perhaps, treating them themselves by the aid of some popular handbook of household medicine, contributes in no small degree to the really high comparative mortality associated with these diseases. It is notorious, for instance, that the epidemic form of measles is by no means the simple affection it is supposed to be, for statistical returns show the death-rate to be considerable, especially in poor districts and among ill-fed or wasted infants. Complications of a pulmonary nature are chiefly responsible for the fatal issue in measles, capillary bronchitis and broncho-pneumonia being specially prone to occur. Acute nephritis is not often seen as a complication in this disease, and many textbooks of medicine do not mention it. A case of this nature, reported in the *Guy's Hospital Gazette*, is worthy of notice in this connection as showing that nephritis may be absolutely unsuspected during life and yet may be the actual cause of death. An infant of ten months was admitted with a typical morbilliform eruption and signs of bronchitis. A week later diarrhœa supervened, which increased in severity in spite of treatment until the child's death thirteen days later. At the autopsy the kidneys were found to weigh ninety grammes and to present all the appearances of acute nephritis. No dropsy was present during life. Cases such as these only serve to illustrate the clinical importance of giving a guarded prognosis as long as any unfavourable symptoms in the course of measles are manifest.

(*a*) *Medical News*, Feb. 13th, 1904.

Latent Disease in Childhood.

As "sickly plants betray a niggard earth," so surely does the weakly condition of the child reveal the quality or constitution of the soil from which it has sprung and the heritage which comprises its physical capital. It is true that many puny infants ultimately develop into a state which may pass for comparative or even excellent health as the result of incessant watchfulness and persevering care; but when they are put to the sharp test of a severe illness their lack of staying power is only too conspicuous. The modern life of board-school children, as portrayed in the daily press, shows unmistakably that a large proportion of these little ones are absolutely unfitted for the stress and strain of an ordinary school education, while numerous instances have come to light where the increased demands placed upon their feeble reserve power in the shape of some kind of work undertaken in "out-of-school hours" have been responsible for an utter physical breakdown. To a great extent, this incapacity for work is due to improper feeding, which is, in its turn, the direct result of parental ignorance. There is little wonder then, that under such circumstances any latent tendency to disease which may be constitutionally present in these children ceases to be a mere predisposition, but develops into some actual morbid state. Tuberculosis, in one of its many varieties, is the malady which is most often developed in this way. As Dr. Robert Jones remarked in his lecture before the Society of Arts, last week, the amount of physical deficiency and latent disease found among a considerable number of the poorer class of school children was enough to "sadden a medical expert." The truth of these words can only be fully appreciated by those who have themselves personally conducted the medical examination of these little ones. How to prevent potential or latent disease from becoming an actuality is one of the problems which should engage our utmost attention.

An Advance in Entero-Anastomosis.

FROM time to time surgeons in various parts of the world have devoted a good deal of ingenuity to the anastomosing of stomach and gut. Of special devices, perhaps none is more widely known than Murphy's button. In the next issue of THE MEDICAL PRESS AND CIRCULAR will appear an account of a novel method of anastomosing stomach and bowel without opening into the lumen of either viscus, sent by our Austrian correspondent. The special operation appears to have been performed only on dogs and monkeys, and has not

yet been tried on the human subject. Sato, who has devised this most ingenious procedure, removes the muscular and submucous coats of the stomach and intestine over the parts it is desired to unite. Nitrate of silver is then applied to the mucous membrane of both bowel and stomach, which are then brought together and fastened in position by a few sero-muscular sutures. A free communication follows after two days in the monkey, and three in the dog. Should the feasibility and safety of this method become established, it will obviously do much to simplify and to render safer anastomosing operations of the kind mentioned. The principle, moreover, is capable of extension. Whether ultimately adopted or not, the proposal is typical of the restless ingenuity and daring of modern surgery.

Latent or Intermittent Nasal Obstruction.

The physiology of the upper air passages is sometimes apt to escape due recognition by those who make a special study of the nose and throat. That its careful consideration is capable of furnishing fresh and valuable data is shown by the able and original article published elsewhere in our columns by Mr. Mayo Collier. He points out that the naso-pharyngeal tract is not a simple tube, but a canal that widens out here and there into reservoirs, which provide mixing chambers for the inspired fresh air. Otherwise it would be impossible for the nasal passages to "warm, moisten and purify air" that passes through the nose in an average space of two seconds. Mr. Collier has called attention to an often unsuspected condition, where the patient breathes through the nose in the daytime, but during the night becomes a "mouth-breather." The consequences are of the usual kind, but the observer is, maybe, thrown off his guard by a confident denial of mouth breathing on the part of his patient. The author states that the groove on the septum is in most cases the only objective sign of this state of affairs, but it is fortunately constant and pathognomonic.

The Irish National Hospital for Consumption.

The Annual Report of the Royal National Hospital for Consumption for Ireland presented last week gives fresh evidence of the valuable work which is being done by that institution. During the year 1903, 265 patients were discharged after treatment, of whom 204 were improved. Many presented, at the time of discharge, no sign of disease, and were, to all appearance, cured. Eighty-five per cent. of the entire number of patients treated showed an increase in weight, the highest individual gain being 2st. 5lbs. Dr. Steede, the resident physician, is, however, properly cautious about drawing conclusions from very recent cases, and he adds to his report extracts from letters received from former patients who were treated in the early days of the hospital six or seven years ago. Many of these old patients are in excellent health, and have been at their regular employment since leaving Newcastle. In the body of the hospital it is necessary, owing to constant applications for admission, to restrict each patient's stay to a period of about three months. Messrs. Guinness and Sons, however, maintain one ward for the use of their employees, and are able, as a rule, to permit a longer stay. For this reason the report of their medical officer, Dr. Lumsden, is of particular interest, and it would be hard to find more satisfactory evidence of the efficacy of the treatment at Newcastle. He relates that every patient he sent to the Hospital improved greatly, and most of them are, he believes, cured. Without the treatment they received they were all, in his opinion, doomed to speedy death. When our Commissioner visited the hospital last autumn, he recommended (*a*) the establishment of a dispensary in Dublin, where old patients could be kept under observation, candidates for admission examined, and instruction given to unsuitable patients. We are glad to see that the Board intend shortly to carry out this suggestion, but at present they have their hands full in building a new wing for females.

PERSONAL.

The medical profession will learn with pleasure that Sir Samuel Wilks is now well on the road to recovery from his recent operation.

Dr. de Havilland Hall presided at the annual dinner of the Medical Society of London, held yesterday evening at the Hotel Métropole, London.

The newly-appointed Demonstrator of Hygiene and Public Health at University College, London, is Mr. G. E. Richmond, M.D., B.S., B.A., B.Sc.Lond., D.P.H.Camb.

Deputy-Inspector-General of Hospitals and Fleets Herbert Mackay Ellis has been promoted to the rank of Inspector-General of Hospitals and Fleets in His Majesty's Fleet.

Dr. T. G. Brodie, Professor of Physiology at the Royal Veterinary College and Superintendent of the Brown Institute, is one of the new Fellows of the Royal Society.

Among others of the fifteen new Fellows are Dr. G. H. F. Nuttall, University Lecturer in Bacteriology and Preventive Medicine at Cambridge; and Professor A. E. Shipley, the well-known Cambridge lecturer upon invertebrate morphology.

A fellowship of the value of £100 a year for three years has been founded in the University of Liverpool by Mr. W. Thelwall Thomas, assistant surgeon to the Royal Liverpool Infirmary.

The King, although unable to attend the State service at St. Paul's on Sunday last, recovered from his recent indisposition sufficiently to preside at a Privy Council on Monday, the 7th inst.

Sir Thomas R. Fraser, M.D., F.R.S., Professor of Materia Medica and Clinical Medicine in the University of Edinburgh, has had the well-deserved honour conferred on him of appointment as an Honorary Physician to His Majesty the King in Scotland.

(*a*) The Medical Press and Circular, September 30th, 1903.

THE two remaining Hunterian lectures on the "Pathology and Surgery of the Pancreas," will be delivered before the Royal College of Surgeons by Professor Mayo Robson on March 9th, and 11th, at 5 p.m. each day.

PROFESSOR BOYCE, Dean of the Liverpool School of Tropical Medicine, on his return from Egypt, where he has been investigating malaria, was entertained last week at a complimentary luncheon by Sir Alfred Jones, K.C.M.G., and a distinguished company.

SIR WILLIAM TURNER, K.C.B., was the guest of the Royal Medical Society on the 3rd instant, in the Hall of the Society at Edinburgh. The President of the evening was Dr. Fitzwilliams, and there was a large and distinguished attendance of medical men.

THE Council of Owens College recently invited Dr. Mott and Mr. Brudenell Carter to deliver two lectures to the medical men of Manchester and the neighbouring districts. The first of these lectures was delivered on February 19th by Dr. Mott, on "The Cerebro-Spinal Fluid and its Relation to Diseases of the Nervous System."

Special Correspondence.

[FROM OUR OWN CORRESPONDENT.]

SCOTLAND.

ROYAL EDINBURGH ASYLUM FOR THE INSANE.—Dr. Clouston's annual report of the asylum, which is always well worth reading, was adopted at the meeting of the Asylum Corporation on February 29th. The first paragraph of the report deals mainly with statistics, and the main feature of the admissions for the year was the number of cases of aged and broken-down people, of general paralytics, and of alcoholics. The prevalence of tuberculosis, four times as common in asylums as among the general population, was now attracting an enormous amount of attention. At the Edinburgh Asylum, 16 per cent. of the deaths were associated with tuberculosis, while in 13·5 per cent. it was the sole cause. On going over the statistics he was astounded to find that in Craig House there had only been three deaths in nine years, that these were imported cases, and that no case of tuberculosis had ever arisen there. While this was a striking testimony to the thoroughness of the measures taken to prevent infection spreading in Craig House, it, of course, meant that the amount of tuberculosis in the West House was correspondingly higher—22·5 per 1,000 inmates, and 14·5 per cent. of the total deaths, as against the English numbers of 18·2 and 16·9. As might be expected, during the last nine years, since they became distinctly overcrowded, tuberculosis had distinctly increased. The general death-rate of the whole institution was 13 per cent. on the average numbers resident, and 8·8 per cent on the totals under treatment.

LUNACY-RATE FOR THIRTY YEARS.—In 1873 one insane person was chargeable on the rates for every 413 of the population of Edinburgh and Leith; in 1883, the number was the same; in 1893, there was one to 379; in 1903, one to 315. These figures probably corresponded pretty closely with the general Scottish rate. The increase of insane persons did not mean any great increase in insanity, but was due to the fact that people were less afraid of asylums, to the enlargement of the area of what constituted certifiable mental defect, and to the prolongation of life of patients in asylums. The proportion of one rate-paid patient to every 315 of the population did not, however, represent our whole mental defect. When every person affected with any form of mental disease or weakness was included, there was a proportion of one to 230 of the population of Edinburgh, and of one to 220 for Scotland generally. The extremes were one to 118 in Argyll and one to 334 in Dumbarton. Argyll, however, sent out a large proportion of sane, energetic young adults to work in Glasgow and Dumbarton, while insane and weak-minded ones were left at home on the rates. Dumbarton produced yearly more acute insanity than Argyll, but this was a kind of insanity which either killed its victims soon, or allowed them to recover rapidly. In any case, it did not run up the number of permanent weak-minded. The low infant death-rate of Argyll meant the survival of imbeciles; the high rate of Dumbarton killed off the imbeciles with the rest. The care of child life ought to have a better reward than the burden of supporting so many imbeciles out of the rates. The cost of lunacy was high, chiefly on account of this class, in Orkney and Shetland, where the death-rate under ten years was only 11 per 1,000—a record, compared with the 37·5 per 1,000 mortality of Lanark. During the thirty years the recovery-rate had decreased and the death-rate increased. This was due largely to increased admissions of senile insanity and of general paralysis. Adolescent insanity had also become more prevalent. Alcoholic insanity was steadily going up; this year no fewer than 42·3 per cent. of men and 18 per cent. of women admitted had excess in alcohol assigned as a cause of insanity. The percentage had steadily risen in the thirty years, until now it had doubled itself. One of the after-effects of the nervous lowering which the influenza epidemic of 1890 undoubtedly caused might have been the craving for the stimulus of alcohol. Undoubtedly since that time far more cases of depressive insanity had been admitted. Possibly, too, more money was earned by those who had not self-restraint to use it rightly. It was satisfactory to learn that some forms of insanity—epileptic, and those connected with child-bearing—had become relatively less frequent. It was much to be desired that the public should take a rational view of mental disease, and look on it as a disease of the brain—like a disease of any other organ. In about a third of the cases it was due to arrest of development or disturbance of growth during adolescence; in about a sixth to premature senility. In the remainder it was thought to be due to toxæmia, to which heredity predisposed. Such terms "idiot" or "madman" should cease to be used as terms of reproach. The world would gain if only a rational view of mental disease were universally taken and the facts about it manfully faced.

ROYAL MEDICAL SOCIETY'S ANNUAL DINNER.—This function was held in the society's hall on March 3rd, Dr. Fitzwilliams, who presided, having on his right the guest of the evening, Principal Sir William Turner. The dinner was largely attended by the principal medical men in Edinburgh, and universal regret was felt that, on account of illness, Dr. Shaw, the Senior President, was unable to be present.

CHALMERS HOSPITAL, EDINBURGH.—After holding the appointment of surgeon to this hospital for nearly forty years, Sir Patrick Heron Watson will retire on October 1st next. He will maintain his connection with the hospital in the capacity of consulting surgeon, and a bed in each ward will be named the Heron Watson Bed in recognition of the eminent services he has rendered during that long period.

Correspondence.

[We do not hold ourselves responsible for the opinion of the correspondents.]

THE LEGAL AND MEDICAL PROFESSIONS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The spirit of friendly relationship that formerly existed between the professions of law and medicine, and the courtesy that was its natural expression, seem to have departed altogether in our times, or to be recalled only by the occasion of social functions outside the sphere of professional work. Anyone who has had experience of the system that presently obtains in the Courts cannot fail to have been struck by the unwarranted impertinence—frequently amounting to positive insult—to which medical witnesses are constantly subjected, as if it were a

recognised fact that every medical witness must not only be prejudiced, but prepared to sacrifice his professional honour and degrade his office in the interests of whatever party has employed him.

It is not an infrequent occurrence to find judges priding themselves upon the knowledge of petty medical technicalities, and parading it in a series of questions that should certainly arouse indignant protest, if it did not afford compensation in the silent amusement of the doctor who happens to be pilloried in the witness-box.

Lectures regarding excessive fees and the unreasonable requirements of medical men are occasionally contributed, and irresistibly force one to the conclusion that "M'lud" has been a diligent student of the introductory remarks to the advertisements of patent medicines. The Bar, of course, takes its cue from the Bench, and the method of cross-examination of a medical witness bears frequently a close resemblance to the Petty Sessions Court style, where the evidence of a doubtful character is being sifted.

Formerly the cross-examination of medical witnesses was directed to minimise the injuries alleged to have taken place, and the most vigorous investigation of facts did not preclude the observance of that old-timed courtesy that was honourable alike to both professions. Now, however, the medical man is subjected to every indignity, his motives are impugned, and his testimony regarded as, at least, not above suspicion.

That this is the actual state of things can scarcely be gainsaid, the reason for it may be debatable. It does assuredly seem that the present duty of medical witnesses is to resent immediately and resolutely any insulting observations or insinuations addressed to them in a court of justice, whether they emanate from the judge or counsel.

I am, Sir, yours truly,
E. MAGENNIS, M.D., D.P.H.

37 Harcourt Street, Dublin.

THE MEDICAL PROFESSION IN IRELAND AND THE PRIVATE ENTREE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to forward you, for publication, the following letter from the Private Secretary of his Excellency the Lord Lieutenant, which was read at the monthly meeting of the President and Fellows of the Royal College of Physicians of Ireland held this day.—Truly yours,

JAMES CRAIG, M.D.,
Fellow and Registrar.

Royal College of Physicians of Ireland,
Dublin, March 4th, 1904.

"The Castle, Dublin,
"26th Feb., 1904.

"Dear Sir,—With reference to the question of the Private Entrée at Dublin Castle, I am directed to request you to inform your Council that, after careful consideration of all the circumstances of the case, the Lord-Lieutenant has decided not to carry out the changes he contemplated, but to adhere to the rules under which up to the present it has been regulated. His Excellency trusts that this decision will be in all respects satisfactory to your Council, and to the profession it represents.—I am, faithfully yours,

"(Signed), PLUNKET.

"The Registrar,
"Royal College of Physicians of Ireland."

Obituary.

DENIS NYHAN, L.B.C.S., L.R.C.P.EDIN., BRYNMAWR.

WE regret to announce the death of Dr. Dennis Nyhan, medical officer of health for Brynmawr, on the 1st inst., from pneumonia, with which he was seized only four days previously. A large and representative attendance which met at the London and North-Western Railway Station, where the mourning party entrained for New Milford, *en route* for Cork, testified to the esteem in which deceased was held. The cortège included members of public bodies, friendly societies, and a large number of his professional brethren from different parts of the Principality. The coffin was covered with wreaths. Deceased came to Brynmawr nearly eight years ago as assistant to the late Dr. Alexander Lowe, M.B., whose practice he acquired. Upon arrival at Cork the remains were removed to Kilnagross, near Clonakilty, his native place, where the interment took place on Friday last.

ALEXANDER DAVIDSON, M.D.EDIN., F.R.C.P.LOND. M.A.,

THE death is announced of Dr. Alexander Davidson, of 2 Gambier Terrace, Liverpool, at the age of 66 years. The deceased, who had been ill for some time, expired on March 3rd, and was buried in Smithdown Road Cemetery, after private cremation. Dr. Davidson, who had a practice in Liverpool, obtained his degrees from Edinburgh and London, and held honorary office as physician, and, later, as consulting physician, at the Northern Hospital and the Royal Infirmary. In former times he was one of several lecturers on clinical medicine at the University College, now the Liverpool University. He was professor of pathology in the Liverpool School of Medicine, and on retiring was made Emeritus Professor of Pathology of University College.

J. D. DIXON, M.B.DUR., M.R.C.S.ENG.

WE regret to announce the death of Dr. J. D. Dixon, a well-known and highly esteemed member of the medical profession of Gateshead, son of the late Dr. Dixon, of that town. He was educated at Durham University, where he graduated M.B. in 1878, having previously taken the M.R.C.S.Eng. in 1875. The deceased was at one time house surgeon of Newcastle Infirmary, and subsequently joined the staff of the Dispensary. He afterwards entered into private practice, and in the course of time, owing to somewhat ailing health, took up his abode at Harrogate. Lately he went to live at Southsea, where he died on Monday of last week, and was interred there on Thursday. Dr. Dixon about ten years ago married Miss Kate M. Clarke, daughter of Mr. Clarke, of the firm of Clarke, Chapman and Co. He was only fifty years of age, and leaves a widow and three children. He held a prominent position in Freemasonry, and took high honours in the Province,

Literature.

BEALE'S AIDS TO PHYSIOLOGY.* (*a*)

THE volume under review forms one of the latest additions to the "Students' Aids Series." For some time past there has been a felt want in regard to a handy summary of the facts regarding physiology. This want has at last been supplied, and students are under a deep debt of gratitude to the author of these "Aids" for the trouble he has taken in condensing so large a subject as physiology within the compass of 230 pages. It might be considered hardly possible or even advisable to epitomise so important a subject as this, but at the present time students absolutely must have such handy guides as these to help them in finding their way about in the maze of subjects through which they are forced to journey. Turning to the book itself, we find that each one of the twenty chapters of which it is made up is characterised by conciseness of diction and definiteness of statement. The illustrations, for a small book of this kind, are numerous and exceptionally clear and helpful. The book certainly presents as good a summary of modern physiology as one would wish for or expect. Students in particular will derive much benefit from a careful study of its pages just before examination, while prac-

(*a*) "Aids to Physiology." By Peyton T. B. Beale, F.R.C.S.Eng., Examiner in Physiology to the Society of Apothecaries, Lecturer in Physiology and Histology, King's College &c. Pp. vi, 259. Price 3s. 6d. London: Bailliere, Tindall and Cox. 1903.

titioners who do not consider themselves too old to learn will find within its pages much that differs from the physiology as taught in earlier days, and which is instructive and absolutely essential if they desire to keep pace with modern research and its teachings. We have little doubt that yet another edition of this masterpiece of conciseness will not be long in being called for, and if such be the case we may suggest that the author extend the usefulness of the book by adding to the short chapter on development, as this has recently become a very important subject at certain examinations. Otherwise we have no further suggestions as to improvement of a work which has only to be seen to be appreciated.

DOCTORS AND THEIR WORK. (*a*)

THIS charming collection of essays dealing with matters medical, although apparently addressed to the intelligent layman, should also be studied by the family practitioner, the fashionable consultant, and that enigma of possibilities, the medical student. Mr. Carter writes out of the fulness of a wide and varied experience. Every chapter gives evidence of keenness in observation, patient thought, painstaking research, and intense sympathy with all that is of human interest in medical science and politics. The primary object of the author appears to bring about a better understanding of medical objects and methods, and he certainly has spared no pains in his endeavours to show how patients may best co-operate with their physicians for the attainment of ends which both classes are bound to regard as of the first importance, the relief of suffering and the prolongation of life. Mr. Carter writes in a peculiarly attractive style, and with a winning turn of phraseology and a pretty touch of humour, features all too rare in much of medical writing of the present day. We do not pretend to agree with Mr. Carter in all his precepts, and it is certain he will not escape scathless from his colleagues north of the Border respecting some of his strictures on the influence of Scotch education. But in spite of his admiration for London as the natural centre of all that is most meritorious in medicine, and a tendency to profuseness sometimes verging on wearisomeness, his book is a peculiarly opportune one, and merits careful consideration. Among so much that is excellent, it is almost impossible to differentiate, but particular attention may be directed to the sections dealing with the wishes of the patient, the hindrances to medicine, specialism and medical "etiquette." The chapter on medical women is short but judicious, and to the point. We commend the book to practitioner and patient. An endeavour to profit by Dr. Carter's advice should do much to smooth the path for all.

DISEASE IN CHILDREN. (*b*)

THIS, the third volume of the Reports of the Society for the Study of Disease in Children, fully maintains the standard of its predecessors. The most important event in the work of the year with which the volume deals was a discussion on tuberculous peritonitis, at which a number of valuable papers, published *in extenso* here, were communicated. Among a number of shorter articles and records of interesting cases we have papers by Carpenter on myocarditis, syphilitic nephritis, and splenomegaly, by Ashby and Stephenson on acute amaurosis following infantile convulsions, by Sutherland on syphilitic nephritis, and by Tubby on the urban hospital treatment of surgical tuberculosis. We have not space to mention even a fraction of the other communications, suffice it to say that with each year of its appearance the series of reports becomes a more and more valuable treasure-house of facts concerning both the more obscure and the commoner diseases of children, and will, we are sure, be a great source of help to workers at this branch of medical practice.

(*a*) "Doctors and their Work, or Medicine, Quackery, and Disease." By Robert Brudenell Carter. F.R.C.S., Consulting Ophthalmic Surgeon to St. George's Hospital, and to the National Hospital for the Paralysed and Epileptic. Pp. 316. London. Smith, Elder and Co. 1903.

(*b*) "Report of the Society for the Study of Disease in Children." Vol. III. London. 1903.

Medical News.

Medical Sickness and Accident Society.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429 Strand, W.C., on the 26th ult. There were present the Chairman, Dr. De Havilland Hall, Dr. Frederick S. Palmer, Dr. J. W. Hunt, Mr. F. S. Edwards, Dr. W. Knowsley Sibley, Dr. M. Greenwood, Mr. E. Bartlett, Dr. H. P. Symonds, Dr. J. F. Allan, and Dr. J. B. Ball. The business of the society is in a satisfactory condition. The inclement weather in the early part of the year always produces a large number of claims on the Sickness Fund, but so far those received in 1904 have not exceeded the expectation either in number or amount. A large proportion of these claims have arisen through influenza, a malady to which members of the medical profession seem specially liable, but considering that many of the members have arrived at an age when attacks of this kind have to be carefully attended to, the total amount disbursed by the society is not excessive. Prospectuses and all particulars on application to Mr. F. Addiscott, secretary, Medical Sickness and Accident Society, 33 Chancery Lane, London, W.C.

Marmorek's Serum in Tuberculosis.

Two patients at the Notre Dame Hospital, Montreal, one suffering from tuberculosis of the lungs, the other from tuberculosis of the knee-joint, have recently been treated by injections of Marmorek's serum. The injections were made under the supervision of Dr. L. J. Lemieux, of Montreal, who has lately returned from Paris, where he states that he saw twenty-five cases in which consumption was cured by means of this method. He brought back with him serum sufficient for the treatment of fifteen patients. This is said to be the first time the serum has been employed in Canada.

Irish Medical Schools' and Graduates' Association.

WE are asked to announce that the annual Festival Dinner of the above Association will take place in London at the Trocadero Restaurant, Piccadilly Circus, on St. Patrick's Day, March 17th next, at 7.15 p.m. Tickets may be obtained by members from Mr. E. Canny Ryall, 30 Harley Street, W.

Prudential Assurance.

THE fifty-fifth annual report of the Prudential Assurance Company is now before us, the figures being truly amazing. As the largest office in the world, its assets amount to the astounding sum of nearly fifty-two millions sterling, the number of policies in force at the end of last year was 712,097, the premiums received during the year £9,661,410, and the claims paid during the same period £3,624,510. Happy the members and policy-holders of an insurance company which can show a total surplus for the year of £2,194,981.

Post-Graduate Classes in Dublin University.

WE are glad to learn that the authorities in the School of Physic in Trinity College have, with the sanction of the Board, taken the important step of instituting post-graduate courses in all the subjects that are required for the examinations of the Indian and Home Army Medical Service and the Navy Medical Service. It has been a distinct drawback in the past that nowhere in Dublin were there established anything in the nature of post-graduate courses, and such an omission necessarily resulted in many men being driven to London or elsewhere when preparing for the different Services. Once the establishment of the new classes is known, we are sure that they will be largely attended, and in this connection we must draw special attention to the fact that no limitation is placed on those desirous of attending the classes, which are open to every qualified medical man. Further particulars will be found in our advertisement columns,

and a list of the gentlemen whom the Board of Trinity College have appointed to lecture.

Dentists for Soldiers.

WE are officially informed that at the beginning of April eight dental surgeons will be appointed to attend the troops in the United Kingdom. They will be required to devote the whole of their time to Army work, and will be paid £365 a year, exclusive of travelling expenses. As at present arranged, they will be stationed at Aldershot, Devonport, Cork, Edinburgh, Portsmouth, Dublin, Colchester, and Woolwich. They will, however, be required to give attendance as ordered by the officers in command of the various stations. Applications for these appointments should be made to the Secretary of the Army Council, 68, Victoria Street, S.W., not later than March 12th.

Malaria in Egypt.

AT a luncheon given last week by Sir Alfred Jones, President of the Liverpool Chamber of Commerce, to Dr. Boyce, Holt Professor of Pathology in Liverpool University, on his return from Egypt, where he has been to inquire into the result of the Anti-malarial Expedition, which was sent to Ismailia by the Liverpool School of Tropical Medicine, about eighteen months ago. Professor Boyce stated that as a result of the campaign against the malaria-bearing mosquito, which was instituted at Ismalia by Major Ronald Ross, the average number of cases of malaria had fallen from something like 2,000 per annum to 200. There had been no deaths among Europeans during the past year, and only four amongst the natives, as against thirty deaths in the previous year. The enormous improvement which had been effected in the health of Ismailia was a source of great gratification to the Suez Canal Company, and especially to Prince D'Arenberg, the chairman of the company, who had interested himself most deeply in the Anti-malarial Campaign. The achievements in Ismailia ought to encourage them to go forward in earnest in the work of fighting malaria in West Africa. They could now go to the Government with this Report from Ismailia and ask that similar action be taken in those British Colonies where malaria was prevalent.

Society of Medical Phonographers.

THE annual shorthand examination by this Society will be held in May, 1904. Two prizes will be offered, each of the value of £3, one for first year students and one for students of more than one year's standing. The competition will be open, without entrance fee, to any registered medical student in the United Kingdom who has not taken a first prize at one of the Society's previous examinations. Intending candidates should send in their names as early as possible, and in any case before April 15th, to Dr. P. G. Griffith, Villa Molitor, Green Lanes, Hornsey, N., who will supply a detailed prospectus of the examination.

A Guthrie Lecture on Refractory Patients.

AT a meeting of the Guthrie Society, held at the Westminster Hospital, under the presidency of Dr. Murrell, on Thurdsay, February 25th, Captain Alfred Hutton, the well-known fencer and author of the "Sword and the Centuries," gave a demonstration of the methods of dealing with violent and refractory patients. The chairman pointed out that many medical men, especially those engaged in lunacy practice, were subject to attack by dangerous and irresponsible patients, whom it was desirable to disarm without inflicting on them bodily injury. The subject was not systematically taught in the schools, and every man had, on the spur of the moment, to act on his own initiative. There were certain recognised methods of procedure in such cases, some of which were of Japanese origin, and there was no one in this country who had a larger experience of them than Captain Hutton. Yukio Tani's locks, various knock-out blows, the forcible removal of resisting people, and other methods were demonstrated on members of the Society, and the proceedings concluded with a vote of thanks to the lecturer. It is probable that this new departure in the field of physical instruction will be followed by other medical schools.

Institute of Medical Sciences Appeal—University of London.

THE following additional promises of support have been received:—Alfred Beit, Esq., £5,000; H. T. Butlin, Esq., F.R.C.S., £1,000; Messrs. Rothschild and Sons, £500; J. K. Fowler, Esq., M.A., M.D., £250; Sir William S. Church, Bart, K.C.B., President Royal College of Physicians, £105; John Tweedy, Esq., President Royal College of Surgeons, £100; Sir Henry Roscoe, F.R.S., £100; Sir E. Cooper Perry, M.D., £100; E. Lauriston Shaw, Esq., M.D., £105; H. J. Chinnery, Esq., £100; George Raphael, Esq., £100; Charles Maw, Esq., £105; A. Pearce Gould, Esq., F.R.C.S., £100; F. Goodhart, Esq., M.D., £100; Sir R. Douglas Powell, Bart., M.D., £50; P. Frank, Esq., M.D., £50; C. R. Lockwood, Esq., F.R.C.S., £50; Sir Charles Metcalfe, K.C.M.G., £25. A large sum is needed to carry out the scheme. Donations, which may be extended over a period of three years, should be sent to the hon. treasurers, J. K. Fowler, M.A., M.D., Member of the Senate, and H. T. Butlin, F.R.C.S., Dean of the Faculty of Medicine, at 35, Clarges Street, W.

PASS LISTS.

Royal College of Surgeons in England.

THE following candidates, having passed the necessary examinations, have been admitted members of the College:—

Messrs. P. E. H. Adams, B.A.Oxon, R. Appleton, L.S.A.Lond., E. L. Ash, L. D. Bailey, H. H. Bashford, H. E. Batten, A. V. Benson, W. B. Billinghurst, B.A.Oxon, H. J. D. Birkett, B.A.Camb., A. J. Blaxland, L. H. H. Boys, H. R. Burpitt, Christopher A. Campbell, B.A., M.B.Toronto, Colin A. Campbell, M.D.Toronto, L.S.A.London, N. C. Carver, J. H. Chauncy, A. A. F. Clarke, G. R. H. Chell, J. W. Cleveland, G. M. Clowes, P. P. Cole, L.D.S.Eng., J. B. Copland, C. M. L. Cowper, T. W. W. Crawford, M.D.West. Univ., Canada, M. J. Cromie, S. T. Crump, A. Davidson, M.D.McGill. G. B. Davis, M.A.Camb., J. J. Davis, M.D. West. Univ, Ontario, A. C. Dixon, T. L. Drapes, B.A.Camb., G. D. Drury, A. G. V. Elder, J. W. Elliott, L.S.A.Lond., H. H. Elworthy, H. H. Emmerson, Moses Feldman, J. A. Ferrière, J. Ferguson, H. Finzel, A. F. Forster, R. R. Garrett, H. B. German, R. K. G. Graves, C. J. H. Gunning, M. F. Grant, B.A.Camb., C. F. Hadfield, M.A.Camb., H. A. Haig, R. H. Hardwick, G. H. Harper-Smith, B.A.Camb., D. R. Harris, W. L. Hawkins, V. Hetherington, H. B. Hill, W. A. L. Holland, W. H. Howard, L. W. Huelin, F. P. Hughes, P. R. Humphry, R. M. Im Thurn, F. W. Jones, B.Sc.Lond., J. Jones, W. A. D. King, W. E. Lee, B.A.Camb., P. A. Lloyd-Jones, B.A.Camb., J. S. Le Fevre, M. G. Louisson, J. G. Macdonald, J. W. Manchester, M.D., C.M.McGill, H. F. Marris, B.A.Camb., J. A. Milne, C. W. P. Moffatt, M.A.Lond., B.A.Camb., I. N. Morgan, R. Moyle, J. Muirhead, M.B.Durh., C. M. Murray, M.A.Camb., J. H. Napper, T. M. Neatby, M.A.Camb., M.A.Lond., C. H. W. Page, M.A.Camb., J. S. Pearson, M.A.Camb., J. E. Pellow, B.C.Camb., W. O. Pou, B.A., M.D.Michigan, T. C. Power, E. C. Racker, J. J. Rainforth, W. H. Rayner, B.A.Camb., J. F. Rey, L.D.S.Eng., B. B. Riviere, H. E. Roaf, M.B.Toronto, R. H. Robbins, E. Roberts, L.M.S.Ceylon, J. A. Roberts, M.B.Toronto, E. S. Routley, L. W. Shadwell, A. Shelley, B.A.Oxon, S. Smulian, S. J. Steward, B.C.Camb., L. V. Thurston, E. F. Travers, G. A. Ticehurst, R. H. Tribe, A. H. Turner, E. R. Von Ofenheim, M.D.Leipsig, J. C. Wadmore, E. L. Ward, G. H. Warren, F. E. Wayte, V. N. Whitamora, R. K. White, W. N. Whitney, M.D.Penn., N. M. Wilson, F. H. Wood, F. R. E. Wright, S. L. O. Young.

Royal College of Surgeons in Ireland.

DENTAL EXAMINATION.—The following candidates, having passed the secondary examination, have been admitted Licentiates in Dental Surgery of the College:—Mr. C. de Foubert and Mr. H. D. Griffith. The following candidate passed the primary part of the examination:—Mr. W. Matthews.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

M. R. C. S.—The commonest cause of post-partum hæmorrhage is uterine atony. That condition, however, should not occur in ordinary cases treated by expression of the placenta and the subcutaneous injection of ergotin. The next common cause is laceration of the cervix. If the tear extends into the uterine tissue proper and involve deep vessels, it may prove a formidable matter. In all cases the placenta should be promptly delivered. Some authorities recommend bimanual pressure, so conducted as to force the contracted uterus low down in the pelvis.

DR. W. M.—The notice was in type ready for our last issue, but owing to pressure upon our space was held over. We hope to insert it at an early date.

IRISH BRANCH BRIT. DENTAL ASSOC.—Your letter was sent to the wrong office, and consequently was too late to appear in the present issue. It will appear next week.

OUR PARIS CORRESPONDENT.—The receipt of the Clinical Lecture, by Professor Debove, on "Cancer of the Bile-Ducts" is hereby acknowledged with thanks.

DR. C. ROBERTSON (Birmingham).—Your observation is interesting. As a matter of fact many of the laity think that cold is a part of the "open-air" treatment, whereas, in point of fact, it is nothing of the kind. Clearly, warm clothing is especially required for all depressed conditions of general health and circulation.

W. B. COMPTON.—Common ink is an old remedy for ring worm. We cannot speak from experience, but should imagine its efficacy would not extend beyond the megalo-sporon variety, which is readily scotched. It is extremely unlikely that ink would be of the least use in the common microsporon form.

DR. VINCENT (Algiers).—We have marked your paper on "Cancer of the Rectum and Sigmoid Flexure" for early insertion.

MR. WILSON will find the subject exhaustively dealt with in our issue for February 17th.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MARCH 9th.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8.30 p.m. Pathological Evening. Exhibition of Specimens.

DERMATOLOGICAL SOCIETY OF LONDON (11 Chandos Street Cavendish Square, W.).—5.15 p.m. Demonstration of Cases of Interest.

SOUTH-WEST LONDON MEDICAL SOCIETY (Bolingbroke Hospital, Wandsworth Common).—8.45 p.m. Dr. R. Maguire: The Treatment of Aneurysm by Gelatin Injections.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. A. W. M. Robson: The Surgery of the Pancreas. (Hunterian Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. M. Collier: Clinique. (Surgical.) 5.15 p.m. Mr. G. Ogilvie: What is Syphilitic?

THURSDAY, MARCH 10th.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Papers:—Mr. L. Evans: The Treatment of Congenital Club-foot during early Infancy, with a Series of Consecutive Cases.—Dr. S. V. Pearson: The Diagnosis of Pulmonary Tuberculosis in Infants and Young Children.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos Street, Cavendish Square, W.).—9 p.m. Clinical Evening. Cases will be shown by Mr. J. B. Lunn, Mr. H. Grimsdale, Mr. A. H. Bennett, Mr. H. L. Eason, and Mr. C. Worth. Patients will be in attendance at 8 p.m.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. G. Atkins, Dr. W. Duncan, Dr. I. Parsons, and Mr. F. Jordan. Paper:—Dr. D. Buxton: The Vernon Harcourt Chloroform Inhaler, and Exact Percentage Vapours of Chloroform in Surgical Anæsthesia.

ROYAL COLLEGE OF PHYSICIANS OF LONDON (Pall Mall East).—5 p.m. Dr. R. Hutchinson: Some Disorders of the Blood and Blood-forming Organs in Early Life. (Goulstonian Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. P. Stewart: Cranial nerve Paralyses.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—2.30 p.m. Mr. R. Lake: Demonstrations on Laryngeal Tubercular Cases. (I.) (Post-Graduate Course.)

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—6.15 p.m. Dr. M. Dockrell: Herpetic Diseases. (Chesterfield Lecture.)

FRIDAY, MARCH 11th.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9 Adelphi Terrace, Strand, W.C.).—7.30 p.m. Paper: Dr. C. K. Millard: The Leicester Method of dealing with Small-pox. To be followed by discussion.

CLINICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8.30 p.m. Papers:—Dr. P. Weber and Dr. J. H. Watson: A Case of Polycythæmia with Enlarged Spleen, possibly a Disease of the Bone-Marrow.—Dr. Pasteur and Mr. T. H. Kellock: Foreign Body impacted in Bronchus: Removal by Operation.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Prof. A. W. M. Robson: The Surgery of the Pancreas. (Hunterian Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Dr. StClair Thomson: Clinique. (Throat.)

Vacancies.

Ayr District Asylum.—Assistant Medical Officer. Salary £120 per annum, with board, furnished apartments, attendance, and washing. Applications to the Medical Superintendent.

Birkenhead Borough Hospital.—Senior House Surgeon (Resident). Salary £100 per annum and fees. Applications to the Honorary Secretary.

Birmingham General Dispensary.—Resident Surgeon. Salary £150 per annum, with furnished rooms, fire, lights, and attendance. Applications to Ernest W. Forrest, Secretary.

Birmingham and Midland Eye Hospital.—House Surgeon. Salary £75 per annum, with board and attendance. Applications to the Secretary, Secretary's Office, Church Street, Birmingham.

Brentford Union.—Medical Superintendent of Infirmary and Medical Officer of Workhouse and Schools. Salary £300 per annum, with furnished residence in the Infirmary, rations, washing, &c. Applications to William Stephens, Union Offices, Isleworth, W.

Cumberland Infirmary, Carlisle.—Resident Medical Officer. Salary £80 per annum, with board, lodging, and washing. Applications to J. G. Howitt, Secretary.

Devonshire Hospital, Buxton, Derbyshire.—Matron. Salary £80 per annum, with board, lodging, and laundry. Applications to the Secretary.

Horton Infirmary, Banbury.—House Surgeon. Salary £80 per annum, with board and residence in the Infirmary. Applications to the Honorary Secretary, 21 Marlborough Road, Banbury.

Kent and Canterbury Hospital.—House Surgeon. Salary £90 a year, with board and lodging. Applications to the Secretary.

London Fever Hospital, Islington, N.—Assistant to the Resident Medical Officer. Salary £120 a year, with board and lodging. Applications to the Secretary.

Manchester Royal Infirmary.—Resident Medical Officer. Salary £150 per annum, with board and residence. Applications to W. L. Saunder.

Mercers Hospital, Dublin.—House Surgeon. Applications to John Robinson, Registrar. (See Advt.)

Wolverhampton and Staffordshire General Hospital.—Assistant House Surgeon. Salary £75 per annum, with board, lodging, and washing. Applications to Edmund Forster, House Governor and Secretary.

Appointments.

ASHDOWN, WALLACE, F.R.C.S.Eng., Assistant Surgeon to the Metropolitan Hospital, Kingsland Road, N.E.

BENNETT, H. S., M.R.C.S., L.R.C.P.Lond., House Surgeon to the Out-Patient Department at St. Thomas's Hospital.

CLIFT, M. L., M.R.C.S.Eng., L.S.A., Divisional Surgeon to the City Road Station, G Division Metropolitan Police.

HARNETT, W. L., M.B., B.C.Cantab., Resident House Surgeon to St. Thomas's Hospital.

KEYSER, CHAS. R., F.R.C.S.Eng., Surgical Registrar to the Cancer Hospital.

POUNDEN, J. C., M.D.Dub., Certifying Surgeon under the Factory Act for the Alfreton District of the county of Derby.

RICHMOND, G. E., M.D. B.S., B.Sc Lond., D.P.H.Camb. Demonstrator of Hygiene and Public Health at University College, London.

SEARS, C. N. M.B., B.S.Lond., Junior Obstetric House Physician to St. Thomas's Hospital.

WIGRAM, L. E., M.B., B.C.Cantab., Resident House Surgeon to St. Thomas's Hospital.

Births.

HUBERT.—On March 5th, at Bromsgrove, Billingshurst, Sussex, the wife of W. A. Hubert, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

NOWLAN.—On March 1st, at Balbriggan, the wife of F. B. Nowlan, M.B. B.C.H., B.A.O., of a son.

Deaths.

CHEYNE.—On March 6th, at Edgefield, West Norwood, London, Mary Amelia Cheyne, wife of the late Robert Romley Cheyne, F.R.C.S., London, in the 86th year of her age.

KENT.—On March 4th, at Carlton House, Ringwood, Hants, Herbert Arthur Kent, M.R.C.S.Eng., L.R.C.P.Lond., fourth son of the Rev. Geo. Davies Kent, B.D., aged 44 years.

LEAH.—On March 3rd, William Leah, B.A.Oxon, M.D.T.C.D., of Teignmouth, Devon, aged 57.

SMITH.—On March 5th at Bridger, Montana, U.S.A., Henry Murray, only son of Dr. Stanley Smith, of Wimpole Street, London, aged 23.

SUTTON.—On March 1st, at 6 Camden Crescent, Dover, William Sutton, Esq., M.D., aged 77 years.

WAYLEN.—On February 29th, at 20 Beaumont Street, W., Louisa, widow of Alfred Robert Waylen, M.D., F.R.C.S.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, MARCH 16, 1904. No. 11.

Original Communications.

A FEW POINTS CONCERNING INGUINAL TRUSSES AND THEIR MANUFACTURE. (a)

By W. McADAM ECCLES, M.S.Lond., F.R.C.S.Eng.,

Assistant Surgeon to, and Joint Lecturer on Anatomy at, St. Bartholomew's Hospital; Examiner in Anatomy to the Society of Apothecaries; late Assistant Surgeon to the City of London Truss Society and to the West London Hospital.

MR. PRESIDENT AND GENTLEMEN,—I scarcely like to appear before this Society with such a subject for my theme, but ours is a liberal society, and our energetic secretary assures me that such a subject is not only permissible, but that it is one that will not be without its interest to the members of this vigorous young Society.

I have chosen the matter of the manufacture of trusses chiefly because I am deeply interested in it, and partly because I feel very strongly that everyone who prescribes the wearing of a truss ought to be sufficiently acquainted with the principles and essential details of its manufacture in order that he may know a good truss from a bad one. And this I say, for in spite of the fact that we treat hernia so largely by operation in the present day, there still remains a considerable number of persons who are obliged from one cause and another to fall back upon an external support. It is to them that the proper construction and adjustment of a truss constitutes all the difference between comfort and distress, security and danger.

It is not my intention to embark upon a description of all, or even of many, of the varieties of instruments which have from time to time been invented, my allotted length of paper and your patience would not permit. Suffice it, therefore, to say that the application of trusses is of very remote origin, but it is interesting to observe that Hippocrates, whose works abound in precise details, says nothing, so far as I am aware, concerning such appliances. Probably one of the earliest extant indications of external support is to be found on a small statue representing one of the minor deities of Egyptian mythology. Alas! that even the gods suffered thus! How much more mere mortal man!

I would premise my remarks by stating that I consider for most forms of hernial protrusions the best variety of truss is one which conforms to a type having a pad to cover the aperture, placed upon a spring which encircles the trunk, and accessory straps for better support. This would seem but a simple affair for any practical instrument-maker to fashion, yet, believe me, the pitfalls into which the mechanician may stumble in its construction are many and serious.

Let us take as a type an ordinary inguinal truss. Let us consider a well-made and a badly-fashioned example. I would lay down the following as the essentials of a well-made ordinary inguinal truss:—

1. The *pad* has its foundation of soft iron. This should be somewhat oval in shape, with two studs on its anterior surface, and two sharp points on its posterior aspect. The size of an inguinal pad for an adult is about four inches long, two inches broad, and one and a half inches thick when its facing of cork is in position, and held there by the points. The lower border of the pad, which is curved, should project only half an inch below the inferior edge of the spring. It is of great importance that it should not descend further than this, for if it does there will be a tendency for the pad to become displaced upwards by the movements of the thigh. The pad should as a rule be solid, and fixed immovably to the spring by rivets.

2. The *spring*. The function of the spring is to induce pressure, such pressure to act as a counter-pressure to the normal or abnormal intra-abdominal pressure. The external pressure as projected by the spring is capable of interpretation in two ways, first, the resilient, and secondly, the resistent, the former being much more pliable than the latter.

The resilient pressure should only come into play in preventing the descent of viscera in a bubonocele both while the patient is quiet and when he has to exert some increased amount of abdominal strain. The resistent is needed when resilient pressure is not sufficient to retain the viscera in the periods of quietude or where the patient is liable to excessive strain by reason of his occupation, &c. It is therefore not correct to use the resilient form of pressure where the resistent is needed, and it is still more improper to apply the resistent variety where only the resilient is required.

In order that a spring may act efficiently, and at the same time may be comfortable, there are several essential points in its manufacture, which are unfortunately frequently not understood by truss-makers, or at least overlooked by them. In a single truss there have to be considered the following—the length, the breadth, the curve, the temper, and the free end of the spring.

I am confident that the spring in a single truss should be more than a semicircle—that is to say, it should pass round the pelvis and reach to just behind the anterior superior iliac spine of the sound side. From this point the coverings of the spring are prolonged as a cross-strap, which is fastened to the upper stud on the face of the pad. The breadth of the spring is likewise of importance. If too broad, it will be too powerful, if too narrow, it will tend to cut into the tissues of the wearer. As a rule half an inch or a trifle more is the best breadth. The curve of the spring is where not infrequently failure is to be noticed. It should be such that the pad is on a plane only slightly posterior to that of the anterior portion of the spring. It, as is the case in some badly-fashioned trusses, the curve is so great as to make the pad almost touch the hinder part of the spring, the pressure that will be exerted by it will be so severe that the patient will not be able to endure it. Further, the temper of the steel from which the spring is cut should be brought to such a nicety that it will allow a very considerable opening out of the curve without the least liability of the metal snapping.

In order that the spring may rest flat upon the body, the lower edge of it must be the arc of a larger circle

(a) Paper read at a meeting of the Therapeutical Society, on February 23rd, 1904.

than the upper edge, owing to the increasing circumference of the pelvis against which the spring is applied. If this were not so, it would naturally follow that the truss would only rest upon its lower edge, and would consequently be exceedingly uncomfortable. It is astonishing how seldom this practical point is carried out in the manufacture of trusses, and yet it is one of the most important, if a comfortable instrument is to be provided.

And, lastly, the termination of the spring should in the process of manufacture be hammered out so that it becomes thin and flat, and therefore much more flexible than the rest of its length, and thus likely to cling steadily around the hip opposite to the side on which the hernial protrusion exists. This little, but important, point is one of the many ways in which a poorly-fashioned and cheap truss can be readily distinguished from a well-made one. The spring has to be covered with soft material, partly to protect it, and partly to render its application to the patient's body a source of the least discomfort. There is always a great tendency for the metal of the spring to rust owing to the action of the moisture from the body, and it is desirable to cover it with some material which will prevent this as far as possible. Nothing has up to the present been found which is entirely satisfactory. Neither has any form of plating been of complete service.

Immediately next the steel comes a layer of what is known in the trade as "glaze," a material which does in some measure prevent the moisture of the body from reaching the metal. Outside this, there should be two layers of "blanketing," which act in making the spring comfortable to the wearer, and upon the thickness of it within reasonable limits depends its value. Many badly-made trusses are wanting in a sufficiently thick layer of this material, in fact, may have none of it whatsoever. External to these coverings is placed one of "flesh," not ordinary chamois leather, and posteriorly for support and protection is a layer of calf leather.

For bathing purposes the spring should be covered with gum-elastic, or pure indiarubber, and the former is a useful covering for use in hot climates, or where the wearer's occupation induces much perspiration.

3. The *under-strap*. Every inguinal truss should be provided with an under-strap, and the wearer should look upon it as an essential part of his instrument.

It is of practical utility in preventing the spring from riding up over the hip bone, in securing the position of the pad from change, and in giving this latter a slight tilt at its lower edge so that it will face a little upwards. The proper adjustment of the under-strap is all important, for if it be incorrectly applied it is worse than useless. It should be fixed just behind the shoulder of the truss—*i.e.*, to that part of the spring which is directly behind the anterior superior spine of the ilium on the same side as the hernia. It must be so fastened that it will not of itself have any tendency to shift its position. This can be accomplished by a very simple manœuvre of placing the strap on the inner side of the spring and threading the end through the loop held on the outer side near the shoulder of the truss.

The under-strap is then carried downwards and backwards along the gluteal fold, across the perinæum, and upwards to fasten in front to the lower stud on the front of the pad. It is not to be applied tightly, but is to be well drawn upon, whilst it is being fixed in position. Often the under strap is placed by the patient or instrument-maker at or near the middle line behind, where it cannot by any possible chance fulfil its functions, but only serves to irritate and worry the wearer. Many patients on this account discard the under-strap, considering it of no value, which is true, but are delighted to find the added comfort it gives if correctly adjusted.

I would, therefore, sum up a good ordinary inguinal truss as one in which there is a solid pad of the proper shape and size, fixed immovably upon a steel spring encircling three-quarters of the circumference of the pelvis, and held in position by properly adjusted under- and cross-straps.

The spring is to have its lower border the arc of a larger circle than the upper edge, and its curve such that the pressure which it exerts is moderate in every case, resilient in most, and somewhat resistent in others, while its termination is so hammered out that it is beautifully flexible.

If a patient is provided with a truss of this character, and his medical attendant should see to it that he is, he will come to look upon his instrument as little more than part of his ordinary clothing, and as giving him less inconvenience even than his boots! On the other hand an incorrectly fashioned appliance may entail daily and hourly misery, which is sure to be unwittingly placed to the credit of the practitioner's prescription rather than to the ignorance of the instrument-maker.

If I have not already wearied you with what I fear may seem somewhat trifling matters, though in truth to me they are of essential importance, I would venture to call your attention to two more elaborate and highly useful forms of an inguinal truss.

The first is the rat-tail truss. Its use is specially seen in scrotal herniæ in elderly men. As a rule these patients are wholly unsuitable for any radical operative procedures, and their protrusions often fail to be controlled by an ordinary inguinal truss, even with a resistent pressure. Here, again, there may be all the difference between comfort and efficiency, and misery and danger, solely on account of the proper construction and adjustment, or the improper conformation and application of a rat-tail truss.

In a well-made instrument of this pattern the pad is somewhat fuller than in the ordinary inguinal truss, and there is the addition of a tapering piece of soft material springing from the lower part of the pad, and prolonged into a strap which takes the place of the usual under-strap, and it is fastened to an immovable hook or buckle just behind the shoulder of the truss. It is very important that the iron of the pad should not pass down into the tail, for if it does so the soft parts, and particularly the spermatic cord, must necessarily be compressed between the metal and the bone, since the tail occupies a position over the superficial ring and the crest and the body of the os pubis. This prolongation of the pad metal into the tail of the truss is frequently seen in badly-constructed instruments and is much to be deprecated, as is also the use of a movable buckle, to which the termination of the tail is attached. Seeing that in the upright position the rings and the canal, particularly in a stout patient whose abdomen tends to sag downwards and forwards, assume a rather more horizontal plane, it is well that the face of the pad should look upwards so that pressure may be brought to bear directly over the hernial aperture, while at the same time the spring rests comfortably against the abdominal wall outside the site of the hernia. This can be brought about by slightly cranking the steel of the spring just external to the place where the pad is rivetted to it. If, on the other hand, the pad is flat, the iron of the pad prolonged down into the tail, the pad maintained on the same plane as the rest of the spring immediately external to it, and the termination of the tail fastened to a movable buckle, not one of the essential features of a proper rat-tail truss will be obtained. Yet by far the larger proportion of such trusses are made by instrument-makers in this improper fashion, and it is only necessary to scan the illustrations of their catalogues to see the truth of this statement.

The last variety of truss that I submit to you is one which is of the greatest service in the treatment of irreducible scrotal herniæ. One is often consulted as to the best manner of dealing with irreducible scrotal herniæ in elderly and stout persons. Operative measures are out of the question in almost all. The application of an ordinary bag truss is merely to court danger, and cannot have the least effect in bringing about any reduction of the contents of the hernial sac.

It is under these conditions that I believe that the practitioner is often at a loss to know how best to treat

his cases. Here it is that the ingenious truss known as the hinged-cup inguinal truss comes in so usefully. It has been urged that pressure applied to an irreducible hernia is very liable to produce irritation of the contents and of the sac wall, and thus lead to complications other than those of mere non-reduction. Such untoward effects, however, do not in reality occur if the pressure is of the right amount and is employed in the correct manner. On the other hand, such proper pressure may be most beneficial in tending to the reduction of the contents of the sac. To do its work this pressure must be continuous and must be in a direction that is most likely to bring about the return of the imprisoned viscera into the abdominal cavity. The hinged-cup truss consists of the ordinary circular steel spring, so modified, however, as to meet the special requirements of the condition under review. To the front is attached a flattened pad, with what is known as the forked-tongue addition, and to the lower edge of the pad is fastened through the medium of a hinge an open triangular cup of metal, covered in the completed state with flesh leather. From the inferior angle of this cup there pass two leather straps, which act as perineal bands, and go to be fastened to movable buckles on the circle of the spring. The action of the truss is to exercise upward and backward pressure upon the irreducible contents lying in the scrotal part of the sac by the pull of the under-straps acting upon the hinge, which will only allow of movement in an upward and backward direction.

The results in the way of reduction obtained by this instrument are of a most satisfactory character, and it is desirable that the utility of the truss should be more widely recognised.

In conclusion, I trust, gentlemen, that you will not have thought me presumptuous in reminding you of some of the details of truss manufacture, apparently of but little importance in themselves, but in their sum total meaning a great deal to those who have the misfortune to need external assistance.

DR. OTTO SCHMIDT'S SPECIFIC TREATMENT OF CANCER :

A CRITIQUE BASED ON PERSONAL OBSERVATION.

By JOHN SHAW, M.D.Lond., M.R.C.P.Lond.,

Physician for Diseases of Women at the North-West London Hospital; late Vice-President of the British Gynæcological Society.

It was with intense interest that I heard of the address given by Dr. Jossé Johnson at the Abernethian Society, and determined to take the opportunity of a holiday in Switzerland to examine Dr. Otto Schmidt's cases, both on my way out and on my return, so as to be able to judge of what a month's treatment had done for the patients.

The dates of my two visits were December 16th, 1903, and January 11th, 1904, so that the actual interval was twenty-five days. I should, perhaps, explain that it was during this interval that I took the opportunity of reading Dr. Johnson's address, in order better to appreciate the matters which I desired to investigate.

On the occasion of my first visit, I saw three patients at the Augustiner Closter, and in the afternoon three other patients at the doctor's own home, of whom two were fellow-countrymen—one being a retired medical man.

On my second visit I went straight to the Augustiner Closter, in order that I might communicate with Dr. Schmidt and, if necessary, ask to see Mrs. H——, in his absence, as I had been informed that this lady, one of the cases reported by Dr. Johnson, was that day to leave for home, completely cured of the cancerous process. Dr. Schmidt was, however, as I learnt by telephone, already on his way to the Closter. He was, therefore, not expecting me, but nevertheless kindly showed me three patients and, further, unasked, invited me to visit his laboratory in the evening.

The English patients who visited his house in the afternoon were, however, so eagerly desirous that I should accompany them that the necessary permission was applied for by telephone, and thus I had the further opportunity of renewing acquaintance with a patient whom I had seen on the occasion of my first visit.

In the evening I had the pleasure of seeing Dr. Schmidt's new laboratory, a visit which gave me a good deal to think about, but as I have dealt elsewhere with some of my difficulties, it may be preferable to confine myself in this paper to the clinical cases, short particulars of which follow.

Case 1.—I will refer in the first place to the Mrs. H——, reported by Dr. Johnson. (*a*) At my first visit, this lady presented the appearance fairly described by Dr. Johnson, excepting that I was unable to detect any diminution of the frontal swelling as compared with a photograph taken a fortnight before her admission under Dr. Otto Schmidt's care. Moreover, there was a central excavation in the frontal growth going down nearly to (if not actually reaching) the bone, which excavation was being treated by dressings with the very strong solution (Merck and Co.'s) of hydrogen peroxide.

It will be important to quote certain passages from Dr. Johnson's report, merely mentioning that I took no measurements for the purpose of comparison :—

"On July 1st, the last operation wound was not yet closed ; there was no local recurrence and no glandular infections were to be found. On the upper right forehead there was a smooth, hard, evenly rounded swelling, three and a half inches long sagittally, two and a half inches broad, and rising to a height of five centimetres (that is to say, two inches) above the surrounding scalp, measured vertically. The consistence was everywhere equally hard like a fibroid. The colour over the skin was natural. Further behind and to the left there was another knot of the size of a broad bean. . . . When I saw the forehead tumour for the first time, it was about one-third bigger than when I saw it for the last time on Friday, October 30th. It had steadily decreased the whole time, and the patient herself was perfectly well except for the pain in the arm. She was cheerful and putting on flesh, and was going on as well as any patient could wish to."

It was my interest in this patient that took me to the Augustiner Closter on January 11th, having understood that she was that day to be discharged *perfectly cured of the cancerous process.*

Dr. Schmidt assured the patient and myself that sections of the growth evidenced the cessation of the carcinomatous condition, although he admitted that she still had some febrile reaction after injections. The forehead tumour showed, in my judgment, considerable increase in superficies, although it may have slightly diminished in height owing to the extensive degeneration and undermining which was taking place. It was breaking down in at least two other spots. It was marked by enlarged and somewhat tortuous veins, a sign of malignant *activity*, but which I was assured was an evidence of its quieting down. The second swelling was, in my estimation, at least double the size, and there was an enlarged gland of considerable size behind the right ear. My offer to take a photograph of the patient was declined. This patient had been seven months or so under treatment ; had had about one hundred and fifty injections ; was acknowledged to have lost flesh (although her weight, it was said, had not been taken during the whole course of the seven months), the loss of flesh being ascribed to the feverish reaction from the injections.

The patient was going home with the cancerous process arrested ! Hearing that her home was beyond Berlin, I asked if Professor von Bergmann had given any opinion as to the arrest of the cancerous process, and was assured by the old formula with which I shall

(*a*) *Lancet*, November 14th, 1903. P. 1376.

always associate Dr. Schmidt: "Es hat keinen Zweck."

On the other side, it must be remembered that it is alleged that von Bergmann had given a prognosis of but two months *if he operated*, and that the patient was seven months later not only living, but was showing remarkably little facial evidence of all that she had gone through—a circumstance which is not unknown in patients who have not undergone any serum treatment, but who are rapidly nearing the term of their sufferings.

Case 2 was that of a poor lady who had come from Russia in the hope of finding relief, buoyed up, it may be, by Dr. Johnson's words: "Dr. Schmidt's experience, when treating absolutely inoperable cases—and he has had no others—is so favourable that he would not hesitate to use it in all these seemingly hopeless cases." She was frightfully ill when I saw her, and shortly after died. Dr. Johnson has since assured the writer that the patient was under Dr. Schmidt's treatment before his paper was published, so that the patient must have succumbed after she had been under treatment for a very considerable time.

Case 3 was that of a lady who had had her breast amputated by Dr. Schmidt. As I saw her on the occasion of my first visit, she had a largish open wound, where an incision had been made to relieve the tension on the cicatrix, and pus was issuing from a drainage-tube in the axilla. At my second visit, this lady came for treatment, but Dr. Schmidt explained that there was no reason why I need see her ("Es hat keinen Zweck"), the rise of temperature reaction indicating that there must be still some infected gland which he had failed to remove.

Whilst this patient's wound was being dressed, we waited outside in the corridor, and Dr. Schmidt explained that he had first injected culture and got a violent reaction, during the continuance of which he had operated, whereupon the temperature had fallen as markedly as if an abscess had been opened.

Case 4 was seen on my second visit to the Closter, and is reported by Dr. Johnson on page 1,377 of the *Lancet*, November 14th, 1903. The appearance of this patient came as a shock to me. She was thin and very pale, though there was a flush on her cheeks, and she was quite cheerful. Dr. Schmidt repeatedly drew my attention to the fact that she could put up her left hand to the back of her neck or head, which she had been unable to do before the treatment, and with this accomplishment the patient seemed very gratified. With regard to the left breast, I really am perfectly puzzled. It may still be cancerous or it may have passed into the cirrhotic and innocuous condition described. Immediately below the breast, however, there is what I certainly believe to be cancerous involvements of the skin. Moreover, the left elbow and parts immediately above were very markedly œdematous.

But there is one very remarkable circumstance about this case. There had developed in the right breast a cancerous tumour, which *has been removed by operation*, although the inoperable cancer of the left breast is claimed as a success without operation.

Case 5 was a gentleman suffering from a large swelling below the right ramus of the lower jaw. The swelling was said to be of the nature of an embryonic remnant, and to have wonderfully improved under treatment, Dr. Schmidt's statement being borne out by the patient. A month later, as I saw him for the second time, the swelling had very greatly increased, and the patient was so hoarse that I had the greatest difficulty in understanding him. I learnt from Dr. Schmidt, and the patient nodded his assent, that he, the patient, had been hoarse on a former occasion, and that the swelling had been even greater than that which I was at the time witnessing. In answer to my inquiry as to whether there was any paralysis of the vocal cords, I was informed that Dr. Schmidt had not himself examined the case, but that Dr. Johnson had done so, and had reported that the right cord was pushed over by the growth, and was very congested, but that there was no paralysis.

Case 6 can be dismissed in a few words. It is one of cancer beneath the tongue with involvement of the glands on both sides. In comparing the condition as seen at the two visits, I should say that the swelling is about doubled in bulk, and is said to have become somewhat painful, that there is increasing disability to project the tongue between the teeth, and that owing to this cause a slight lisp has become noticeable to the patient and to myself, although so little marked as not to have attracted the attention of relatives.

Case 7 is that of an English gentleman, æt. 55, and. excepting for gout and other tendencies to chronic inflammatory processes, was quite well until September, 1902, since which time he has suffered from enlarged glands in the neck, with recurrent attacks of sore throat, but has not lost weight. In consequence of the absence of the inflammatory reaction which is said to be diagnostic of cancer, the patient and his English medical attendant felt justified in doubting the accuracy of the previous diagnosis, to which, however Dr. Schmidt clung, claiming that the absence of the diagnostic reaction was due to the fact that he had purposely avoided the reaction by giving very minute doses. In comparing, however, the figures entered by Dr. Schmidt's assistant in the patient's temperature record with those quoted by Dr. Johnson as the routine practice, I find that they are *absolutely identical*, and, indeed, exceed those given to the Mrs. H——, to whom both Dr. Johnson and I refer. I may say that this patient came back to London, in order to see an eminent cancer specialist, and returned to his home enjoying a peace of mind to which for many weeks previously he had been a stranger.

Unfortunately, the history of this patient does not end thus. I am informed that malignant mischief of undoubted character has developed. What am I to conclude?

That he had had cancer, and that Schmidt's treatment had checked or temporarily cured it? I cannot accept this position, for the following, among other reasons:—(1) The patient's throat trouble dated from September, 1902, since which time he has never lost the enlarged glands. Can any member of the profession point to a single case of undoubted cancer of the tongue which lasted fourteen months without treatment, the patient in the meanwhile having maintained his weight? (2) The patient was seen on the morning of November 17th, 1903, by a very well-known man who himself is strongly interested in cancer, and there was no suspicion then of the condition being cancerous; indeed, this medical man has expressed himself as unable to accept the position, seeing that he recorded the pulse as but 64. He prescribed tinct. benz. co., and with this the patient thoroughly steamed his throat before getting into bed. A few minutes after lying down, he (the patient) was taken with a severe choking sensation, immediately sat up and vomited a quantity of "blood, and phlegm, and stuff," after which he felt great relief and slept all night. Is this the history of cancer? (3) Ten days after this (November 27th, 1903), the patient having in the meanwhile gone to Cologne, he received from Dr. Schmidt his first injection, $^1/_{100}$ milligramme of culture, and on the following day $^1/_{10}$ milligramme. The next day was Sunday, and the patient felt his throat well, a fact which was, the patient alleges, confirmed by Dr. Schmidt on the following Thursday, there having been no laryngoscope available before that date for the examination; in the meanwhile, therefore, he had had three more injections, the last being 2½ milligrammes. My first visit to Cologne was on December 16th, 1903, and I took down from the patient the following note:—"December 3rd. Throat was examined and found to be quite well; [absolutely completely healed over]." The inverted brackets are the alleged words of Dr. Otto Schmidt, who later assured me that he himself had never seen an ulcer in the patient's throat. (4) There is the very important consideration that side by side with this doubtful

case was a case of undoubted malignant mischief (*Case* 6 above), which, to the best of my belief—a belief which is shared by one whose interest is to believe quite otherwise—there has been absolutely no improvement whatever; it is the case referred to in the leading article in The Medical Press and Circular for February 17th, 1904.

The serious question is this, had this patient malignant disease before he was treated by Dr. Schmidt? I have given the chief reasons which would guide me to an opinion. It is to be noted that immediately before leaving Cologne he had had three injections of what was alleged to be a very virulent culture, in doses of 10, 20, and 30 milligrammes respectively; that is to say, 1,000, 2,000, and 3,000 times as large a dose respectively as that with which the treatment commenced. Now, supposing that this patient at the present time has malignant disease (which I will hope is non-proven), the serious question is, has it been produced by the injections of these alleged cultures? To me the position is such a serious one that I shall continue to urge an immediate discussion before a suitable medical society, an effort in which, up to the present, I have not succeeded.

THE TREATMENT OF CHRONIC MIDDLE-EAR DEAFNESS BY OZONE.

By GEORGE STOKER, M.R.C.P.I.,

Consulting and Hon. Physician, London Hospital for Diseases of the Throat, Nose, and Ear; Hon. Medical Officer to the Oxygen Hospital.

The form of deafness to which the present paper refers is that popularly known as throat deafness, and to the medical profession as "chronic dry catarrh of the middle ear."

It is generally believed to be due to stenosis of the Eustachian tube. This latter condition may be brought about by some interference with nasal respiration, the result of congenital malformation, or chronic nasal catarrh.

The symptoms are progressive deafness, with tinnitus of various kinds and varying intensity. It is also to be noticed that in a large number of cases the hearing is comparatively more defective in reference to sounds close at hand than to those at a distance. The condition is analogous to what is known as presbyopia in defects of sight, and I venture to describe it as presbyaudia. The best illustration I know is that of a patient, who, while conversing in a room with friends, found a difficulty in hearing those near him, but was able to detect the approach of a carriage to the house before the others heard it. This condition is possibly the result of some loss of power of accommodation in the muscles, due to the thickening of the mucous membrane covering them.

The tympanic membrane is retracted and usually opaque. There are no signs or symptoms of the auditory nerve being involved. Of all forms of deafness this is the most common and the most intractable, and it is no exaggeration to describe it as the opprobrium of otology.

It would seem that stenosis of the Eustachian tube must affect the mucous membrane lining the middle ear—

(*a*) By preventing the free ingress and exit of air.

(*b*) By causing an unhealthy condition of the secretions that exude from the lining of the cavity and preventing their exit.

These conditions lead to a thickening of the mucous membrane of the tympanum and consequent deafness.

The nasal stenosis may be relieved, and the Eustachian tube become more open, but the deafness still increases; this points to a *remaining* unhealthy condition of the middle ear.

The effect of oxygen, and more particularly of its allotropic form, ozone, in restoring a healthy condition to diseased nasal mucous membrane, and in purifying the secretions, suggested a trial of the latter in chronic progressive deafness.

The ozone is generated by means of an electric current acting on a Ruhmkorff coil, to which the ozonising tube is attached. The ozone is passed in a gentle current through a Eustachian catheter into the middle ear for about four minutes at a time, the operation being repeated several times a week, daily, if possible.

The following are notes of cases treated, the conditions first described being those existing before the ozone was applied. They were nearly all cases of "chronic dry catarrh" of the middle ear, accompanied by the usual symptoms.

Some of them had been previously treated by various methods, for considerable periods.

Case 1.—Patient had been getting deaf for ten years. There was "hissing" tinnitus, especially in the left ear. Before treatment.—Watch hearing: R. ear = 1½ in.; L. ear = contact. After two months' treatment.—Watch hearing: R. ear = 4 in.; L. ear = 3 in. After five months' interval without treatment.—Watch hearing: R. ear = 5 in.; L. ear = 3 in.

Case 2.—Deaf for many years. Before treatment.—Watch hearing: R. ear = 5 in.; L. ear = 3 in. After six weeks' treatment.—Watch hearing: R. ear = 12 in.; L. ear = 6 in.

Case 3.—Getting deaf for twelve years. Before treatment.—Watch hearing: R. ear = ½ in.; L. ear = 1 in. After six weeks' treatment.—Watch hearing: R. ear = 8 in.; L. ear = 3 in.

Case 4.—Getting deaf in right ear for three years. Before treatment.—Watch hearing: R. ear = 3 in.; L. ear = 20 in. After six weeks' treatment.—Watch hearing: R. ear = 9 in.; L. ear = 24 in.

Case 5.—This patient had chronic suppurative otitis media of the right ear, and chronic dry catarrh of the left ear, of old standing. Before treatment.—Watch hearing: R. ear = minus; L. ear = 6 in. After six weeks' treatment.—Watch hearing: R. ear = 3 in.; L. ear = 24 in.

Case 6.—This patient was deaf for fifteen years with buzzing tinnitus. Before treatment.—Watch hearing: R. ear = ½ in.; L. ear = minus. After six weeks' treatment.—Watch hearing: R. ear = 18 in.; L. ear = ¾ in.

Case 7.—This patient was deaf in the left ear for nine years. Before treatment.—Watch hearing: L. ear = ¼ in. After six weeks' treatment.—Watch hearing: L. ear = 4 in.

Case 8.—This was a case of deafness of nine years' standing with "tidal tinnitus." Before treatment.—Watch hearing: R. ear = contact; L. ear = ½ in. Tuning-fork hearing: R. ear = 3 in.; L. ear = 5 in. After six weeks' treatment.—Watch hearing: R. ear = 4 in.; L. ear = 1½ in. Tuning-fork hearing: R. ear = 2 ft.; L. ear = 2 ft.

Case 9.—This patient had been deaf for twelve years. Before treatment.—Watch hearing: R. ear = ½ in.; L. ear = ½ in. After six weeks' treatment.—Watch hearing: R. ear = 10 in.; L. ear = 10 in.

Case 10.—Patient was deaf in right ear for ten years with singing tinnitus. Before treatment.—Watch hearing: R. ear = ½ in. After six weeks' treatment.—Watch hearing: R. ear = 6 in.

Case 11.—In this case patient was deaf for five years with hissing tinnitus. Before treatment.—Watch hearing: R. ear = 1½ in.; L. ear = hard contact. Tuning fork hearing: R. ear = 6 in.; L. ear = 4 in. After two months' treatment—Watch hearing: R. ear = 3 in.; L. ear = 2 in. Tuning-fork hearing: R. ear = 2½ ft.; L. ear = 2 ft.

Case 12.—Patient had been deaf for twelve years with buzzing tinnitus. Before treatment.—Watch hearing: R. ear = 1 in.; L. ear = 1½ in. Tuning-fork hearing: R. ear = 2 in.; L. ear = 3 in. After six weeks' treatment.—Watch hearing: R ear = 7 in.; L. ear = 9 in. Tuning-fork hearing: R. ear = 2ft.; L. ear = 2 ft.

In all the above cases it will be seen that the hearing

has improved. In some, the progress made has been remarkable. The improvement, as shown by the watch, represents comparatively a very much greater degree of progress when the voice is in question. A patient with only one inch of watch hearing may be considered rather deaf, whereas with four inches of watch hearing the deafness is not by any means evident.

In cases of such a degree of deafness, of such long duration, the time during which the treatment was continued was far too short to produce the best results, and it is reasonable to suppose that if the treatment had been carried out daily, and for a longer period, the results would have been better still. Another favourable result achieved by this treatment is the disappearance of the distressing tinnitus that existed in nearly every case. In conclusion I would point out that, after all, there are two objects in treating such cases as are alluded to in this paper—first, to improve the hearing, and secondly, to prevent the deafness from becoming worse, and there is conclusive evidence that both these objects may be brought about by the use of ozone.

CHRONIC INTESTINAL OBSTRUCTION

CAUSED BY

ANNULAR STRICTURE (MALIGN) OF THE LARGE INTESTINE. (a)

By DAVID WALLACE, M.B.Ed., F.R.C.S.Ed.,
Assistant Surgeon, Edinburgh Royal Infirmary.

THE paper was based on ten cases of stricture of the large intestine (exclusive of the cæcum and rectum) operated on during the past year. In eight the cause of the stricture was ascertained to be malignant, while in two there had been every likelihood of a similar cause, though from the necessity of rapidly completing the operation it had not been definitely determined. By annular stricture was meant a cylindrical-celled epithelioma, resulting in a very hard ring-like formation transverse to the long axis of the bowel, and giving rise to an hour-glass constriction. The bulk of the tumour-growth is inside the bowel, the margins standing out abruptly from the mucous membrane, and greatly narrowing the lumen of the gut, so that in many cases the aperture will only admit of the passage of a crow-quill. Above the stricture the bowel is hypertrophied and dilated. Although for such a condition to have arisen considerable time must have elapsed since the tumour began, yet in most cases there is little discomfort other than constipation, requiring the use of purgatives. The higher the tumour the less likely are symptoms to become manifest, as the fluid contents of the bowel easily pass through a smaller orifice than the more solid fæces in the sigmoid and lower part of the colon. Owing to the insidious onset, chronic obstruction is often the first reason for the patient seeking medical advice—often too late for curative treatment. In six of his ten patients this had been the case, and as all were drawn from the better classes, it was reasonable to suppose that the delay in getting medical advice was not due to carelessness or disregard of symptoms, as might have been the case in hospital patients. The most common symptoms for which advice is sought prior to the onset of obstruction was constipation, and abdominal distension, and pain; occasionally there was loss of weight, and sometimes a tumour had been noticed. The latter, however, was rare, and even to the clinician a tumour could usually only be felt after the disease had extended beyond the wall of the bowel. In four out of his ten patients a tumour was to be felt before operation. In early stages the significance of constipation and abdominal pain was not readily recognisable, and we had to delay diagnosis until later indications arose, *viz.*, continuance of abdominal discomfort and constipation, distension and borborygmi, paroxysmal pain and visible peristalsis, loss of weight, a palpable tumour, and acute or chronic obstruction. The absence of these, however, did not exclude the possibility of stricture. Constipation was present in all his cases, alternating with diarrhœa in two, loss of weight in seven, distension and borborygmi in four, tumour in four, visible peristalsis in only two. Three other symptoms were usually mentioned: (1) Ballooning of the rectum, present in one case of stricture of the hepatic flexure; (2) change in the form of the stools, on which no reliance could be placed; and (3) passage of mucus and blood, which was also unimportant. In six patients obstruction was the symptom for which advice was sought; in none was there a palpable tumour, and in four an annular stricture without adhesions was present. In two other cases a tumour was detected at the first examination, and in two more at subsequent examination only; of the last, the symptoms were, in one instance, diarrhœa alternating with constipation and loss of weight; in the other, pain, constipation, and loss of weight. Six patients were females and four males, and the ages from 47 to 82 years. Five of the tumours were at the splenic flexure, three at the hepatic flexure, and two at the upper part of the sigmoid flexure. The anatomical relations of the two first-mentioned parts of the bowel explained the infrequency of palpable tumour. As to the diagnosis, Mr. Wallace pointed out that, given a case of chronic obstruction in a person of middle life, there being neither palpable tumour nor evidence of rectal neoplasm, annular stricture was most probable. Though each case had to be considered on its own merits, it was most important that such cases should not be treated medically for too long a time, and that the practitioner should recognise that the history of chronic constipation with abdominal pain was *prima facie* ground for suspecting annular stricture. The prospect of successful surgical treatment would be immensely enhanced if the patient could only be operated on at this stage, before invasion of adjacent tissues, or definite obstruction symptoms, had taken place. When a patient was seen in whom obstructive symptoms existed, it was usually justifiable to wait, provided these were not urgent, and first to try medical measures, watching the pulse, the degree of abdominal distension, and the general condition. If relief was obtained, the day was long past for being thankful and believing all was at an end; a second and more serious attack was inevitable—the justification for delay in the first instance was the desirability of operating during a quiescent period, the prospect of successful radical treatment being so much greater when the conditions were the most favourable possible, the chief *desideratum* being the emptiness of the intestines. It ought always to be explained to the patient that it may not be possible to remove the tumour, and that it may be necessary to make an artificial anus. Three operations are possible: (1) Excision and end-to-end anastomosis, (2) short

(a) Abstract of Paper read before the Edinburgh Medico-Chirurgical Society, March 2nd, 1904.

circuiting, (3) colostomy. The incision, unless there was a definite contra-indication, ought to be made through the right rectus just missing the umbilicus, from which all sites of cancer could be explored, and if the growth was on the left, allowed of the transverse colon being opened, while if it was on the right an ileo-colostomy could be done. This incision should be made large enough at first; ventral hernia was not likely to result, and it was a favourable position for an artificial anus. If the tumour was removable, a second incision would probably be required. Colectomy, though the best operation, could seldom be performed primarily in obstruction cases. Usually all that could be done was to make an artificial anus, leaving the tumour outside the abdominal wall, and dealing with it later. For successful excision absence of tension on the stitches was of the first importance. The most favourable method of short circuiting was ileum to transverse colon. Here, again, absence of tension was essential, and emptying the bowel a great aid to a good result. After short circuiting, the tumour often diminished in size. Colostomy, the least desirable, was often the only admissible operation; he had adopted it in five cases, of which one died on the fifth day. The position of the artificial anus depended on the site of the tumour, but should be as far from the cæcum as possible, as the comfort of the patient depended greatly on the fæces being solid. The gut should be opened at the lowest part to avoid the risk of retention of fœtid fæcal matter in the bowel—a fertile source of toxæmia and heart failure. His results were :—Two colectomies, one patient living after thirteen months, one death on the fourth day from peritonitis; three ileo-colostomies with one death on the fifth day from giving way of stitches; four colotomies with one death.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MARCH 11TH, 1904.
DR. FREDERICK TAYLOR, President, in the Chair.

DRS. F. PARKES WEBER and J. H. WATSON communicated a case of

CHRONIC POLYCYTHÆMIA WITH ENLARGED SPLEEN.

The patient was a cabinet-maker, æt. 58, who had previously been very ruddy in the face, but for the last six years a variable amount of cyanosis in the face and extremities had been noticeable. In 1903 he fractured some ribs, and afterwards commenced to have delusions of persecution. The peculiar symptom-complex of chronic cyanosis with splenomegaly and polycythæmia was observed at the German Hospital in the latter part of the same year. At Colney Hatch Asylum, to which he was removed, he remained bodily and mentally feeble, and during an attack of greatly increased cyanosis died suddenly on February 4th, 1904. The chief clinical features of the case were the chronic cyanosis, not to be accounted for by thoracic disease, the enlarged spleen, and the polycythæmia. The blood contained about double the normal amount of red cells, and the hæmoglobin value was about 170 per cent. of the normal. Extreme distension of the retinal vessels was observed. The urine was high-coloured. Asthenia was well marked. The post-mortem examination showed an extreme condition of vascular plethora. The yellow marrow of the shafts of the long bones was transformed into red. This special combination of symptoms had been described by several observers, notably by Osler.

Dr. NORMAN DALTON inquired if any of the other ductless glands in the body were similarly enlarged.

Dr. HERBERT FRENCH remarked that if the disease were due to an excessive activity of the bone-marrow he would have thought that the oxidation of the tissues would have been rendered thereby easier, whereas, on the contrary, cyanosis was one of the most prominent features. This seemed to suggest that the fault lay in the tissues themselves. He thought that experiments upon the comparative tensions of the carbonic acid and oxygen in the expired air in such a case would be valuable.

Dr. LEONARD S. DUDGEON asked if the blood from the small vessels had been examined as well as that from the tissues. He referred to the condition of the bone-marrow in a case of congenital heart-disease, accompanied by cyanosis, which he had examined at the East London Hospital for Children, which was of a red colour.

Dr. W. PASTEUR asked if any thrombosis were present in Dr. Weber's case, as he had met with this condition in two cases of extreme plethora.

Dr. G. RUSSELL referred to a similar case which he had seen where the spleen was considerably enlarged before any cyanosis appeared. He was also struck with the extreme degree of asthenia present.

The PRESIDENT inquired whether the arteries in the retina were enlarged as well as the veins.

Dr. WEBER, in replying, said that the spleen in these cases might also be regarded as a manometer of the capillary circulation. It was possible that the bone-injury had influenced the polycythæmia by exciting the bone-marrow to increased activity and by diminishing the destruction of erythrocytes.

Mr. JONATHAN HUTCHINSON, jun., read notes of a case in which he had performed intra-cranial resection of the second division of the fifth nerve for epileptiform neuralgia. The patient had remained free from pain at the end of a year. The method adopted was that of trephining the temporal fossa, after which the trunk of the superior maxillary division was exposed, and about half an inch resected. (The paper will be published in full at an early date.)

Mr. STANLEY BOYD mentioned the case of a woman, æt. 69, in whom he had performed a somewhat similar operation for intractable neuralgia. In this case some recurrence of the pain took place after the end of a year, though to a much slighter extent.

Dr. W. PASTEUR and Mr. T. H. KELLOCK communicated a case of

FOREIGN BODY IMPACTED IN BRONCHUS; REMOVAL BY OPERATION.

The patient was a boy, æt. 5, who swallowed a glass stopper. Four days later physical signs at the apex of the left lung were discovered by a doctor, and he was sent in to the Middlesex Hospital. On deep respiration a stridulous, wheezing sound could be heard. The temperature was 102·8°. Examination of the chest revealed signs of obstruction in the left bronchus. An X-ray examination showed an indefinite shadow in the region of the left bronchus. Tracheotomy was at once performed, and a foreign body could be felt with a probe passed down the trachea. Attempts to dislodge it with this instrument or with the forceps proved unsuccessful, but the stopper was finally recovered by the aid of a rather stiff loop of wire. The wound in the trachea was closed, after cleaning away some pus which had come up with the foreign body. Four days later the wound had practically healed, and shortly afterwards the physical signs in the chest became normal.

The PRESIDENT referred to a case in which pulmonary symptoms were present resembling those of tuberculosis, insomuch that the patient was sent on a sea-voyage. One day, however, he expectorated a little blood and a piece of a broken tooth, after which the chest trouble, which had persisted for some months, disappeared.

Dr. GEORGE EASTES remarked upon the value of inversion in these cases, especially when the foreign body was almost on the point of coming up, but was sucked back again by inspiration.

Mr. G. H. MAKINS said that glass objects sometimes

threw definite shadows on the screen. He recalled a case of great dyspnœa due to a suspected foreign body in which the cause of death was found to be owing to obstruction from a caseating bronchial gland.

Mr. J. HUTCHINSON, jun., remarked that the glass stopper, though to all appearances clean, was probably virulently septic, hence the formation of pus in the present case. He agreed that the flexible silver-wire loop often succeeded in extracting foreign bodies when all other means had failed.

Dr. PASTEUR and Mr. KELLOCK replied.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

MEETING HELD FRIDAY, MARCH 11TH, 1904, AT THE ROOMS OF THE MEDICAL SOCIETY OF LONDON.

Mr. JOHN BARK, F.R.C.S.Edin., President, in the Chair.

THE PRESIDENT delivered his Presidential Address, which we hope to insert at length in an early number.

Dr. KELSON showed a case of "Paralysis of the Right Vocal Cord," in a man, æt. 50, who had suffered from difficulty in swallowing for one year.

Dr. HAROLD BARWELL showed a case of "Bilateral Abductor Paralysis."

Dr. PETER ABERCROMBIE read notes of a case of "Caseous Rhinitis."

Dr. WYATT WINGRAVE read a report on the pathology of the above case, and remarked that the conditions were perfectly consistent with fatty changes occurring in old pus. Had it originated in epithelial cells there would doubtless have been evidence of squames and cholesterin.

Dr. FRED. SPICER showed a laryngeal case for diagnosis in which there had been a gradual loss of voice, but neither a tuberculous nor a syphilitic history. A tumour was visible in the larynx. There was improvement under iodide of potassium.

Dr. R. H. WOODS advised that tubercle bacilli be carefully examined for, as in a similar case they had been found.

Mr. MAYO COLLIER suggested that the case was one of syphilis, but said he would first examine the sputum for tubercle bacilli.

Dr. DUNDAS GRANT showed a case of "Acute Laryngitis" following influenza.

Mr. MAYO COLLIER showed a case of "Chronic Osteo-myelitis," with old ulceration of the palate, and asked for the opinion of the Fellows on it.

Mr. CHICHELE NOURSE said that there was some haziness of the corneæ, and that he thought it was a case of congenital syphilis.

Mr. KELSON considered that the eyes gave evidence of inherited syphilis, the corneæ being nebulous. Probably the eyes were affected at an early age.

Dr. D. VINRACE said that the teeth also bore evidence of congenital syphilis.

Dr. WOODS showed a skiagram of a maxillary antrum, containing a piece of indiarubber drainage-tube which had been retained after an operation eight years before.

Dr. WOODS showed an artificial denture removed from the gullet of a lady patient, where it had remained for four months. There was now a fistula between the œsophagus and the trachea at the level of the cricoid cartilage. Œsophagotomy was performed for the removal of the denture, but the fistula still remained.

Dr. DUNDAS GRANT suggested that a large tracheal incision would be a good method of reaching the fistula. A case had been reported where success was attained by means of a tracheotomy tube with a jacket of indiarubber, this being maintained in position for one year.

The PRESIDENT said the case was a very interesting one, and that he had never seen a case like it.

Dr. WYATT WINGRAVE showed microscopic specimens illustrating recent histological investigations respecting malignant growths. Two forms of cancer parasites were exhibited—parasites free and encapsuled—which had been found in innocent as well as in malignant tumours.

Dr. G. GEORGE REID exhibited an automatic sounding-box for measuring the auditory appreciation in deafness and other forms of ear disease.

A NEW INVENTION.

A small audiometer for testing the auditory appreciation in deafness and ear disease. Up to the present the method of testing by striking a tuning-fork has been inefficient, and for reference or further testing useless. The important points in this instrument are :—(1) The force starting the fork is constant both for one and for every fork, therefore there is never variation in volume in the same fork. (2) The individual fork is constant for one and the same patient, and for every other patient at any time ; therefore, the record is a valuable reference in a patient's history or for comparison, and as noting the value of any medical or surgical treatment or appliance. (3) The fork is heard by the patient and operator at the same time, and it is heard under the same condition. After some experiments, it has been found advisable to keep the box at this size for either one, two, three, or four forks, considering the question of vibration. For whilst, on the one hand, you do not wish to unduly lengthen the period of vibration, on the other hand you do not want to diminish it too much. The forks can be chosen by the surgeon, the C fork being the usual one supplied. The terminals are of glass, which can be removed after each patient and dropped into an antiseptic solution, and replaced by fresh ones. I may add that the instrument is a valuable assistant to the operator, should he be suffering from temporary deafness due to catarrh, as the volume of the fork never alters, and the normal period of appreciation being known, his subjective condition does not prevent the correct determination of the patient's time of audition. There is no objection to variation in the length of the tubes.

Dr. D. VINRACE asked if it would assist in calculating the percentage of hearing power.

Dr. HEMMINGTON PEGLER wished to know how the over-tones were to be got rid of, and if a range of forks could be used, and remarked that the name "audiometer" was in danger of being confounded with "acometer."

Dr. HASLAM asked how air and bone conduction were to be distinguished.

Dr. DUNDAS GRANT thought this instrument would prove useful in recording the progress of an ear case.

Dr. WOODS asked if it could test bone conduction.

Dr. HAROLD BARWELL thought that the spring would gradually get weakened.

Dr. R. H. WOODS likened the spring to that of a watch, which did not weaken.

Dr. FRED. SPICER considered it full of fallacies—transmitting a mixture of bone and air conduction.

Dr. ST. GEORGE REID, in reply, said that there was no bone conduction whatever in using this audiometer. The spring had not been found to appreciably lessen in strength. Over-tones were not of any importance, as they were constant, being always started with the same force and in the same manner.

Dr. DUNDAS GRANT, in opening the adjourned discussion on Mr. Mayo Collier's paper on "Latent or Intermittent Nasal Obstruction," said that he could not agree that the subject had not been noticed before by rhinologists, as it was discussed at the meeting of the British Medical Association in 1888. The effect of nasal obstruction on the ear was still a disputed point. The part that negative pressure played was still in doubt. Dr. Scanes Spicer's investigations were mentioned. Typical sclerosis of the ear must be placed in a separate chapter as nasal obstruction had no effect in this condition. The hollow groove on the nasal septum was not, in Dr. Dundas Grant's opinion, always produced by the engorged inferior turbinal. The groove was often more apparent than real, a well-developed

Jacobson's cartilage accounting for this in some cases. The treatment he relied on, in many cases, was galvano-cautery puncture. High frequency currents might be useful for intra-nasal vascular dilatation.

Dr. R. H. WOODS said that he doubted the effect of nasal obstruction on ear pressure, as the Eustachian tube was a closed tube except during swallowing.

The discussion is to be continued at the next meeting.

The Annual Dinner was held at the Imperial Restaurant the same evening.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD WEDNESDAY, MARCH 2ND, 1904.

Professor JOHN CHIENE, C.B., President, in the Chair.

MR. H. J. STILES showed (1) patient after operation for epilepsy following suppurative leptomeningitis, the result of middle ear disease. Two years previously the patient had been successfully trephined for meningitis, and for the last nine months had suffered from epilepsy. Adhesions at the old trephine wound were suspected, the skull was again opened, the dura removed, and a piece of gold leaf inserted over the brain; the scalp was then replaced. There was some suppuration, probably from organisms which had remained latent in the old scar tissue, and the gold leaf subsequently came away, but there had been complete freedom from fits since the operation. (2) Infant after ligature of both common carotid arteries for chronic hydrocephalus, an operation which was tried, as all those already in use were unsuccessful. The head had only enlarged a quarter of an inch in circumference since the operation. (3) Two patients, after thoracoplasty for empyema. In the first the fourth to ninth ribs had been resected on account of an empyema of three months' standing, which had burst through the intercostal muscles and become subcutaneous. The interesting point was the deformity of the spine, which showed convexity towards the diseased side, but no rotation of the vertebral bodies. The other patient was shown to contrast with this, the deformity being of the usual type, with the concavity towards the diseased side.

Dr. W. T. RITCHIE showed a man, æt. 41, with intrathoracic pressure symptoms: huskiness of the voice and paralysis of the left vocal cord in the cadaveric position, inequality of the radial pulses, increased width of the left palpebral aperture and dilatation of the pupil. The heart was slightly hypertrophied, the arteries thickened, and there was a history of syphilis, pointing, therefore, to aneurysm.

Dr. CHALMERS WATSON showed a woman suffering from exophthalmic goître of ten years' duration, and her son, æt. 10, born just after the symptoms began, showing general weakness and loss of appetite, enfeeblement of the circulation with coldness of the extremities, tachycardia and von Graefe's sign—all probably referable to alterations in thyroid and parathyroid secretion.

Mr. F. M. CAIRD showed a patient after jejunostomy for cancer of the stomach. Owing to the extent of the disease, gastro-enterostomy had had to be abandoned. By making the opening into the jejunum after Witzel's method, he had obtained a fistula, through which patient could be fed, but through which no intestinal contents escaped.

Dr. BYROM BRAMWELL showed a case of pancreatic infantilism, a new disease, illustrating the benefits of treatment by pancreatic extract. Two years ago the patient was nineteen, and looked like a boy of 11 or 12. There was no arrest of mental development—only retardation of physical growth. The different parts of the body were well proportioned, and there was no evidence of cretinism, congenital syphilis, rickets, or tubercle, to which stunting was often due. The only cause seemed to be chronic diarrhœa of nine years' duration. The genitalia were quite undeveloped; the height was 4 ft. 3¼ in. The diarrhœa was proved to be due to defective pancreatic secretion by (1) the presence of undigested fat in the stools, and its disappearance when pancreatic extract was given; (2) small amount of phosphoric acid in the urine on milk diet, with increase when pancreatic extract was given; (3) the use of Sahli's test capsules of glucoid containing iodoform, which showed that iodine was only eliminated in the saliva when the patient took pancreatic extract. The patient had now been under treatment with pancreatic extract for two years, and had grown five inches, he looked much more like his age, and the genital organs had developed, there being a growth of pubic hair, increase in the penis and testicles, &c.

Dr. JOHN THOMSON showed two cases of infantilism similar to Dr. Bramwell's case. The elder was twenty-four, and was about the size of a boy of 10. He was perfectly intelligent, had none of the signs of cretinism; the genitals were undeveloped, the colour a peculiar yellowish pallor, the voice high pitched, and there had been digestive disturbance and abdominal distension for many years. The patient had had from four to seven motions daily, for which many remedies had been fruitlessly tried. He had grown one and a half inches between 15 and 17½ years, two inches from 17½ to 19½, and since then had remained stationary. Skiagrams showed an ossification of the epiphyses corresponding with that of a child of six or eight years. The second case was æt. 18, and resembled a child of eight or nine. He was quite intelligent, and appeared to be of the same type as the preceding. In him the diarrhœa was periodic, there being six or seven attacks yearly. He had just come under observation. In neither case had pancreatic treatment yet received a trial.

Mr. STILES showed (1) hernial sac of a child containing the vermiform appendix adherent to the testicle; (2) portions of intestine resected for obstruction; (3) congenital displacement of the kidneys, associated with extroversion of the bladder and sacral teratoma; (4) gangrenous Meckel's diverticulum; (5) two renal sarcomata.

Mr. MILES showed (1) portions of resected small intestine from cases of hernia and traumatic rupture; (2) three prostates removed by perineal prostatectomy; (3) portion of rectal mucosa excised for prolapse.

Dr. GIBSON showed skiagrams from a case of infantilism.

Mr. COTTERILL showed specimens from recent operations for appendicitis.

Mr. THOMSON showed stomach from a man, æt. 47, enormously dilated in consequence of pyloric stenosis from ulcer.

Dr. ALEXANDER BRUCE gave a demonstration of electrical currents of high frequency, their mode of production, and therapeutic applications. After explaining what high frequency currents actually were, and demonstrating the condensers from which they were obtained, and the static machines and coils used to excite these condensers as well as the various electrodes, couches, &c., used in their practical application, Dr. Bruce adverted to the unfortunate if not unnatural scepticism with which these and allied methods of treatment were apt to be regarded. He was convinced that in certain directions they had definite value, though, of course, much was claimed for them by their more enthusiastic advocates which they could never fulfil. He proposed to speak only of their benefits from his own experience. He had found them of great service in the relief of pain; in neuralgias, neuritis, locomotor ataxy, rheumatoid arthritis, acute muscular rheumatism, fibrositis, lumbago, and neurasthenic pains generally. The general condition was also improved in these conditions by their use. In hysterical pain they did not seem of service, but rather aggravated the suffering. Neither were they useful in convulsive disorders or diseases accompanied by tremor. They also did good in neurasthenia, and shortened the irksome course of the Weir-Mitchell method of treatment. He thought that he had also got improvement in some of the forms of primary muscular atrophy. They usually produced a feeling of *bien être*, and improved the sleep. He had seen good

effects in dilatation of the stomach due to atony, and in hæmorrhoids. It was extremely doubtful whether they could do any good in gout, diabetes, tubercle, arterio-sclerosis, or cancer.

Dr. BRAMWELL felt that the Society was to be congratulated in that one whose judgment they could so thoroughly trust as Dr. Bruce's had taken up the subject. It would be a great step if they really benefited muscular dystrophies.

Dr. GARDINER spoke of failure in the treatment of tuberculosis with high frequency currents, and

Dr. WEBSTER compared their action on the skin to that of the Nauheim baths.

Mr. DAVID WALLACE read a paper on chronic intestinal obstruction caused by annular stricture (malign) of the large intestine, an abstract of which will be found on page 282.

The subject was discussed by Mr. F. M. Caird, Mr. Stiles, Dr. Affleck, and Mr. Thomson.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

MEETING HELD FRIDAY, MARCH 4TH, 1904.

SIR J. W. MOORE in the Chair.

MILK: HUMAN AND BOVINE.

DR. WALTER SMITH made a communication upon milk, and demonstrated some chemical tests which have been recently proposed. One of the most curious facts in regard to the composition of milk is the presence in it, in measurable amount, of citric acid, which may be considered a specific product of the mammary gland. It has been shown that cow's milk includes from 1 to 3 times as much citric acid as woman's milk, and the amount may be reckoned as equivalent to about 0·25 per cent. of calcium citrate. To distinguish between human and bovine milk a simple test has been advanced by Unikoff, of St. Petersburg. It consists simply in treating the milk with half its volume of ordinary liq. ammonia, and keeping the mixture at a temperature of 60° C. for about twenty minutes. Human milk assumes a violet red colour, the shade being deeper according to the puerperal age of the milk. Cow's milk turns faintly yellow. This test is valid and satisfactory. Mr. Saul has proposed a test to distinguish raw milk from scalded or boiled milk. To 10 c.c. of milk add 1 per cent. of a recently prepared aqueous solution of ortol (used in photography), and then one or two drops of H_2O_2. A vivid deep red colour is produced. Boiled milk is unaffected. To detect formaldehyde added to milk as a preservative, a simple test has been proposed by Manget and Marion. Sprinkle a few crystals of amidol (another photographic developer) on the milk, slightly diluted. Fresh milk quickly assumes a pink or salmon colour. Milk, which contains a very small trace of formaldehyde, slowly assumes a canary yellow colour.

Dr. LANGFORD SYMES laid stress upon the practical importance of Dr. Smith's paper, and strongly endorsed the opinion as to the futility of giving lime to children as a medicinal measure. The only use of lime added to cow's milk was to modify the physical properties of the curd in the stomach. Too little was absorbed from the digestive tract to render lime of use in treating rickets. He believed that it was not fully understood to what extent sterilisation altered the properties of milk, and expressed the opinion that a diet of sterilised milk was capable of producing rickets and scurvy in children. It was open to question whether human milk was secreted absolutely sterile or not.

Dr. TRAVERS SMITH asked if the citric acid in milk was affected by boiling, for if such were the case an explanation was afforded of the powers of sterilised milk to produce scurvy.

Dr. Coleman and Dr. Cranny also spoke.

Dr. WALTER SMITH, in replying, thanked the members for the interest his paper had elicited. He stated that calcium citrate being less soluble in hot than cold milk, some was removed in the scum of boiled milk.

THERAPEUTICAL SOCIETY.

MEETING HELD AT THE APOTHECARIES' HALL, LONDON, TUESDAY, FEBRUARY 23RD, 1904.

DR. ROSE BRADFORD, Vice-President, in the Chair.

DR. J. BURNET, of Edinburgh, read a paper on ichthoform and ichthargan, of which the following is an abstract:—

After briefly referring to ferrichthol and certain of the other compounds of ichthyol, Dr. Burnet went on to speak more particularly of ichthoform and ichthargan. He referred more especially to his use of the former as an intestinal astringent and antiseptic. He found that in tuberculous lesions of the intestinal tract ichthoform gave great satisfaction. Where diarrhœa was a prominent symptom he had frequently administered this ichthyol compound in doses of from ten to fifteen grains thrice daily, with marked effect. He suggested its use as an enema with mucilage of starch. Ichthoform had also given him very good results in cases of varicose ulcer, and also in a variety of skin affections, including eczema. He mentioned ichthoform gauze as a substitute for iodoform gauze for packing cavities. With regard to ichthargan he had found it very beneficial in quite a number of cases of urethritis, and in gynæcological affections he had used it with marked success. In skin diseases ichthargan had been employed pretty extensively with uniformly good effect. In atrophic rhinitis Dr. Burnet found an ointment containing 1 per cent. of ichthargan extremely useful. He referred to its use in diseases of the eye, and mentioned that it might be given internally. He concluded by stating that the various preparations have a wide sphere of therapeutic application.

(In a future issue we hope to give this paper at length.)

A cordial vote of thanks was given to Dr. Burnet for his paper.

MR. W. MCADAM ECCLES read a communication "Respecting Trusses and their Uses," which will be found on page 277 of the present issue.

A vote of thanks was given to Mr. Eccles for his paper.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXXVII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

MOORCOTE SANATORIUM, EVERSLEY, HANTS.

FOR many cases of phthisis seclusion from all the stress and strain indissolubly connected with residence in or near town or city is an absolute necessity, and when combined with picturesque surroundings, protection from unfavourable climatic conditions and associated with strict medical supervision, the best is provided for the establishment and maintenance of processes making for arrest and restoration. Such therapeutic requirements are amply provided at Moorcote. This sanatorium was established in 1899, and is situated close to the northern border of Hampshire in a district, the natural features of which have marked it out as chief favourite for public institutions of national importance and constituted it a suitable sanatorium country for the metropolis. The landscape is varied and rich in natural beauty, pine trees abound, and everywhere there is evidence of unspoilt rural simplicity. The subsoil is of gravel and speedily dries, even after heavy rain. The roads are excellent for cycling. Beautiful walks abound. And it must not be forgotten that Eversley is rich in associations, for in the quiet, quaint, and isolated rectory Charles Kingsley spent thirty years of his busy life; and here he lies in the sombre little churchyard close to the country he long loved so well.

The main building of the sanatorium consists of a two-storeyed building of good construction with a large hall, airy corridors, and convenient rooms each with casement windows. Here nine patients can be accom-

Irish Poor-Law & Lunacy Intelligence.

BEING THE SUPPLEMENT OF THE "MEDICAL PRESS AND CIRCULAR."

MARCH 16, 1904.

NOTICE TO CORRESPONDENTS IN IRELAND.

SUBSCRIBERS to, and correspondents of, THE MEDICAL PRESS AND CIRCULAR who live in Ireland are requested to address their letters, subscriptions, &c., in all cases to the Irish office of the Journal, 16 Lincoln Place, Dublin. If Irish matter is forwarded to the English office delay results, as it has in such cases to be re-forwarded to the office responsible for dealing with it.

CONTENTS.

MR. O'MALLEY'S BILL.

MR. O'MALLEY'S Bill for the superannuation of union medical officers at sixty-five years of age or earlier, if from accident or disease they become unable to carry out the duties of their office, is printed. Thus the initial step has been made in this very necessary reform in the Poor-law Service, and we are glad to see that the Bill is non-contentious. Of course, some crank may come forward and defeat the effort to better the existing conditions of service and postpone an act of justice for years. In its present stage the Bill is open to friendly criticism, and we believe it is the wish of the authors that it be made as perfect as possible without introducing contentious matters; hence, although we find ourselves in accord with the principle of service on which the pension is based, we think that there should be a good service clause, enjoining the addition of a given number of years to those on which the pension is calculated in all cases in which no complaint, other than a trivial one, has been made against the officer during his term of office. If a public servant has completed forty years service, performing his duties so well that no serious charge was brought against him, we think that instead of paying him a pension of forty-sixtieths, he should be paid the fifty-sixtieths of his salary. Such a provision would be a reward to efficient officers without in any way violating the principle of the Bill. We would also like to see introduced into the Bill the pensioning of the wives of officers who met their death in the discharge of their duty. Dr. William Smith's death in the performance of duty does not stand alone. Is not the widow of such a man entitled to a two-thirds salary pension? It is the duty of the State and the people to honour and reward those that its best sons have given to their care. We know that every additional line adds to the difficulty of carrying a Bill through Parliament; but justice and honour demand that the widows and orphans of men whose noble deeds and self-sacrifice called forth the admiration of the nation should be remembered. We honour ourselves by fulfilling such a duty.

THE CORK SANATORIUM.

IN to-day's issue we report, as fully as our columns admit of, the inquiry held on the 1st inst. in the board-room of the Cork Workhouse, into the petition presented by the Cork Rural District Council for a provisional order to provide a sanatorium for consumptives for the City and County of Cork. And also a report of the proceedings on the same date of the Midleton Board of Guardians, in reference to the same sanatorium, when a deputation from the Cork Branch of the National Association for the Prevention of Consumption waited on them. The circumstances that called for the inquiry and brought about the deputation are of such importance, and so far-reaching in their effects, that we think they deserve more than ordinary notice. On December 11th, 1903, a deputation from the Society for the Prevention of Consumption waited on the Cork Rural District Council and solicited them to take advantage of the powers they possessed under the Local Govern-

ment Act (Ireland), of 1902, which legalised contributary payments to infirmaries and so forth; the initial step of which was the formation into a united district of the Urban and Rural Districts of the County and also of the Corporation of the City, for the purpose of providing a sanatorium for consumptives. On the 17th, the Rural District Council passed a resolution asking the I.L.G.B. to sanction the amalgamation so far as was necessary for the contemplated action. This was but the beginning of the arduous task that had been undertaken by the Cork branch of the National Association on the initiative of Dr. P. J. Cremen. But they were so successful in their first move, and so enthusiastic in the cause, that they have carried through their scheme, and Cork will be the richer for their efforts by the first sanatorium sanctioned under the Act in the three kingdoms. This success is the outcome of a well-organised body of enthusiasts in sanitary science who, living in a city decimated by phthisis, had daily before their eyes the necessity for such an institution as a sanatorium. By lectures and letters to the public papers they educated the people to the recognition of the fact that the disease which was so rife in their midst was a curable one, and that the cure was fresh air and proper food, and that to ensure these an hospital of a special construction, and in a healthy locality, was a necessity. To accomplish their self-imposed task the medical members of the Cork branch, assisted by their rural brethren, travelled backwards and forwards through the length and breadth of the county, reasoning and persuading urban and rural councils until they induced the whole twenty boards to become contributing members to 1d. in the £, on the valuation, which is more than sufficient for a building twice the size of that about to be erected, as the county valuation is £1,094,346, and that of the city £172,085, making a total of £1,265,431. The discussion at the Midleton Board of Guardians is interesting as showing the interest that is being taken in the treatment of the disease and as a proof of the care with which the Cork branch had prepared their statistics and facts before engaging in the work. What the Cork physicians have done in this matter should be an incentive to members of the medical profession in other counties to emulate their successes. The difficulties in Cork were many and great. Twenty boards had to be convinced that a sanatorium was not only urgently wanted but that its erection and support would in the end result in a saving. The immense size of the county made a sacrifice of time and comfort unavoidable, and yet the zeal and energy of the Cork men were equal to the task, and they have scored the honour of being the first to secure to the people the great blessing of a sanatorium for the poor, as a right from the ratepayers. We sincerely hope that their example will not be lost on the other county branches of the National Association.

COUNTY CORK SANATORIUM.

ON Tuesday, the 1st inst., an I.L.G. Board inspector held an inquiry in the Board room of the Cork Workhouse, the result of a petition by the Cork Rural District Council, for a Provisional Order to provide a sanatorium for consumptives for the County and City of Cork. The matters which led up to the signing of the petition were that a deputation from the Society for the Prevention of Consumption appeared before the Cork Rural District Council, who on December 17th, 1903, passed a resolution, asking that they be formed into a united district with the several urban and rural districts in the county, and also with the Corporation of the City, for the purpose of providing for the inhabitants of the united districts under the powers of the Public Health Act, an hospital or sanatorium for curable cases of consumption; and that, subject to the consent of the other councils being obtained, the L.G. Board should make a Provisional Order on the subject. Subject to the provision that the cost on the united area should not exceed one penny in the pound a year. The valuation of the County and City of Cork is calculated, on a penny in the £, to yield £5,331 1s. 1d.—a sum fully equal to the support of the proposed sanatorium. Professor Corby said the Corporation of the City of Cork was heartily in support of the scheme, both from a financial and hygienic point of view. Financially, it would benefit by restoring the worker to his employment, and the two years' burden of a workhouse infirmary patient would be avoided, as would the propagation of the disease by the infection of other workers. He warmly recommended segregation of all consumptives, and the foundation of sanatoria for advanced cases as the true and best prophylactic for the disease. It was also necessary for them to clear away the wretched hovels in which some of their poor lived. In recently visiting some of their back streets he found seven people with but 336 cubic feet space in all. Eleven persons were found living in one room. That, was a most scandalous state of affairs. Everything in such surroundings was favourable to the propagation of phthisis. Dr. Ashley Cummins said that in 1903 the number of deaths was 135 from consumption alone. The Cork District Hospital, to which he belonged, was absolutely unsuitable for the treatment of consumption. Not the least of the advantages of a sanatorium would be its educative effect on the patients. Nothing could be worse than the tenement houses, every room of which became, from expectoration on the walls and floors, a nidus of the disease. Dr. Donovan, Superintendent Medical Officer of Health, said the estimated population of Cork City in 1901 was 76,162. The death-rate for 1903 was 19·38; the death-rate from phthisis was 3·66. During the year the mean temperature was 53·61; the mean reading of the barometer was 29·92; and the rainfall 52·77 inches. The prevailing winds were south and west. "The City of Cork possesses the unenviable notoriety of having a higher death-rate from consumption than any other town in Great Britain and Ireland." Dr. Donovan recommended as prophylactic measures the following:—(1) Voluntary or compulsory notification of phthisis; (2) isolation and disinfection; (3) a sanatorium for incipient cases, and isolation hospitals for advanced cases; (4) instruction in elementary hygiene in public and private schools, and specially on the value of air, light, and cleanliness (5) the providing of houses for the very poor; (6) the systematic examination of the milk supplied to the people. Dr. O'Meara, Skibbereen, thought the disease infectious. Dr. Cremen said he thought promiscuous spitting should be prohibited. In the year 1902, there were 985 deaths from phthisis in the City and County of Cork, whilst in the rest of Munster, comprising Clare, Limerick, Tipperary, Kerry and Waterford there was only 1,309. Mr. C. F. McMullen, C.E., said an hospital of forty beds would cost £150 a bed on an average. If they afterwards wanted further accommodation the chalet system could be adopted. A tax of a penny in the £ would support eighty beds. Mr. Barter had generously offered a site of twenty acres at Myshall, Coachford, which, he thought, should be accepted, as the position and grounds were most suitable for a sanatorium. The proceedings then closed with a vote of thanks to the inspector.

Irish Unions.

MIDLETON UNION.

At the meeting of the Midleton Board of Guardians, held on Tuesday, the 16th ult., a deputation of medical men was received by the Guardians. The deputation attended to submit the claims of the Cork branch of the National Association for the Treatment of Consumption. Mr. Rohan, a guardian, opposed the levy of a penny in the £, on the valuation of the Union "for Blarney air." He contended that the sum the guardians consented to give, £375 a year, which with costs of collection amounted to £400 a year, was too much. It practically meant handing over £10,000 to the Cork Association. And he believed the money would be more advantageously spent in building suitable dwellings for the poor. Dr. Cremin, in addressing the Board, said the representatives of the Cork City hospitals and their medical friends in Midleton were one with them on this question. He then proceeded to show the necessity that existed for the proposed sanatorium. Provision had been made for every class of disease except consumption, which was decimating their poor. They had appealed successfully for aid on behalf of the institution to all the urban and rural districts, and the actions of these bodies was a credit to themselves and to Ireland. He reminded the Board that they would get due and proper representation on the governing body of the proposed sanatorium. He showed by statistics that consumption in its early stages was curable, and instanced how much Germany did to check the ravages of the disease, and he stated that even from an economic point of view the expenditure was justified. Dr. Gelston Atkins supported the view put forward by Dr. Cremin. He said the rapidly increasing death-rate from consumption told that the sanatorium was urgently needed. The rate had risen from 40 per 10,000 in 1896 to 230 per 10,000 in 1901. He agreed with Mr. Rohan that the sanatorium of itself was not enough, good houses for the poor were very necessary, but the Association thought it wisest to commence with the sanatorium. In Germany they had seventy sanatoria, and in England and Scotland, since the introduction of sanatoria, the death-rate was considerably less. He also mentioned that there were 239 deaths from consumption in the County and City of Cork during the ten years 1892-1901, and he quoted statistics to show that the loss represented a sum equivalent to £345,000, which shows the desperate loss this disease is from an economic point of view. Mr. Riordan, in a short and excellent speech, appealed to Mr. Rohan to withdraw his motion and allow the grant to be passed unanimously, which Mr. Rohan did, and the deputation, having thanked the Board, withdrew.

On Friday, the 4th instant, an I.L.G. Board inspector held an inquiry in the board room of the workhouse, into the circumstances under which Mary Cashman met her death. Dr. O'Connel, dispensary doctor of the Castlemartyr district, requisitioned by certificate the relieving officer for the infirmary ambulance to remove two women, Mary Barry and Mary Cashman, the latter of whom died two hours after her admission to the house. From the evidence, it appears that Dr. O'Connel filled and left his medical certificates for the removal of the patients and the requisition for the ambulance at Castlemartyr dispensary station, and that verbal messages only were given to Fitz Mahoney, the relieving officer at Midleton, by the friends of the patients. The relieving officer declined to act on their message, or to take any steps in the matter until he had the medical certificate, on the ground that "the medical officer in charge of patients was bound to send the certificates to him, either by post or by the patient's friends." The friends seeing that they could not get the ambulance, had the two patients conveyed to Midleton by train and a common springless country farm cart. The decision is awaited with much interest. We think that commonsense might have suggested to the relieving officer that a telegram to Dr. O'Connel telling him of the fact would have secured the ambulance, and have made unnecessary the sworn inquiry and its expense, and the ill-feeling that it so often engenders.

CAVAN UNION.

At the meeting of the Cavan Board of Guardians, held on Tuesday, the 1st inst., a letter was read from the I.L.G. Board relative to the charges made against Mrs. Duff, midwife of the Ballinagh dispensary district, and the Board have decided with reference to the Guardians' views on the matter, that they will not press for Mrs. Duff's resignation. They, however, think that the Guardians should severely censure her, and inform her that the facts have been noted against her in the records of the department. The attention of the medical officer should also be formally drawn to Article 16, par. xviii., of the dispensary rules under which he is required to report to the Board of Guardians, or to the I.L.G. Board, any neglect or failure on the part of the midwife to discharge punctually and properly the duties appertaining to her office.

IRVINESTOWN UNION.

At the meeting of the Irvinestown Board of Guardians, held on Wednesday, the 2nd inst., Dr. Warnock, of Trillick, was appointed medical substitute for Irvinestown Workhouse and dispensary district, during the illness of Dr. Graham, at a salary of £6 6s. a week. An amendment, fixing the remuneration at £4 4s. a week, found no supporters. We think that such an object lesson ought to tell the I.L.G. Board that the Guardians in every part of Ireland have come to fully recognise that the union medical officers throughout the country are worthy of a rate of payment much higher than the central authorities are willing to sanction.

TULLAMORE UNION.

At the weekly meeting of the Tullamore Board of Guardians, held on Tuesday, the 1st inst., a letter was read from Dr. W. J. McCarthy stating that he would go to reside at the Blueball residence "within a few weeks," that is provided the necessary repairs were executed in the meantime. The Guardians declined to consider the notice of motion as Dr. McCarthy was not residing in the Blueball residence and had not signed the agreement. They said they could not leave the poor of the district any longer without a resident doctor, and ordered the clerk to inform Dr. McCarthy, that if he were not residing in Blueball, and had not the agreement signed before their next meeting they would take steps to elect his successor.

KILRUSH UNION.

At the meeting of the Kilrush Board of Guardians held on Saturday, the 27th ult., a letter was read from the I.L.G.B. drawing attention to the condition of the workhouse and the workhouse infirmary. The report to the I.L.G.B., from their inspector, draws attention to the want of accommodation for phthisical patients in the infirmary. There consumptives are inmates of a general ward, and it is recommended that two special wards, one for males and one for females, for the disease be constructed. The male and female probationary yards are described as being "in a disgraceful, state of filth and neglect, the privies being entirely broken

down, and the roofing of the same gone. . . . Wet comes through the ceiling of the hospital, and also into a room used as a sewing-room, which lies between the top wards of the male and female sides. The roofing in the sheds belonging to Ballyena Hospital is also defective in several places, the damp coming into all the wards, but especially into the ward used as a sleeping apartment by the wardsmaids." After some discussion the guardians decided to carry out the suggestions made, and an order was made to refer the question of hospital repairs to the engineer for a report; and an advertisement was ordered to be inserted in the papers calling for an estimate from contractors for the necessary repairs.

STROKESTOWN UNION.

At the meeting of the Strokestown Board of Guardians, held on Friday, the 11th instant, a letter was read from the I.L.G. Board enclosing a copy of their inspector's report on the condition of the house. The report draws attention to the absence of suitable accommodation for consumptives; the necessity for whitewashing the hospital wards; the imperfect condition of the lavatory; the necessity for three new baths for adults and one for children; the faulty arrangements for drying the linen; the fact that the bed-linen, at the time of the visit, was dirty; the deficient water supply; the necessity for a new kitchen range; the neglect in not providing nursing during the night to the infirm female department; and the quality of the brandy supplied. It costs but 3s. 1d. a quart.

GALWAY UNION.

At the meeting of the Galway Board of Guardians held on Wednesday, the 9th instant, a letter was read from the I.L.G. Board, ordering that a new election be held for the appointment of medical officer for the No. 1 Galway dispensary district, as at the last election neither candidate got a majority of votes.

Correspondence.

THE NORTH DUBLIN UNION.

To the Editor of The Medical Press and Circular.

Sir,—My attention has been drawn to a letter in your issue of February 17th, from Mrs. Power, P.L.G.

In that communication reference has been made to the case of a girl who, some twelve months ago, had been under treatment in the North Dublin Union Hospital, suffering from purulent ophthalmia. She was under the care of Dr. Montgomery, and was, by his advice, discharged cured. She left the hospital perfectly well. Although I never had the girl under my care, your correspondent stated in the board Room, at a meeting of the Guardians, that the girl lost the sight of one of her eyes through not being properly treated by me. I was not present at the meeting, but I wrote to the clerk on the next Board day, and pointed out that I never had this girl as a patient, and that she was perfectly well of the disease from which she had been suffering, and I enclosed a report to that effect from Dr. Montgomery. Even then Mrs. Power was not satisfied. She made further statements, but the Board of Guardians marked their disapproval, by passing the following resolution :—

"That the Board have every confidence in the way Dr. Powell treats the patients under his care, and the members deem it inadvisable to interfere with him in his discretion as to the discharge of patients from hospital or otherwise."

Mrs. Power then went behind the backs of her colleagues to the Local Government Board, but the latter, having the full reports of the case, paid no attention to her. I may add, sir, that so long as three-fourths of a Board of sixty-two members endorse my actions in connection with the Union Hospital, I fail to see the necessity of requesting the Local Government Board to intervene.

I am, Sir, yours truly,

Caleb J. Powell, F.R.C.S.I.

30, Harcourt Street, Dublin, February 29th, 1904.

Obituary.

DR. ST. GEORGE ASH.

We regret to announce the death of Dr. St. George Ash, medical officer of the No. 2 South City dispensary district, and physician to Cork Street Fever Hospital. Dr. Ash obtained the licences of the College of Physicians and Surgeons in 1882, and soon after he was appointed to the No. 2 South City dispensary, to the duties of which he devoted himself with unremitting energy. A quiet, unobtrusive, painstaking man, who made the poor of his district his care, and daily, in the wretched slums of the Castle Street neighbourhood, he was found fighting fever in its natural home of dirt and poverty. His name is held in respect and affection among the poor in whose midst he laboured.

DR. M. J. HYNES.

We regret to announce the death of Dr. M. J. Hynes, at his residence, Ray View, Leenane, on Saturday, the 13th ult. Dr. Hynes obtained the licence of the R.C.S.I. and of the R.C.P.I. in 1899. Soon afterwards he was appointed medical officer to the Clonbur No. 2 and the Bundunagh dispensary districts. He quickly became very popular, as was evidenced by the immense numbers that followed his funeral for a distance of thirty miles. His death is ascribed to an attack of pneumonia, contracted at the funeral of his uncle, Dr. Lydon.

ACHILL ISLAND.

An outbreak of small-pox has occurred on Achill Island in two of the largest and most congested villages on the seaboard—Keel and Dovagh. The outbreak is ascribed to a case of the disease which came from Glasgow. The sanitary conditions under which the islanders live are of the lowest type, and in such surroundings, amidst a population a large percentage of which is unvaccinated, the epidemic cannot easily be controlled. Measures for preventing the spread of the disease are being taken. An isolation hospital has been opened by the District Council, under the superintendence of Dr. Croly, the dispensary medical officer of the island, and the services of trained nurses have been obtained.

COUNTY GALWAY HOSPITAL.

At the usual monthly meeting of the Board of Management of the County Galway Hospital, held on Saturday, the 5th instant, Mr. Higgins proposed the following resolution :—"That we, the Board of Management of the County Galway Hospital, request the Local Government Board to hold a sworn inquiry into the circumstances of the refusal of admittance of a man named John Holland into the County Hospital, who since died, and for which refusal of admission this Board does not hold itself responsible." Mr. Murphy seconded the resolution, which was carried unanimously.

modated. In an adjacent house there is good accommodation for six more. The chief building is delightfully situated in a small clearing amidst pines and completely protected on all sides. It is, however, well exposed to sunlight, and in the grounds belonging to the estate there are a number of shelters.

Special mention should be made of a useful form of convertible châlet shelter (made by Messrs. Browne and Lilly, of Greyfriars Works, Reading) in use at Moorcote and which we had an opportunity of inspecting. It may be used open as a day shelter and closed as a night châlet. The

windows are particularly ingenious, and can be opened and closed in a similar manner to all other casements, and are provided with awnings so that when the windows are closed, during dressing or undressing, they can be used as blinds or curtains. When used as a night châlet, with windows open and weather blinds in position, no rain can enter, full protection is ensured, and yet ample ventilation would seem to be afforded. By a simple contrivance with the use of curtains the open shelter can be rendered quite suitable for sleeping in the open during the summer. We commend this form of convertible châlet shelter to those who desire to keep up open-air life in their own grounds. The price complete, with curtains, is said to £27 10s.

The ingenious medical director has also just introduced very cheap and, as far as we have been able to judge, convenient and efficient form of bed-rest, which promises to be of great service for sanatoria and hospitals.

The grounds of Moorcote are extensive, well laid out, and, even in early March and on a bitterly cold day, when we visited the sanatorium, afforded almost complete shelter from winds, being thickly planted with pines, firs, and innumerable evergreen shrubs. The water supply is said to be good. Sewage is dealt with in a simple but efficient manner. Treatment is conducted in accordance with strict hygienic requirements.

Dr. Haydn Brown is the medical superintendent, and is ably assisted by his wife, who has had thorough training in nursing. There is a capable lady superintendent, and good staff. Only early cases are received. The institution is peculiarly fitted for such patients who require isolation from nervous, worrying friends and a happy, comfortable existence free from worry of all kinds. The terms are £3 3s. to £4 4s. weekly, according to rooms. Alcoholic beverages (if required) and personal laundry are extras. Moorcote is only forty miles from London, but it is about six miles from Woking ham, on the S.W.R., the most convenient station for access from Waterloo. The patients from the west and north should come to Reading on the G.W.R., which is about nine miles distant. A carriage meets patients by appointment.

In the Metropolis, three further cases of small-pox—from Bethnal Green, Mile End, and Bloomsbury respectively—were yesterday admitted to the Rotherhithe shelters. At noon the considerable number of forty-eight patients remained under treatment at the Joyce Green Hospital, Dartford, and other hospitals.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, March 13th, 1904

Treatment of Angina Pectoris.

Prof. Huchard, the acknowledged authority on cardiac disease, speaking on the treatment of angina pectoris, says that it is necessary at the outset to distinguish between the false and the true angina. The former gets well by suppressing the cause that provoked it—hysteria, neurasthenia, gastric troubles, over-indulgence in tobacco; but in true angina pectoris it is of little use to treat the causal affection—gout, diabetes, syphilis, malaria—for the result is always *nil*. To successfully treat the malady, it is not the pathological cause that should receive attention, but the anatomical cause—disease of the coronary artery. Hence a double medication is necessary, one addressed to the inflammation of the arteries, the other to the possible and ever threatening risk of syncope. The first indication is met with iodide of sodium, or, rather, iodide of potassium, which is more active if well borne (iodide of potassium, one drachm; water, ten ounces; a tablespoonful three times a day). Against the danger of syncope, the result of myocardiac ischæmia, vaso-dilators should be prescribed. But before commencing the medical treatment attention should be paid to the diet, which should be lacto-vegetarian and without salt as much as possible. As to remedies he prescribes along with the iodides theobromin, as being one of the best diuretics; it eliminates the chloride of sodium, the toxins, and the vaso-constrictive substances from the organism. Ten grains are given twice a day for fifteen days. The other fifteen days of the month he divides between two vaso-dilator agents—trinitrine and tetranitrol. The trinitrine is given in solution, in tablets, or in hypodermic solutions.

Sol. of trinitrine (1 per cent.), 60 minims.
Water, 10 ounces.

Two to four tablespoonsful a day.

Sometimes this drug is not well borne; it provokes violent headaches. In such cases the dose should be diminished, but not too quickly, so as not to give a dose too weak to be of any benefit. The same precautions should be observed in regard to tetranitrol, which is in one way superior to trinitrine by the fact that the effect lasts longer (one to two hours). Being insoluble in water, tetranitrol is employed in the form of tabloids (1, 2, 5, 10 milligrammes). An average dose (5 milligrammes) to commence with should be given twice or three times a day, and diminished if headaches are produced. As a substitute for the above two agents, M. Huchard frequently prescribes nitrites of soda associated with diuretics:

Nitrite of soda, grs. 15.
Nitrate of potash, ℥ij.
Bicarb. of potash, ℥iv.
Water, ℥vi.

A tablespoonful each morning.

It frequently happens that patients get tired and impatient of the same treatment, consequently it is well to vary it. The extract of cactus grandiflora, in one-grain pills three times a day, is an excellent cardiac tonic.

When the heart shows signs of weakness, M. Huchard gives small doses of digitalin (10 drops of the solution of crystallised digitalin, 1—1,000) once a day for five days. Sulphate of spartein is also a cardiac tonic, but not always trustworthy.

When the patient is seized with an attack of angina pectoris, nitrite of amyl is the life-saving agent.

As to the general treatment, the patient is warned

against violent exercise, constipation, long walks against the wind or after meals. He should be enjoined to take a rest of one hour after each meal.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 12th, 1904.

ACQUIRED MALFORMATION.

AT the Gesellschaft der Aerzte, Heim related the history of a mother, æt. 40, whom he exhibited to the meeting. Twenty-one years ago she was wounded with a needle in the right middle finger. A severe panaritium, or phlegmonous inflammation, set in after this, and lasted for two years, which finally necessitated the amputation of the finger with the third metacarpal bone. The parts after this would not unite, and thus left the hand in two parts or cloven, as at present seen. The strange part of the history now commences. Since marriage she has had six children, four of whom have cloven hands. These have both hands split in the same manner as the mother, having in some cases a rudimentary third metacarpal bone.

Along with these cases he gave the history of a similar condition existing in three generations.

CRURAL HERNIA.

Heim next related the case of repeated incarcerated hernia, which was finally supported by fixing it in the ileo-cæcal region, but was followed by a stenosis in the lower part of the ileum. Subsequently incarceration of the hernia was repeated, but owing to the loss of the power in the bowel by the stenosis, an operation was undertaken, under which the patient died.

ANASTOMOSIS OF STOMACH AND BOWEL.

Sato related his experiments on animals, in which he produced anastomosis or communication with the stomach and bowel without opening into the lumina of either, and without any danger of the contents of the bowel and stomach entering the abdominal cavity. These operations were performed on dogs and monkeys by opening the abdomen and removing the muscle and submucosa opposite the parts to be united; when ready for union nitrate of silver was then applied to the mucous membrane, the bowel and stomach united and held together by a few sero-muscular sutures.

After three days, in the case of the dogs, and two in that of the monkeys, the communication appeared to be perfectly free and sufficient.

Iselsberg remarked that the operation was of considerable interest as it greatly simplified the operation of gastro-enterostomy where a communication between the stomach and bowel was necessary.

TUBERCULOUS KIDNEY.

Kapsamer demonstrated a normal-sized kidney with a small tuberculous cavity in the upper parts of the organ. The diagnosis could only be made after a few injections of guinea-pigs with urine taken from the ureter, by means of a catheter. The infected animals developed tuberculous peritonitis six weeks after the insertion of the fluid. All examinations of the urine itself baffled diagnosis, and operation was delayed until the tuberculous condition was proved by animal injection. After the nephrectomy the patient felt comparatively well, and was able to return to duty in a short time. He related the history of a similar case where it had extended into the ureter, and after removing the organ and canal the patient also recovered. He was a military officer, and became as strong and active as ever he had been. Catheterising the ureters to locate the disease is the only method of arriving at a correct diagnosis. It should not be forgotten that both ureters should be examined separately in order to determine the function of the supposed healthy kidneys.

SARCOID CUTANEOUS SWELLINGS.

Riehl exhibited three cases of skin disease to the members, which were of considerable interest. The first was one of lymphoderma perniciosa Kaposi, the second one of universal psoriasis, the third was a female, æt. 35, with numerous confluent swellings in the corium. The tumours ranged from the size of a pea to that of a pigeon's egg, passing from white to a purple colour, with a glazed surface, moderately hard in consistence, and situated symmetrically around the ear, mammæ, and over the inguinal and lower extremities. In the blood were found 60,000 leucocytes to the centimetre, with 60 per cent. of eosinophile cells.

Paltauf remarked that this 60 per cent. of eosinophile cells were those not so named by Ehrlich, but included a large number of fine granular cells, which might otherwise be termed neutrophile cells, and in animals were represented as eosinophile granulation.

The Operating Theatres.

WEST LONDON HOSPITAL.

GASTROTOMY FOR REMOVAL OF A MURPHY'S BUTTON.—Mr. SWINFORD EDWARDS operated on a young woman, æt. 25, on whom he had performed an anterior gastro-enterostomy four months previously, which operation had been undertaken for the relief of dyspeptic symptoms accompanied by occasional hæmatemesis. The junction between the stomach and the jejunum had been effected by means of a Murphy's button, and the patient left the hospital after a normal convalescence with complete relief to her symptoms. Her gastric symptoms, however, had to some slight extent returned during the month preceding the present operation, and as there was no evidence that the button had passed, she was submitted to the X-rays and the button was seen in the neighbourhood of the stomach. It was then thought advisable to open the stomach again in order to remove the button. As the previous incision had been through the linea alba, Mr. Edwards now made a longitudinal incision four inches long over the left rectus. This muscle, having been exposed, was drawn to the left. The posterior layer of the rectus sheath was then divided and the abdomen opened. On digital examination the button was found not to be loose in the stomach, but to be tightly fixed in the junction between the stomach and the jejunum. The parts having been brought outside the abdomen and well packed round with gauze, an incision was made into the anterior wall of the stomach, and the finger inserted. The portion of the Murphy's button presenting towards the stomach was entirely covered by mucous membrane and tightly fixed *in situ*. This mucous membrane was then incised on to the button to the extent of about an inch, and the operator tried to deliver the button through this opening, but, failing to do so, he disengaged the male from the female portion of the button by unscrewing. The part of the button presenting towards the small intestine was then easily removed, and soon afterwards the other portion of the button, which was more tightly held, was successfully extracted. A few bleeding points required ligation, and the incision into the stomach was closed by the insertion of a few Halsted's sutures. It might here be mentioned that the communication between the stomach and the intestine was found, after the removal of the button, to be quite free and of a size capable of admitting two fingers. The abdominal wound was closed in the usual way. Mr. Edwards

remarked that it was the second case in which he had had to perform a secondary gastrotomy for the removal of a Murphy's button. He thought that this occasional retention of the button was a serious drawback to its use, and he now utilised the direct suture without the employment of either button or bobbin for gastro-enterostomy. In cases where the button had fallen back into the stomach and been retained there, it was curious, he said, how few symptoms it gave rise to, even after a long period; but he could not believe that even in cases which presented no symptoms that the surgeon was justified in no further interference, but he considered that after three months, or possibly before, a secondary operation should be undertaken.

FRENCH HOSPITAL AND DISPENSARY.

Operation for Resection of Ribs.—With reference to this operation, reported in last week's "Operating Theatres," Mr. Clayton Greene said that the following points appeared to be of interest in connection with the case: (1) The diagnosis. This had to be made from empyema and carious ribs producing peripleuritis. At first he was inclined to regard the case as one of empyema (locular), as at the first operation no sign of lung could be detected. This, however, was shown to be wrong at the second operation, the case being one of very extensive peripleural abscess. (2) The cause. He was inclined to look upon this as influenzal from the character of the pus and the subsequent course of the case. (3) Treatment. Mr. Greene pointed out that at the first operation there was an enormous cavity found, the finger readily passed up into the neck behind the subclavian vessels. The first and second ribs were bare and carious, as was also the back of the sternum. The pericardium lay below the aorta on the inner side—a rather formidable state of affairs. As the man was very ill with a pulse of 140, Mr. Greene contented himself with removing the second rib and draining. This seemed to do fairly well as a temporary measure, and eventually the whole cavity closed up. He said he was not surprised, however, to find the patient back again with more trouble, but this appeared at the second operation to be due to the persistence of the carious first rib, as an abscess over the sternum ran right up to it. There was nothing for it but to attempt its removal, and this was done without great difficulty. The scalenus anticus and medius were both seen and cut, but the subclavian vessels were not in evidence, or, rather, not in troublesome evidence. The left half of the sternum was similarly dealt with, the sterno-thyroid being cut, but the clavicular joint was left alone. The patient made a good recovery, but still has an irregular pyrexia.

The fifth annual report of the Liverpool School of Tropical Medicine states that testimony is constantly arriving from West Africa and other unhealthy regions in the Tropics to the effect that where the recommendations of the school have been followed the health conditions have been much improved. Since the foundation of the school twelve expeditions have been despatched to the Tropics for the study of malaria, yellow fever, trypanosomiasis, and sanitation. During the past year 143 cases have been admitted into the tropical ward attached to the school. A new laboratory has been built and equipped with the necessary apparatus. The attendance of students has been very satisfactory, and, as formerly, they have generally been medical officers holding appointments of responsibility. The report appends a list of subscribers to the Sir Alfred Jones Chair of Tropical Medicine (now occupied by Major Ronald Ross, F.R.S.) and to the general funds of the school.

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Published every Wednesday morning, Price 5d. Post free, 5½d.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 16, 1904.

SIGHT-TESTING BY OPTICIANS.

The encroachment of unqualified persons upon the field of legitimate medical practice is reaching a pitch that must sooner or later force the medical profession into collective action for the purposes of self defence. There never was a time in which this "poaching"—to use a homely but expressive term—was more daring, subtle and universal. Apart from the mere vulgar claptrap of the ignorant quack practitioner and patent medicine vendor, there is the more insidious net spread by the pseudo-scientific poacher. The latter reads up medical treatises and sets up in medical practice—nothing more nor less—in the broad light of day as a specialist in skin, hair, nerves, eyes, ears, dermo-featural defects, bone-setting, orthopædics, cancer, and what-not generally. There is no one to say him nay. The Medical Acts are defective. They provide for the competency and proper conduct of the legally qualified practitioner, but they protect neither him nor the outside public from the unspeakable evils of unqualified medical practice. The General Medical Council is too busy in regulating the doings of legitimate practitioners to have any time to waste upon quacks, even supposing its constitution permitted it to suppress unqualified practitioners. The lawyers made no such fatal mistake as to call into existence a central governing body without powers to resist and prosecute illegal practitioners. If the General Medical Council were really representative of the medical profession generally, which it is not, the reform of such an anomaly would occupy its utmost energies with a view to influence early legislation. Take the case of the Spectacle Makers' Company and the testing of vision. The name of that ancient City Guild sufficiently indicates its function. It was originally formed as a corporate body to protect craftsmen who made and sold spectacles. That clearly defined function, however, is not enough for the modern optician, who wishes to pose as an expert in sight-testing as well as in the making and selling of spectacles. For some time

past the diploma certifying to efficiency in practical optics, and accompanied with the usual Brummagem farrago of appended letters, has been granted by the Company. The Court of the Company has recently decided that the diploma is in future to include a certification as to competency in sight testing. The former diploma was signed by an examiner, who was both a member of the medical profession and of the Ophthalmological Society. Since the inclusion of the sight-testing clause Dr. Lindsay Johnson, the gentleman in question, has resigned the examinership. It is to be hoped that under present conditions he will take the further step of throwing up all connection with the Spectacle Makers' Company, as Dr. Lloyd Owen and other medical men have done. From the point of view of the medical profession the testing of vision by opticians is an unwarrantable invasion of their particular field. From the point of view of the safety of the public the sight-testing optician constitutes a serious and deplorable source of potential disaster. It is impossible for the optician to recognise the many disturbances of disease due to early or advanced maladies apart from mere errors of refraction. We are glad to see that this view of the situation has been clearly recognised by a leading member of the optician's craft, Mr. W. A. Dixey, of New Bond Street, London. In a recent pamphlet he has published weighty arguments against the sight testing diploma of the Spectacle Makers' Company. The reasonableness of his remarks may be gathered from the following quotation: "Sight-testing requires the furniture of the consulting room, with special provision for ophthalmoscopy, and so on—the counter and showcases of a shop are in the way. It also requires the etiquette of the consulting room. The sight tester should have the authority of a professional man. He has to inquire (and this I regard as very material) as to the age, the health, and the habits of the patient; *some of these questions are quite impossible except in the privacy of the consulting room*. He has to give advice as to the use and treatment of the eyes. Occasionally he advises that spectacles are of no use. Often, after spectacles are given, results have to be noted, and subsequent visits must be paid. This all points to professional convention, and especially to remuneration in the shape of a fee. A professional man may properly charge a fee for each visit; a tradesman can only properly charge for his goods. The consultation must either be given gratis, or shirked." There is much more apposite wisdom in this pamphlet, which should be in the possession of every medical reformer. The immediate practical conclusion is that every ophthalmic surgeon and every medical practitioner should take care to send his patients who may want spectacles to Mr. Dixey or some brother tradesman of his way of thinking, that is, one who is content to confine himself to the shop. In that way the medical profession may to a great extent checkmate the sight-testing optician, who is fortified by a childish diploma in fondly imagining himself to have attained the skill and knowledge of a qualified medical man.

DAKHYL *versus* LABOUCHERE.

THE anomalous condition of the medical profession with regard to irregular medical practice is a standing injury to the legal medical practitioner, and a menace to the safety of the public. The General Medical Council, mainly representative of class interests, has no power to prosecute irregular practitioners. On the other hand, that august body has both the will and the power to harass to the utmost degree any offences against the written or unwritten decrees of the medical profession. The history of how the penal machinery was set in action against a practitioner who added an American degree to his English diploma, is written in indelible letters of accusation against the Council. The only way of attacking unqualified medical practice is by the clumsy and indirect exercise of certain powers conferred by statute upon the corporation of the Apothecaries. That particular machinery, however, is cumbersome, feeble, and easily evaded. In point of fact, there is no system of any kind whereby illegal medical practice may be readily and consistently suppressed. The thankless work of exposure and detection of the wiles of the unscrupulous charlatan should belong in the natural order of things to the General Medical Council, just as in an analogous case it falls to the lot of the Council of the Incorporated Law Society to protect its members as well as the outside public from unqualified legal practice. So far as the medical police system is concerned it may be said to exist mainly in the columns of *Truth*, the editor of which enterprising journal does work that should be provided for by law and carried out by the General Medical Council. The uncomfortable fact remains, however, that the only real effort to protect the public, and incidentally the medical profession, against the evils of irregular medical practice is provided by the energies of a lay newspaper proprietor. For some time past the puissant gentleman in question, Mr. Labouchere, has been castigating as a hollow and heartless fraud the notorious Drouet Institute for the treatment of deafness. It appears that in the service of that institute was a certain Dr. Dakhyl, an M.D. of Paris, who left that position and set up independent practice as an aurist in another part of London. *Truth* described him as "a quack of the rankest species." The Parisan specialist then brought an action for libel, for which he was awarded £1,000 damages. Had the editor contented himself with a statement of Dr. Dakhyl's former connection with the Drouet Institute, and with an exposure of the absolute worthlessness of the system of diagnosis and advice by letter, on which Dr. Dakhyl appears to have largely depended, there would have been no ground for action. As it is, the case raises important grounds for opening the whole question of the relation of our General Medical Council to irregular practice. Many medical men have been summarily deprived of their English qualifications for accepting positions

in commercial enterprises of the Drouet type. Why should not the Council have power to prosecute an M.D. of Paris? Surely the Paris University cannot recognise any graduate who allies himself to notorious quackery, and to the hardly less reprehensible practice of giving advice by letter. The Council would do well to invite the instant co-operation of the Paris University with a view of combined and reciprocal action with regard to unworthy graduates and diplomates in either country. At present there is considerable difficulty in ascertaining whether any given claimant to the title of M.D. of Paris is really the holder of that honourable distinction. We repeat that were the General Medical Council armed with reasonable powers, and animated with a desire to protect the interests of the medical profession and of the public, there would be no further need for Mr. Labouchere to belabour quacks, charlatans, pretenders, and unworthy though legally qualified members of the profession. It is only when the Council is made really representative of the main issues of the profession rather than of a number of scattered rival corporations that we may hope for any real progress towards the effective control of the irregular competition that fastens a heavy and increasing burden upon the shoulders of the harassed general practitioner.

THE PRACTICE OF MEDICINE AND DENTISTRY BY COMPANIES.

We reproduce in another column a letter from the Irish Branch of the British Dental Association, dealing with a matter which we have no hesitation in terming the most important practical question to be faced at the present moment by the medical and dental professions. We believe that there are many men in both these professions who are ignorant of the method of evasion of the Medical and Dental Acts which has been rendered possible by the "failure of the Legislature in its policy and object, owing to the inappropriateness and inadequacy of the language it employed." At the present moment, it is possible for one man, with six dummies behind him, to form a company—limited or unlimited—for the purpose of practising medicine and surgery, or dentistry, even though not one of the seven possess a registrable qualification; to term themselves physicians and surgeons or dentists, as the case may be; and to escape all penalties therefrom. The company comes into being under, for instance, the name of "Sir William Jenner, Physician and Surgeon." It does not "make or use" any name save that under which it was born, and there is nothing to prevent it from being born with any name it pleases. Consequently, the individual who heads the company can place such a title as the above on his door, and can prescribe and treat patients with due security, provided that he has behind him his six dummies. In this way, the entire object of the Medical and Dental Acts is rendered void, and for practical purposes the Acts might as well be non-existent. The decision of the King's Bench, in the case to which the Dental Association draws attention was, to say the least of it, remarkable. The Dental Act of 1878 states that "any person who, . . . not being registered under this Act, takes or uses any name or title . . . shall be liable on summary conviction to a fine not exceeding twenty pounds." The Act of Interpretation of 1889 states that the word "person," appearing in any Act, includes a body of persons, corporate or not corporate, unless the context otherwise requires. It would appear to anyone save a lawyer, that, when the admittedly desired object of an Act is overcome by interpreting the word "person" in any other sense than that ascribed to it by the Act of the Interpretation, the context cannot prevent the word from such an interpretation. In order that the penal clause of the Dental Act may be carried into effect, that is, in order that the Act may fulfil the object for which it was passed, the context requires that the word "person" should include corporate bodies, and yet the King's Bench decided that in this particular clause the context showed that such a meaning could not be attached to the word. The position of the medical profession in resisting this fraudulent evasion of the Medical Acts is even stronger than that of the dental profession, and appears to us to be so clear that we cannot see how any Court could give a similar decision to that given in the case of the Dental Acts. The preamble to the Medical Act of 1858 states as the object of the Act that "it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners." Clause XL. of that Act is a penal clause similar to that of the Dental Act. The Medical Act of 1886, in its definitions, states that in this Act (which is to be construed as one with the Medical Acts), unless the context otherwise requires, "the word person includes a body of persons corporate or not corporate." Here, then, the whole preamble of the Act is rendered null and void unless the word "persons" is given the meaning attributed to it in the definitions of the Act. Can any Court say in such a case that the context requires the word to be read otherwise? The Irish Dental Association has vigorously set itself to defend its privileges, but so far it has not been successful. It may, however, be that if it had proceeded in a different manner, which, instead of bringing finality with the judgment of the King's Bench, had enabled them to proceed to the House of Lords, the result might have been different. It is true that, in a somewhat similar case brought by the Pharmaceutical Society against a company practising as pharmaceutical chemists, the Lords dismissed the Society's appeal. They, however, did so for the definite reason that, in order to ensure the working of the Pharmacy Act, it was not necessary to prevent companies from selling poisons, as, unless the individual who actually handed the poison across the counter was registered, he could be successfully prosecuted. Further, they intimated that, if to ensure the working of the Act it was necessary to interpret the word "person" as including companies, they would

probably have been prepared to so interpret it. In the case of the Dental Act, such an interpretation is essential to the working of the Act, and, sooner or later, unless the Government take steps to pass a Bill dealing with the matter, the Dental Association will have to institute a case in such a manner that it can be taken to the House of Lords. The question arises—What are the heads of the medical profession going to do? Are they going to sit by with their hands folded and watch the earnings of their less fortunate brethren being diverted by a prescient public to the swindler, or are they going to take action in support of the Dental Association? The *confrère* of the Irish Dental Association is the Irish Medical Association, and as the finances of the latter body are in a healthy state, it cannot make better use of its resources than to institute a test case similar to that of the Dental Association. Even if the action is not successful, the Association will be able to elicit expressions of opinion from the Irish judicature which cannot but be helpful in forcing the Government to do something to remedy the evil. The Irish Medical Association has not far to go to look for a test case, inasmuch as there is an eminently suitable one within a few hundred yards of the Association's headquarters. A company terming itself the American Electro-Medical Institute has established itself in Kildare Street, and, in an advertisement in the *Evening Herald* of the 2nd inst., evidently encouraged by the judgment in the case of O'Duffy *v.* Jaffe, it makes use of the following expressions:—"When the physicians at the American Electro-Medical Institute," &c.; and, again—"There is no necessity for Dublin people spending their money on humbugs . . . when they can have scientific treatment at the hands of reliable physicians." If the clauses of the Medical Acts bear the interpretation which the words used convey to the ordinary English-speaking person, these people can be successfully prosecuted before the magistrates. If another interpretation can be put on the Acts by the legal mind, then at least the ventilation of the case will do good, and the need for action on the part of the Government will be made more plain.

Notes on Current Topics.

The Central Midwives Board and the Royal Academy of Medicine in Ireland.

THE Central Midwives Board once again committed themselves to a policy of retrogression when, at their last meeting, they returned to the Royal Academy of Medicine in Ireland an identical answer to that which they had returned to the Master of the Rotunda Hospital. This was, we think, a short-sighted policy, especially in view of the fact that the Board propose to give the Irish hospitals the opportunity they require in order to get their claims recognised. The Central Midwives Board has discovered that the authors of the Act have put English midwives in the position that if they do certain things that are beyond their powers they will be punished, while, at the same time, there is no mechanism by which to bring medical men to do these things for them. In other words, there is no provision for the payment of medical men who may be requested by a midwife to come to her assistance. This, as the Board recognises, will compel them to go to Parliament for an amendment to the Act "to provide for the payment of legally qualified medical practitioners when called in by midwives to assist them." Do the Board in the innocence of their hearts think that such an amending Act will be carried, unless it includes a clause making the examinations of the incorporated Irish hospitals equivalent to the examination of the Central Midwives Board? It is not often that Irish members unite, but we think they will unite for this, and that no Bill will become law which does not do the fullest justice to Irish hospitals. We understand that it has been suggested by some members of the Board that the Irish hospitals must *raise* their standard of training in order to comply with the requirements of the Board. We thought, however, that it had been made sufficiently obvious that, if the Irish hospitals chose to *lower* their standard of training, they could easily comply with the requirements of the Board; and that it is only their objection to adopt such a course and to depart from their present standard that makes them desire, in the interests of midwives, that the Board should revise their rules.

A Butler's Analogy—to a Physician.

THE Admirable Crichton, the butler who could turn his hand to anything and to whom one was recently introduced by a play of Mr. Barrie's, seems to have found his exemplar in the flesh at Albion Street, Hyde Park. The leisure of the servants' hall there appears to have been beguiled by adventurous sallies on the part of the butler into the domain of therapeutics. Perhaps because doctors may have partaken of the wine under his charge, Mr. Miller did not see why he should not try his hand at the healing art. If William Wright was his first patient, he may be somewhat discouraged by his maiden efforts, for the means he employed—"praying and putting Christianity into practice"—met with such poor success in the treatment of double pneumonia and chronic Bright's disease that an inquest had to be held on the body of the patient. His diagnosis, too, did not quite accord with the pathological phenomena revealed by a post-mortem, for he "thought that Mr. Wright suffered from paralysis." This is difficult to reconcile with his statement to the deputy-coroner that he did not believe in disease, but is partly relieved from a charge of inconsistency by his qualifying remark, "I cannot shut my eyes and say there is no disease." One would have thought if he had opened them the fact would have been unpleasantly apparent. One admission must be accepted with gratitude—"In cases of broken bones, we advise our followers to have the aid of a surgeon"—for it makes the third class of disease handed back to us by the Christian scientists. First, it was the infectious fevers; next (by implication) dental diseases, and

now we have fractures. In a few years we shall probably have the rest—till some new folly arises to captivate the imaginations of weak intellects. It is pitiable to think that pernicious nonsense of this sort can be taken for gospel by people otherwise capable of performing their daily duties, but it will probably continue to have its predicants and mendicants so long as juries return the verdict they did in the case under notice—that the death resulted from natural causes, and that the blame rested on no one but the patient himself.

Rowton Houses.

One of the prime difficulties that presents itself to the reformer of the conditions of town-life is the problem of cheap housing, for without a clean, airy, well-lighted house, the worker has no chance of bringing up a vigorous family, not to mention the maintenance of his own and his wife's health. The question has been tackled from many sides, and the ultimate *crux* has always been that of cost. Land can be obtained, buildings erected, and transport facilities obtained—if they can be paid for. Many of the excellent plans of the County Council have failed to achieve their object, for the expense of acquiring land, clearing insanitary areas, and erecting good houses has compelled them to place the rents at a figure that is beyond the means of the class formerly tenanting the area. It is a curious comment on the efficiency of well-intentioned municipal government that, while the richest and most important body in the world has been wrestling with the difficulty for years, a single high-minded gentleman should have been able, on his own initiative, to provide excellent lodging-houses, in which every reasonable amenity is provided, not only at a rate within the reach of the poorest worker but at one that provides a dividend nearly double what the County Council, with their enormous credit, pay for borrowed money. The tenth report of the Rowton Houses, Limited, which has just been issued, shows that the institutions are gaining in popularity among the class they cater for every year, and the directors, after paying the preference shareholders, are able to declare a dividend of 5 per cent. and carry forward £715. They anticipate, moreover, judging from the experience of the last few years, that the prosperity will not only continue, but increase still more. Enterprises like Lord Rowton's show that good, efficient and cheap housing is to be provided for the poorest, if the venture is properly worked, and the loss of a philanthropist so true and so practical is one that cannot cease to cause poignant regret to all who have the health of the poor and of the nation at heart. Lord Rowton's name might have endured longer if he had written his great master's biography, but he would not have deserved a tithe of the gratitude that is his due from the present generation.

Law and Medicine.

The treatment of medical witnesses by counsel, and even by judges, to which attention was called in our correspondence columns last week, is a topic of frequently-recurring interest and indignation. The object of the lawyer lies far more in the direction of playing to the gallery—in this case the jury—than in arriving at an impartial decision on the facts of the case. To throw doubt, and even ridicule and scorn, on the medical evidence is part of his game to blind the jury to the weight it brings to bear against his client. The Bench itself is not always free from the suspicion of making light of medical views that tell against its own conceptions. To what lengths this reprehensible procedure can be carried is aptly illustrated by a (true) story told in a book just published on "The Art of Cross-examination." In a trial for murder a medical witness was called to prove that the prisoner was a homicidal maniac, and that he acted under an uncontrollable influence in committing the crime. The judge wished to get round this evidence, and after some circumlocution, asked the doctor if he thought that the accused would have acted as he did if a policeman had been present. To this the medical witness replied in the negative. Thereupon the judge remarked, "Your definition of an irresistible impulse must, then, be an impulse irresistible at all times except when a policeman is present." This story is told as an illustration of the way to "floor" a doctor, but one is glad to say that the judge who condescended to such puerilities in dealing with human life was an American. Doubtless the court laughed; the doctor was "scored off," and the man hanged. The fallacy involved in the judge's repartee is obvious to anyone with a brain in his head; the policeman might have acted as a restraining influence had he been present. But he was not. The cunning and secrecy of the homicidal lunatic are notorious, and in this case probably found no exception to the rule. While the barrister is encouraged to use every weapon for his attack, and the judge is prepared to pander to the renown gained by paragraphs in halfpenny evening papers, the course of "justice" may run smooth, but we must revise our definition of justice.

Medicine Militant.

Pugnacity may be reprehensible, but militancy is the surest guard of a people's rights. There may be occasional pugnacious medical men, but of properly-drilled and organised militancy there is a sad lack. It is pitiable to see our profession degraded and trampled upon again and again, whilst they "take it lying down," as Mr. Chamberlain would say. One knows the reason does not lie in want of spirit, but from the nature of their work, exacting an amount of personal, constant attention that renders combination, and the absence of elected representatives from their own neighbourhoods, inimical to success in practice. The latter difficulty can never be overcome till we have in our ranks a sufficiently large number of men who are wealthy enough to be independent of practice, and public-spirited enough to devote their leisure to the cause of their *confrères*. Medicine is not a profession that

attracts such men; the social prestige it confers is not great, and the pursuit of scientific problems is far more fascinating than the hurly-burly of contending politicians. Fortunately, though poorly represented in point of numbers in the House of Commons, the *personnel* of our members at St. Stephen's is gradually increasing in size and force and, one notes with great satisfaction, in homogeneity. On the 8th inst., the medical M.P.'s met and resolved to form a committee to watch all legislation affecting public health. This is an excellent first step with regard to making the voice of the profession heard authoritatively in the House. All the leading professions have an organisation of their parliamentary representatives who consider questions affecting their interests, and resolve on united action. Now we have ours. It is only to be trusted that they will speak with no uncertain voice, and that they will show themselves as good a fighting body as the soldiers in Parliament have done in the past. The Irish have illustrated how a well-disciplined, vigorous minority may make things uncomfortable all round, and though one would not wish to see all their tactics reproduced by the medical M.P.'s, their example may furnish a stimulus to the determined action that is so sadly needed.

The School of Physic in Ireland.

THE School of Physic in Ireland, or, as it is more generally called, the Trinity College Medical School, has during the last year or two shown many signs of renewed vitality and of fresh energy. We drew attention in our last issue to the establishment in connection with the school of certain classes of preparation for the Government services, and, judging from the successes of Irish students in the past, we believe the scheme will supply a distinct want. We now learn that it is arranged that post-graduate courses in various subjects shall be given each summer in connection with the school, and that this year series of lectures on diseases of the eye, ear, and throat have been arranged. The University has also taken the very progressive step of establishing a Degree and Diploma in Dentistry, the Degree to be confined to persons who hold a degree in Arts. The details of the scheme have not yet been made public. We understand that a good many women are expected to begin medical work, and that in preparation for them, the Board of Trinity College are making suitable accommodation by building a separate dissecting-room and reading-room. In view of the fact that the school is much hampered by lack of necessary funds, it is very satisfactory that it is able to show such progress on the scientific side.

Neuroses Associated with Movable Kidney.

THERE are few morbid conditions of the abdominal viscera associated with such varied disorders as that known as movable kidney. The majority of these are local, or, at any rate, confined to disturbances affecting other organs in the immediate neighbourhood of the kidney. It is quite easy to understand that such a condition as hydronephrosis, due to kinking of the ureter, might result from abnormalities of the renal position, or that dyspeptic symptoms should arise from intermittent pressure upon the stomach, but the occurrence of gall-stones or mucous colitis in association with undue renal mobility is a little more difficult to explain. The close connection of the kidney with the sympathetic nervous system may, to some extent, be sufficient to account for many of the strange symptoms of reflex origin which are manifested by patients who suffer in this way. The falling of the viscera owing to a general slackness of their peritoneal attachments, and comprehended under the name of "Glenard's disease," or enteroptosis and gastroptosis, in which the renal organs also share, not unfrequently gives rise to symptoms in which nervous phenomena predominate. Even appendicitis has been thought to be due to the visceral derangement set up by floating kidney. Dr. Wharton Sinkler, of Philadelphia, (*a*) considers that disorders of the nervous system are commonly associated with nephroptosis, and that foremost among these must be placed neurasthenia. The mere presence of a movable abdominal tumour of any kind is apt to cause in some patients considerable mental anxiety, which passes on into actual melancholia. More often, however, hysterical symptoms are present, among which are nervous dyspepsia, irritability of temper, disturbances of sensation, and neuralgias in various parts of the body. After nephropexy these symptoms generally pass away, not, of course, immediately, any more than they do after an ovariotomy, but the procedure of anchoring up the kidney to the abdominal parietes certainly seems to have a pronounced effect in a beneficial direction upon the nervous system.

The Unfortunate Barber.

THERE are signs of reaction in the hairdressing business against the present almost universal, and exceedingly tiresome, practice of employers pushing the sale of hair-lotions and dressings by unsolicited comments and advice to their customers. There are few people—men or women—who have not during their visits to the barber's been obliged to listen to dissertations of the crudest description on the pathological affections of the scalp and hair. The hair is a hollow tube up whose centre runs blood to nourish it—the blood gets parched up and the hair falls off if the outside is not protected by grease. The scalp gets scurfy and itching if washed with water or not washed with water, as the case may be, and such-like twaddle. Curiously enough the customer's own scalp always examples some of these morbid propensities, and an infallible cure is always to hand in the shape of a bottle of proprietary lotion of exorbitant price. The game must pay or it would have died of atrophy long ago, and that it certainly has not done. Indeed, it seems to be in a vastly flourishing condition. Some barbers do not stop at the usual point. If the customer shows signs of being impressed,

(*a*) *Journ. Amer. Med. Assoc.*, Feb. 13th, 1904.

especially if a condition of "funk" be established, the proprietor is summoned, and his valuable experiences brought to bear on the knotty problem. This generally leads to a course of treatment, and the victim is mulcted to the furthest point compatible with prudence. Some hairdressers like to be known as "scalp-specialists," and they find a ready prey among the credulous members of their female *clientèle*. It is all very foolish and very deplorable. One feels little enough sympathy with the dupes who suffer themselves to be imposed upon in so blatant a fashion, and still less with the impudent rascals who practise the imposture. It happens occasionally that a man or woman, through some accidental contamination, gets the hair infected with pediculi or even ringworm without finding out the fact. In such cases he is not unnaturally taken aback when the fact is conveyed to him by the man who cuts his hair. To trade on these occasional occurrences in the way that is sometimes done is a monstrous imposition. Some barbers in the Strand who made a systematic practice of so doing were brought to book a few years ago, and sentenced to prison for obtaining money under false pretences. They have certain near imitators in many shops at the present day, and customers who are informed as to scalp diseases they are suffering from unawares are strongly advised to have the barber's diagnosis confirmed by their medical man before submitting to any treatment, and then not to go to the barber for it. In the better-class shops it seems that a stand is being made against attempts by the employés to cajole or frighten customers into buying things they do not want and which will do them no good. It is to be hoped that the smaller shops will follow suit, for the present state of things is little less than a scandal.

Accidental Mercurial Poisoning.

The edges of the most powerful weapons which the physician can wield in his warfare with disease are sometimes blunted in action owing, perhaps, to an entirely unforeseen contingency, such as an inexplicable idiosyncrasy on the part of the patient. This is doubly unfortunate when a given drug, and that alone, is the one above all others to meet a particular need or to relieve a certain symptom. Mercury is one of these potent remedies the reaction to which it is impossible to foretell, and, therefore, is one which frequently produces toxic manifestations. M. P. Brouardel (*a*) classifies the accidental forms of hydrargyrism into those following an obvious error in dosage, and those resulting from absorption of legitimate doses or applications. Setting aside the first group of cases, which are rare, it must have happened to every house surgeon to have administered five grains of calomel on admission to a patient suffering from concussion of the brain with good effect, and, in a similar case, to have seen severe symptoms of mercurial poisoning ensue after, perhaps, a smaller dose. This susceptibility to mercury is a clinical fact which is often overlooked, especially in the ordinary routine treatment of syphilis. The sudden appearance of a severe stomatitis in the latter affection is a warning which cannot be neglected. A troublesome form of local irritation by the drug is sometimes seen in the vicinity of wounds which have been dressed with cyanide gauze, or after the application of a mercurial ointment, in the shape of a pustular eruption which may prove very intractable. In the field of obstetrics, the perchloride of mercury is a valuable and trustworthy disinfectant, but it is well known that it is more dangerous to employ it as a douche after delivery than before, as the sundry minute and unavoidable lacerations provide greater facilities for absorption.

(*a*) *Ann. d'Hygiene publ. et de Med. legale*, January, 1904.

A New Audiometer.

One of the chief obstacles in the way of reducing otology to the level of an exact science has hitherto lain in the difficulty of obtaining exact standards of observation and experiment. At the recent meeting of the British Laryngological and Otological Society a new instrument was shown which bids fair to put matters on a more satisfactory footing so far as this particular branch of specialism is concerned. It consists of a new audiometer, devised by Dr. St. George Reid, for measuring the auditory appreciation in deafness and other forms or ear disease. Readers who are interested in the subject will find full details in our report of the Society's last meeting in another part of the present issue of The Medical Press and Circular. This instrument promises to advance the study of otology in no small degree by establishing conditions of greater accuracy and more nearly approaching a general standard.

The Humanitarian League's Work.

The Humanitarian League has just published its annual report, which shows a remarkable record of good work. In the criminal law and prisons department the question of corporal punishment has been prominent, and effective protests have been made against a number of illegal and "extra-judicial" sentences, while the flogging of young men which still goes on in the Royal Navy has been closely watched. That the League's protests against this practice are not without avail is shown by the fact that, while the juvenile element in the Navy has increased, the number of floggings inflicted with the birch has decreased. Other departments of the League have been actively engaged in combating spurious sports, hare-hunting at Eton College, the cruelties of the Irish cattle trade, the private slaughter-house system, the fur and feather fashion, and so on. Satisfaction is expressed at the reforms lately adopted at the Zoological Gardens, especially in the discontinuance of feeding the larger serpents on living prey. The work of the Humanitarian League has so greatly increased during the past few years that it has become more and more necessary to confine it to the lines of its four special departments. The work of this society must command the respect of all right-thinking members of society. Its

methods are based on principles that appeal to reason and judgment as well as to sentiment, and compare most favourably with the one-sided and, as we believe, misguided fanaticism of the anti-vivisection movement, which assails a humane and honourable profession in the interests of certain lower animals.

Town Ambulance Services.

IT goes without saying that a good ambulance service is just as necessary to the complete equipment of the modern town as a well-organised police, fire, or scavenging brigade. Yet how often such a service is conspicuous by its absence! London, the largest and richest city of the world, to this moment lacks an adequate organisation of the kind. The average citizen of the United Kingdom, injured in the streets, has often to be conveyed to hospital in a cab, on a cart, or in some emergency litter which adds a thousandfold to his discomfort and his danger. So great has the scandal become in the metropolis that an energetic movement is on foot to furnish London with a complete up-to-date service worthy of a wealthy and humane civilisation. In this respect it is interesting to note that London lags far behind many provincial towns. We learn from the *Manchester Courier*, for instance, that "not only is there a shortage in the provision of ambulances, but there is not a single horse ambulance in the whole of the metropolis. In New York the horse ambulance system originated in 1870, and proved so valuable that many other American cities quickly adopted the same methods. In Vienna the service was established in 1881, and in Paris in 1888, while in Liverpool the horse ambulance for street accidents was first tried in 1884, and ever since has proved to be invaluable. Horse ambulances summoned by telephone have long been looked on as an indispensable feature of hospital work in Birkenhead, Manchester, Newcastle, Huddersfield, Bolton, Burnley, Hull, Sheffield, Leeds, Wolverhampton, and Ipswich." Bearing in mind the loss of time occasioned in London by the use of the hand ambulance, it is not surprising that from 8,000 to 10,000 street casualties have to be removed each year in cabs or in other unsuitable conveyances. Verily! London is a city of strange contradictions.

Rats and Rat-Eating.

REFERRING to a paragraph that appeared recently in the columns of THE MEDICAL PRESS AND CIRCULAR with regard to the eating of rats, the *Daily News* says "we warmly advocated that practice." As a matter of fact we did nothing of the kind. We merely pointed out that there was no scientific reason why rats should not be eaten after having been sterilised of evil germs by the process of cooking. Further, that there was little point in the journalistic anathema so constantly hurled against the Chinese because they were unprejudiced in that particular direction, and availed themselves of rats as a much-prized form of food. At the same time, although we did not advocate the eating of rats here at home as a feasible or hopeful project, we nevertheless venture to say that a valuable supply of food is lost by neglecting the common water-rat or vole, which is a clean-feeding, wholesome and succulent creature enough. Our readers may have noticed that the average journalist is usually very strong and decisive in the matter of food-stuffs. Once a London newspaper, in its leading columns, advocated the flogging of persons who consumed horseflesh. It is not improbable in that case that the writer would have suffered from a self-inflicted penalty, for a vast quantity of horseflesh is consumed in the metropolis in one form or another. The strong, outspoken language of the average journalist on the matter of food arises, we take it, from the safety of the subject. He may use honey, vitriol, vinegar, rose-water, thunder, fire, or anything else in his handling of that universal topic without offence to editor or to readers. The rat as an article of diet, for instance, has no friends in the Western world outside a besieged city. The Chinese journalist doubtless would have to sing to a different tune. Meanwhile, we assure the *Daily News* we leave the eating of the common sewer rat to be decided by the tastes of the individual citizen. We content ourselves with the scientific aspects of the rat as an article of food. Fleet Street will doubtless be equal to the sentimental side of the question.

Cancer and the Vox Populi.

THE popular mind continues to be sorely exercised by the mystery of cancer, at least, so it may be inferred from the flood of letters that surge with swelling volume upon the correspondence columns of the daily press. One of the more remarkable of these effusions was from a gentleman who declared that he had suffered from a cancer of the bowels which he had cured by a pure food diet. He had, so he said, "starved" the cancer and got well. This communication is of the greatest philosophic interest, as it reveals the attitude of a great mass of mankind towards what medical men are wont to regard as the mysteries of disease. The correspondent apparently had no doubt as to his diagnosis of cancer of the bowels. The plain medical man would tell you that cancer of the bowel is invariably fatal except in rare instances, where the patient may sometimes be saved by a desperate and radical operation removing the whole of the diseased intestine. But the gentleman who "starved" the cancer may reasonably be asked to explain why starvation should cure cancer cells, which are usually credited with a fierce aggressive power of parasitic feeding, while the healthy tissues of his body escaped their attack. The picture is a sad one. It reflects on the reasoning sanity of the writer, who starved his imaginary cancer, no less than of the editor who admitted such pernicious nonsense to his correspondence columns. It is such men in the street who form an easy prey to cancer curers, who are perhaps the most venomous of all the brood of

blood-sucking harpies that prey on the credulity of the public. The quack who professes to cure cancer too often persuades his victim to put off a surgical operation in the early stage where it might prove effectual, and leaves him in the long run to die a miserable and painful death impoverished in pocket and a prey to illimitable and unspeakable woes.

PERSONAL.

The recovery of His Majesty the King from his recent sharp catarrhal attack may now be regarded as complete and satisfactory.

Dr. J. D. Small, of the Lagos Medical Department, has left England to resume duty after leave of absence.

Dr. E. G. Fenton, Senior Medical Officer of Southern Nigeria, has arrived in England on leave.

Dr. Thomas Houston has been appointed joint Lecturer on Medical Jurisprudence in Queen's College, Belfast.

The new operating theatre at the Royal Infirmary, Liverpool, was formally inaugurated on the 9th inst. by the president of the Infirmary Committee, Mr. E. R. Bickersteth.

Dr. Tatham Thompson who recently resigned his position of Ophthalmic Surgeon to the Cardiff Infirmary has been reappointed Ophthalmic Surgeon to the in-patients of that institution.

Dr. Alfred Hill, for so many years medical officer of health at Birmingham, last week left Acock's Green, where he has so long resided, and has taken up his abode in the Isle of Wight.

We understand that a Fellowship of £100 yearly for three years, for the purposes of Dermatological Research, has been founded at the University of Liverpool, by Dr. Stopford Taylor.

Sir Charles Wyndham has consented to preside at the festival dinner, at the Hotel Cecil, in connection with the Centenary of the Royal London Ophthalmic Hospital, City Road, on Friday, April 22nd.

Dr. Reincke, medical officer of the City of Hamburgh, will read a paper on the Epidemiology of Enteric Fever and Cholera in that City before the Epidemiological Society of London, at 11, Chandos Street, London, W., on March 18th, at 8.30 p.m.

Her Royal Highness the Duchess of Albany is Patroness of a particularly charitable enterprise of a unique character, a horticultural bazaar to be held at Fetcham Lodge, Leatherhead, in aid of the Royal Waterloo Hospital for Children and Women, on Wednesday and Thursday, April 6th and 7th.

The Japanese Minister in Washington has accepted, on behalf of the Japanese Government, the offer of Dr. Anita Newcomb McGee to fit out a nursing staff for service with the Japanese Army. The same lady organised a similar nursing corps during the Spanish-American War in 1898 and served both in Cuba and in the Philippines.

The King has been pleased to sanction several promotions in, and appointments to, the Order of the Hospital of St. John of Jerusalem in England. Colonel (Hon. Surgeon-General) William Duncan Campbell Williams, C.B., from Hon. Associate, and Dr. George Thomson, from Hon. Associate, and Dr. William Allan Jamieson, Esquire, become Knights of Grace.

At a meeting on Tuesday of members of the House of Commons connected with the medical profession, it was agreed to form a committee to arrange for concerted action in the House on matters affecting public health. Dr. Farquharson presided, and there were present Sir Michael Foster, Sir J. Batty Tuke, Dr. Hutchinson, and Dr. Rutherfoord Harris. Sir Michael Foster has agreed to act as Hon. Secretary to the Committee.

Correspondence.

[We do not hold ourselves responsible for the opinion of the correspondents.]

THE PRACTICE OF MEDICINE AND DENTISTRY BY COMPANIES.

To the Editor of The Medical Press and Circular.

Dear Sir,—A careful study of the judgment given in the Court of King's Bench, Ireland, in a test case of "O'Duffy *v.* Jaffe," will convince any thoughtful man that there are principles and rules therein laid down, the importance of which it would be indeed hard to exaggerate. Not alone are existing laws shown to be totally inadequate for the protection of the public from the danger and fraud of unqualified practice (whether dental or medical), but the road is clearly demonstrated by which, if it be not blocked by the legislature, trickery and deception may even further legally invade the realm of public interests in professional life.

Briefly stated, the case was as follows:—The Irish Branch of the British Dental Association determined to bring to an issue the question, which had long been let go by default, whether the restrictions and penalties imposed by the Dentist's Act of 1878 upon "persons" using the title of "Dentist" (*i.e.*, without being registered), did or did not apply equally to a company or corporation as to individuals, and to obtain instead, "counsels' opinion," which had up to then been considered conclusive a definite and binding legal pronouncement. They accordingly, as a test case, prosecuted, for taking and using the title "Surgeon Dentists," and thus infringing the Dentists Act, "Jaffe, Surgeon Dentists, Ltd." a company which consisted of two drapers, four married women, and a dental mechanic none of whom possessed any dental qualification whatever. The case was heard by the local bench at Limerick, in May last, and being dismissed, was carried by the plaintiff to the King's Bench. We send you herewith an official copy of the arguments advanced by counsel on both side, and the Judgment delivered by the Court after some three weeks deliberation, upholding the magistrate's decision.

We would invite careful consideration of this Judgment, under three headings. First, the Court unanimously held that the word "person" in the Dentists Act did not include a company or corporation; and a company or corporation can therefore assume with impunity a misleading title, announcing a professional qualification, the assumption of which by an individual would subject him to a penalty of £20. The grounds of the decision appear also to apply just as much to the Medical Act, and the veterinary surgeons are also affected by it. The public, ever gullible, can thus be legally imposed upon by a company with a high sounding name, which an individual (without six "dummies" behind him) would assume only at his peril. Further, not only can a company formed *ad hoc* play these pranks with the public, but any existing company whose memorandum does not preclude such a thing, may boldly assume any medical or dental title; for instance, the Army and Navy Stores would not come within the penal provisions of these Acts by assuming the description of physicians, surgeons, or dentists.

The second point in the case, to which we desire to invite attention, is this:—Counsel for "Jaffe, Surgeon Dentists, Ltd.," ingeniously put forward a further line of defence. The point raised was this:—"The Defendants have added nothing to their name; "Jaffe, Surgeon Dentists, Ltd," is their name." How this argument impressed the Court was shown by the Lord Chief Justice asking the following question:—"If a man be born with the name 'Dentist,' can he be

prosecuted under this Act for using his name—*e.g.*, 'John Dentist'?" The significance of the defence was, therefore, not lost sight of, and in the formal judgment of the Court, the point was decided as follows:—

Lord O'Brien, L.C.J., said: "'Person,' I think, means a person who, having one name, takes another name or description, that is, a natural person who has his own name and adds to it another name or description. It would seem to me not to include a company which comes into being with a name, and adds nothing to it."

Gibson, J.: "The question before us is, whether a company, part of whose registered name is 'Surgeon Dentists,' by using that name committed an offence under Section 3 of this Act. The Act was never designed to apply to a corporation at all, or to prevent a limited company from using its own proper name, in which it was registered."

Madden, J., agreed in the judgment of the Court, without specially referring to this point.

The case being on the criminal side of the Court, no appeal could be taken from the decision. This, then, being the law, it appears that any fraud or deception on the public by a company, involving the assumption of a false or misleading title or name, as of doctor or dentist, can be, and is, legalised by the irresponsible action of the Board of Trade in registering as a company, without question, any such name, title or description which is presented to it. For, be it understood, the Board of Trade has no power to question or refuse any title brought to it for registration as a company, saving only when such title has been already appropriated by some other company, and this registered title, though knowingly and wilfully intended to deceive by those who form the company, becomes forthwith the "proper name," under which the company "came into being," its right to the use of which is as clear and indisputable as the right of Lord O'Brien's suppositious "John Dentist" to the use of his own patronymic. The hall porter from the hospital may then, should he desire it, rest secure in the name of "Sir Peter Smith, Doctor and Surgeon," and the bottle washer in the pharmacy may undisturbed prey upon the public as "Sir Ebenezer Dodd, M.D.Lond." An individual, of course, would be liable to penalties and imprisonment, but on constituting himself a "company" by virtue of six "dummy" names behind him, under the ægis of the Board of Trade, the company, or the individuals who compose it, are beyond the reach of all penalties. In fact, any common swindler may gull the credulous under a name, with the addition of doctor, physician, surgeon, dentist, veterinary surgeon, or any other "proper name" which may suit his nefarious purposes, and under which he may elect to "come into being." To the lay mind, there is some difficulty in seeing where the line is to be drawn, or what limit exists to the assumption of titles by a "one man company." All one has got to do is to form himself into a "one man company." He need not be a "limited company"; the responsibilities of unlimited liability are nothing to a swindler, who need not be a shareholder in the fraudulent company. It is the same to the law whether he calls himself under the guise of a company, "Medical Doctor," or "Medical Doctor, Ltd.," "Surgeon Dentist," or "Surgeon Dentist, Ltd.," but the omission of the qualification "Limited" would deprive even the most intelligent members of the public of the only means of detecting the fraudulent company concealed behind the mask of a professional title.

The third important point in the judgment is the outspoken opinion of the Court on the position as it stands, and the judicial suggestion of a remedy. "Before as well as since the Dentists Act," said Lord O'Brien, "the Legislature has not infrequently failed in its policy and object, owing to the inappropriateness and inadequacy of the language it employed. The ingenious have often invented, and I daresay will often invent, devices to get out of Acts of Parliament. . . . We cannot import the words which are necessary to hit the device and reach the mischief."

Judge Madden says, "If the general intention of the Legislature in regard to the protection of the public has been frustrated, and I believe it has, this is a necessary consequence of the language that has been employed." Further on, he speaks of "the mischief against which the present prosecution is directed," and finally crystallises the suggestion of himself and his colleagues in these words:—"The Legislature, if it thinks fit, can pass a Statute specially directed against the mischief which has recently come into existence."

The importance of enlisting the aid of your valuable journal in rousing public opinion among professional men, and also among your colleagues of the medical press, and drawing attention to the incalculable effect of this judgment of the Irish Court of the King's Bench, must be our apology for making such a large demand upon your space; and we feel convinced that when the facts come to be widely known to the profession and the public, such pressure will be brought to bear upon Parliament as will ensure the effectual ending of this anomalous condition. We are advised that a short Act of Parliament providing that the penal clauses of the Medical, Dental and Veterinary Surgeons Acts, under which unqualified persons are prevented from taking or using the titles of Doctor, Surgeon Dentist, Veterinary Surgeon, &c. shall apply to companies, would have the effect of putting an end to an audacious and rapidly increasing fraud, not only on professional men, but on the public.

HERBERT WILLIAMS, President.
A. W. W. BAKER, M.D., F.R.C.S.I.,
Past President, Irish Branch, B.D.A.
GEO. M. P. MURRAY, F.R.C.S.I.,
Past President, Irish Branch, B.D.A.
KEVIN E. O'DUFFY, Honorary Secretary.

Literature.

DORLAND'S MEDICAL DICTIONARY. (*a*)

WE are very glad to see a new edition of this much appreciated work. The second edition is published for so short a time that the third does not call for much comment, save to note that it is fully revised and enlarged. Perhaps we might suggest that it contains a few words which are not as yet included in the English language. There are only two limits to the additions that may be made to a dictionary, the one is the exigencies of facts, the other the limitations of imagination. We venture to suggest that future additions should be governed by fact, that is, they should consist of words whose existence is sanctioned by modern usage; as once "make-ups" which appeal to the imagination, or which may appear to the lexicographer to be useful, are introduced, there is no limit to the extent to which the dictionary will extend. There is no such word as "fluidram." It may seem a very obvious contraction, but it is not sanctioned by modern use, and a dictionary must follow, not precede the language. The abolition of the hyphen in such words as fibro-cartilage, fibro-carcinoma, fibro-sarcoma, &c., is unwarranted, and is the first step towards the production of word-sentences akin to the German. We would like to point out to the compiler that anyone can invent words or modify pre-existing words to suit his own fancy, and some of his inventions may have much to recommend them. Still, the broad fact remains that once the licence to invent is given to every man, the language ceases to be a language, and becomes something more particular than a dialect.

(*a*) "The Illustrated Medical Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the Kindred Branches, with their Pronunciation, Derivation, and Definition." By W. A. Newman Dorland, A.M., M.D., Assistant Obstetrician to the University of Pennsylvania Hospital, &c. Third Edition, revised and enlarged, Pp. 798. Philadelphia, New York: Saunders and Co. 1903.

TOLDT ON ANATOMY. (*a*)

THE second volume of this very excellent atlas of anatomy has appeared, and is in every way worthy of its predecessor. It deals with the subject of arthrology, and contains 111 drawings, and a full index. We have nothing but praise for the way in which the work is turned out, and for the care the translator has taken. He has followed the system which he adopted with good results in the former volume of appending the English term in every case in which they differ from the German. As an introduction to the study of the individual joints, excellent drawings are given of the various types of joint met with in man. Altogether the "Atlas" promises to be a distinct addition to British medical literature.

MAGENNIS ON EYE SYMPTOMS. (*b*)

TRULY, of the making of books there is no end. This book is, according to the preface, intended chiefly to assist the Poor-law medical officers in their professional labours; but we may candidly doubt if it will do so. We are of opinion that to condense, so as to be of any use to a busy general practitioner, the eye symptoms of general diseases into eighty-four small pages printed in large type is an almost impossible task. To say, for instance, "In the eyes we look for some of the early diagnostic signs of measles. In this disease the conjunctiva becomes inflamed and reddened, the palpebral portion especially; the whites of the eyes are injected; there is photophobia and lacrymation" (*sic*), is not to make a statement which will be of aid to any Poor-law medical officer. To multiply instances would be useless, for we regret that we cannot recommend the book.

TRANSACTIONS OF THE ROYAL ACADEMY OF MEDICINE IN IRELAND. (*c*)

THE last volume of the "Transactions of the Academy of Medicine" contains, like most of its predecessors, many papers of interest, and some of real importance. Inasmuch, however, as all of them have appeared either in abstract or *in extenso* in our columns during the past twelve months, it is not necessary now to enter into any detailed criticism. Comparing one section with another, the medical section seems to contain most valuable work. The case of erythema marginatum reported by Dr. Finny, with an excellent photograph by Dr. Joly, is one of a very rare condition, for he has been only able to discover three reported cases which show any similarity to it. We think, however, that the two cases of paroxysmal tachycardia reported by Dr. Travers Smith and Dr. O'Carroll are the most interesting in the volume. In Dr. Smith's case, the condition was definitely associated with epilepsy, major and minor, and the exhibition of potassium bromide gave excellent results. In Dr. O'Carroll's case, though there was no evidence of epilepsy, the same drug was used with equally satisfactory result. It is, of course, no explanation of paroxysmal tachycardia to state that it is "cardiac epilepsy," since the pathology of epilepsy itself is unknown; yet if the two conditions are in reality allied, we are more likely to get at a true understanding of them by considering them together. In the pathological section, Dr. McWeeney gives a very lucid explanation of the Conradi-Drigalski method of isolating the typhoid bacillus; this method is, we believe, the most convenient yet introduced, and has hardly received the attention it deserves. In the surgical section Mr. T. E. Gordon details the history of a case in which he excised the Gasserian ganglion for obstinate trigeminal neuralgia. It is obviously an operation of great difficulty and some risk, but in his case was performed without any ill results, and with entire relief of the neuralgia. The reports of the Rotunda Hospital, both gynæcological and obstetric, are given in full, and furnish interesting reading. It is a pity that more care is not taken in the production of the volume. The descriptions added to the names in the list of Fellows and members are very unequal, some gentlemen being credited with appointments long since given up, and others not credited with any. Apparently the proofs of the body of the book have not been read at all, but we do not know whether the editor or the individual authors are responsible. The Index of the first twenty volumes compiled by Dr. McWeeney should make this number of great use for purposes of reference. It is not, however, as complete as could be desired.

(*a*) "An Atlas of Human Anatomy for Students and Physicians." By Carl Toldt, M.D., Professor of Anatomy in the University of Vienna. Assisted by Professor A. D. Rosa, M.D. Translated from the Third German Edition by M. Eden Paul, M.D., M.R.C.S. Second Section, C. Arthrology (Figs. 378-489, and Index). Pages 163-257. London: Rebman and Co.

(*b*) "Eye Symptoms as an Aid in Diagnosis." By Edward Magennis, M.D., D. P. H., late Clinical Assistant at the Royal London Ophthalmic Hospital. Bristol: John Wright and Co. 1903. Pp 108.

(*c*) "Transactions of the Royal Academy of Medicine in Ireland." Vol. XXI. Edited by John B. Story, M.B., F.R.C.S., General Secretary. With Index Vols. I. to XX. Compiled by E. J. McWeeney, M.D. Dublin: Brown and Nolan. 1903.

THESAURUS OF MEDICAL WORDS AND PHRASES. (*a*)

THIS is a work of quite a novel kind, and promises to supply a want often experienced by authors and others who find themselves unable to find the exact terms in which to clothe an idea present to the mind. It aims, in fact, at performing for medical literature the same services that Roget's well-known "Thesaurus of English Words and Phrases" has done for literature in general. Instead of giving the meaning of technical terms, it provides lists of the technical equivalents of ordinary words; in other words, it is a dictionary of medical synonyms *starting from the root word of the idea*.

For instance, if we require to describe in technical language a certain affection of the knee-joint, the precise word having slipped our memory, we turn to "joint," under which we find all the anatomical designations of the various kinds of joints, their malformation and their diseases. Suppose we require to know the name of a particular instrument used in ophthalmic practice, we turn to "instrument," and, under separate headings, we find lists of the principal instruments and appliances employed in the various departments of medicine and surgery.

This "Thesaurus" will be useful to writers in search of the word to fit a certain definite idea, and also to the physician who has but a vague idea in his mind of the words he needs, but who will find therein suggestions that may haply help him out of his difficulty. The reader must first think whether or not the desired term has a common equivalent (pyonephrosis, abscess of kidney); if so, this will enable him to reverse the process and obtain access to the whole list of kidney affections. If not he must ask himself whether the term is associated with some anatomical part, in which event it will be discovered under the name of that part, or under the name of the secretion or excretion, or that of the function with which it is associated.

It will be seen that the "Thesaurus" in no wise takes the place of a medical dictionary; indeed, it is, so to speak, the opposite of a dictionary, hence its special value, especially as no work of the kind has heretofore been attempted.

TEXT-BOOK OF MIDWIFERY FOR NURSES. (*b*)

THIS excellent text-book has now reached its second edition, and we strongly recommend it to nurses and pupil midwives. We quite agree with the author when he says the more a nurse knows about the difficulties

(*a*) "Thesaurus of Medical Words and Phrases." By Wilfred M. Barton, M.D., Assistant Professor of Therapeutics and Materia Medica and Lecturer in Pharmacy, Georgetown University, and Walter A. Wells, M.D., Adjunct Professor of Laryngology, Washington Post-Graduate School, &c. Philadelphia: W. B. Saunders and Co. 1903.

(*b*) "Practical Text-Book of Midwifery for Nurses." By Robert Jardine, M.D.Ed., M.R.C.S., &c., Professor of Midwifery in St. Mungo's College, Glasgow. Second Edition. Price 6s.

of midwifery work the less likely is she to allow her cases to drag until they are beyond hope, before she sends for skilled assistance. Therefore nurses must be taught in a thorough and practical fashion. In the text-book before us we have one that reaches this ideal. The most important addition is a complete chapter treating of the accidents which may happen to a child during delivery, common abnormalities met with, and also the common diseases of the new-born infant. Considering the great importance of palpation, we think the chapter devoted to this subject is altogether too scamped, and a few illustrations would have been most useful for beginners. The only chapter that is well illustrated is the one devoted to contracted pelvis. What is the advantage of devoting so much valuable space to rare pelvic deformities in a nurses' text-book? We must say a word of special praise to the chapter on infant feeding; it is well done, the information full and well given—it is the best in the book. There is excellent advice on page 122—*when a Nurse should send for the Doctor*—it should be read to be appreciated. The publishers, William F. Clay, Edinburgh, have done their work well.

THE EDINBURGH MEDICAL JOURNAL. (*a*)

THE present volume of the *Edinburgh Medical Journal* well upholds the high place it has occupied among medical monthlies since its first number. It is difficult in the short space at our disposal to give any true idea of the wealth of information the volume, of 570 odd pages, contains. We will, however, just draw attention to the contents of a number on which we accidentally opened; in it, following editorial matter, we find a paper on transverse sectional anatomy of the thorax, eclampsia treated by saline infusions, neuralgia paræsthetica, some peculiarities of the X-ray image, latent empyema in infants, glimpses of the Medical Congress, a modification of Talma's operation for ascites, reviews, and a summary of recent advances in medicine under the heads of medicine, surgery, obstetrics, gynæcology, therapeutics, pathology, bacteriology, dermatology, and diseases of children. The journal is profusely illustrated, the type is plain and large, the binding is strong, and the whole get-up of the volume is worthy of the valuable scientific and practical papers it contains.

ELEMENTARY DISPENSARY PRACTICE. (*b*)

MR. JOSEPH INCE, as a writer on pharmacy, has been known to two generations of pharmaceutical chemists, and now, as a septuagenarian, he once more comes forward with this little work which he modestly calls elementary. The book contains, however, the cream of the experience of an accomplished pharmacien, and cannot fail to be helpful to compounders of prescriptions and druggists. The author's intimate knowledge of the difficulties that beset the pharmaceutical chemist in selecting a suitable excipient for pill-masses and menstrua for mixtures, and the list of agents recommended in each case bears conviction that the author is familiar, as are few men, with his subject, and a trustworthy guide in all such difficulties.

TRANSACTIONS OF THE CLINICAL SOCIETY OF LONDON. (*c*)

PRACTITIONERS who wish to keep up with the progress of medicine as a science and an art would do well to subscribe to the "Transactions of the Clinical Society." We know no volume which more truly reflects medical progress in every branch of pure medicine. As the name of the Society implies, the papers deal with clinical cases, and for the practical physician such word-pictures of disease are more valuable than any others. The present volume is of unusual interest, but we have not space to give even the titles of the forty-two original papers and cases that form the number. Typhoid fever is the subject of three papers; asthma, with a short summary of over 400 cases, of another; hernia, gastrotomy, congenital dislocation of the hip, invagination, and an unusually great dilatation of the heart. In such there is enough mental pabulum to satisfy Teufelsdorch himself, and a variety that should excite an interest. In our experience there is no more helpful book in the physician's library than the "Transactions of the Clinical Society."

(*a*) The *Edinburgh Medical Journal*, Vol. XIV. Edited by G. A. Gibson, M.D., F.R.C.P.Ed., and Alexis Thomson, M.D., F.R.C.S.Ed. New Series. Published by Young J. Pentland. 1903.

(*b*) "Elementary Dispensary Practice for Students of Pharmacy and Medicine." By Joseph Ince, F.C.S., F.L.S., F.R.M.S., Ph. Chemist, Ass. King's College, London. Published at the office of the *Chemist and Druggist*. London. 1903.

(*c*) "Transactions of the Clinical Society of London." Vol. XXXVI. London: Longmans, Green and Co. 1903.

NEW BOOKS AND NEW EDITIONS.

THE following have been received since the publication of our last list:—

BAILLIERE, TINDALL & COX (London).
- A Practical Guide to the Administration of the "Nauheim" Treatment of Chronic Diseases of the Heart in England. By Leslie Thorne Thorne, M.D., B.Sc.Durham, &c. Illustrated. Pp. 53. Price 2s. 6d. net.
- The Bacteriology of Every-day Practice. By J. Odery Symes, M.D., being No. 2 of the Medical Monograph Series. Second Edition. Illustrated. Pp. 108. Price 2s. 6d. net.

JOHN BALE, SONS & DANIELSSON, LTD. (London).
- Diseases of the Appendix Vermiformis and their Treatment. By F. G. Lloyd, M.R.C.S., L.R.C.P. Pp. 37. Price 2s. net.

J. & A. CHURCHILL (London).
- Subjective Sensations of Sight and Sound, Abiotrophy and other Lectures on Diseases of the Nervous System. By Sir Wm. R. Gowers, M.D., F.R.S. Illustrated. Pp. 250. Price 6s. net.
- Insanity in Every-Day Practice. By E. G. Younger, M.D.Brux., M.R.C.P., being No. 8 of the Medical Monograph Series. Pp. 109. Price 2s. 6d. net.
- Lectures chiefly Clinical and Practical on Diseases of the Lungs and the Heart. By James Alexander Lindsay, M.D., F.R.C.P. Pp. 447. Price 9s. net.
- Diseases of the "Gall-Bladder" and Bile-Ducts, including Gall-Stones. By A. W. Mayo Robson, F.R.C.S., assisted by J. F. Dobson, M.S., F.R.C.S. Third Edition. Illustrated. Pp. 485. Price 15s. net.

CORNISH BROS. (Birmingham).
- Contributions to Practical Medicine. By Sir James Sawyer, M.D. Fourth Edition. Pp. 227. Price 3s. net.
- Insomnia: Its Causes and Cure. By Sir James Sawyer, M.D. Pp. 66. Price 1s. 3d. net.

GALE & POLDEN, LTD. (London).
- Compounding and Dispensing made Easy. By H. Harold Scott, M.B.Lond., M.R.C.S., &c., Lieut. R.A.M.C. Pp. 316. Price 7s. 6d. net.

CHARLES GRIFFIN & Co., LTD. (London).
- Physiology and Pathology of the Urine with Methods for its Examination. By J. Dixon Mann, M.D., F.R.C.P. Illustrated. Pp. 272. Price 8s. 6s. net.

H. K. LEWIS (London).
- The General Pathology of Inflammation, Infection and Fever, being the Gordon Lectures for 1902. By E. W. Ainley Walker, M.A., D.M.Oxon. Pp. 260. Price 4s. 6d. net.

J. B. LIPPINCOTT COMPANY (London).
- Diseases of the Nervous System. By H. Oppenheim, M.D. Translated and Edited by Edward E. Mayer, A.M., M.D. Second American Edition revised and enlarged. Illustrated. Pp. 953. Price 21s. net.
- Blood-Pressure in Surgery: An Experimental and Clinical Research. By George W. Crile, A.M., M.D. Pp. 422. Price 18s. net.
- The Cartwright Prize Essay for 1903.

MACMILLAN & Co., LTD. (London).
- The Eye: Its Refraction and Diseases. By Edward E. Gibbons, M.D. Pp. 472. Price 21s. net.

YOUNG J. PENTLAND (London).
- Manual of Operative Surgery. By H. J. Waring, M.S., M.B., &c. Second Edition. Illustrated. Pp. 659.

REBMAN, LIMITED (London).
- An Atlas of Human Anatomy for Students and Physicians. By Carl Toldt, M.D., assisted by Professor Rosa, M.D. Translated from the German by M. Eden Paul, M.D.Brux. Third Section, D. Myology. Price 8s. 6d. net.

SMITH ELDER & Co. (London).
- St. Bartholomew's Hospital Reports. Edited by A. E. Garrod, M.D., and W. McAdam Eccles, M.S., F.R.C.S. Vol. 39. Price 6s.

THE SMITHSONIAN INSTITUTION (Washington, U.S.A.).
- Philadelphia Hospital Reports. Vol. 5. 1902. Edited by Herman B. Allyn, M.D. Pp. 178.

JOHN WRIGHT & Co. (Bristol).
- The Infectivity of Enteric Fever. By Alexander Collie, M.D. Pp. 47. Price 1s. 6d.
- Dispensing made Easy. By Wm. G. Sutherland, M.B. Pp. 102. Price 3s. 6d. net.
- A Guide to Urine Testing: for Nurses and others. By Mark Robinson, L.R.C.P., L.R.C.S. Second Edition. Pp. 56. Price 1s. net.
- Memoranda on Infectious Diseases for the use of School Teachers. By James W. Allan, M.B. Pp. 23. Price 6d.
- Ailments of Women and Girls. By Florence Stackpoole. Pp. 238. Price 2s. net.
- Golden Rules of Dental Surgery. By C. W. Glassington, M.R.C.S., L.D.S.Ed., "Golden Rules" Series, No. 13. Pp. 69. Price 1s.
- The Medical Annual: A Year Book of Treatment and Practitioner's Index, 1904. Pp. 852. Price 7s. 6d. net, and Stereoscope 2s.

Laboratory Notes.

ANGIER'S PETROLEUM EMULSION. (With Hypophosphites, Lime, and Soda.)

The Angier Chemical Co., Ltd., Snow Hill, London.

Made by the Angier Chemical Co., Boston, United States, who have forwarded us samples of their well-known staple preparation.

Formula.—"Each ounce contains 33½ per cent. of our purified petroleum, and 9 grains of the combined salts of lime and soda."

We have examined a sample of this well-known "Petroleum Emulsion," and have found its composition to agree very closely with the official formula, which appears on the label. The whole of the mineral matter present consists of the hypophosphites of sodium and calcium. We have kept the sample under observation for a considerable period, in order to see whether the emulsion, which is of a very perfect nature, retains its character, and we have found that even when preserved in a warm place it remains homogeneous.

Angier's emulsion is well spoken of by many medical men who have used it in practice. That fact alone entitles it to the careful attention of the medical profession, which is approached by the makers of the preparation in a perfectly open and above-board manner. The emulsion has the advantage of an attractive appearance, and is not altogether unpleasant to the palate.

FUSSELL'S PURE RICH CREAM.—(Sterilised.)

Fussell and Co., 4, Monument Street, London, E.C.

This cream is stated to be prepared in Norway by a new process, by which the flavour is not impaired, and without the addition of any chemicals. We have examined two samples of this cream and have specially tested for preservatives, which are so commonly found in the cream supplied by dairymen, and in that sold in jugs. We are able to state that this cream is entirely free from chemical additions, and is preserved by sterilisation alone; this is a very important point in its favour, and renders it suitable for children and for people in delicate health.

On analysis we have found it to contain upwards of 40 per cent. of butter fat, which is a very satisfactory percentage; the mineral matter was 5 per cent., which is the amount found in genuine samples of cream. In order to make a thorough test of its sterility, we placed two samples in an incubator, maintained at blood heat, and on examining these after a lapse of three weeks, they proved to be perfectly sweet and fresh. We have great pleasure in recommending this article to our readers as being of standard quality, and absolutely free from preservatives.

Medical News.

Death under Chloroform.

A sad occurrence was reported from Wrexham last week. It seems that Daniel Roberts, coachman for Mr. Frederick W. Soames, ex-Mayor of Wrexham, had suffered from appendicitis, and the medical gentleman in attendance decided that an operation was necessary. Mr. Roberts was consequently placed under the influence of chloroform, but, unfortunately, he became seriously affected, and, despite strenuous efforts to revive animation, all attempts proved futile, and death ensued.

The Plague.

The medical officer of health of Cape Colony reports that for the week ending February 13th, no case of plague in human beings occurred throughout the Colony. Plague-infected rodents were found at Port Elizabeth, East London, and Queenstown, but of 175 rats examined in the Cape Town and Harbour Board area none were affected with plague. As regards the Mauritius a telegram from the Acting Governor received at the Colonial Office on March 4th states that for the week ending March 3rd there were six cases of plague and five deaths from the disease.

The Central Midwives Board and the Irish Hospitals.

As we have already recorded at the last meeting of the Central Midwives Board the following resolution was drawn up and adopted in answer to the resolution forwarded by the secretary of the Royal Academy of Medicine in Ireland:—"That, having considered the letter addressed to them by the President and Secretary of the Royal Academy of Medicine in Ireland, the Board regret that the suggested alterations were not brought to their notice before the rules were sent to the Privy Council, as, having been approved by that body, it is impossible for the Board to alter them." It has now transpired that the following amendment was moved by Dr. Sinclair and seconded by Dr. Ward Cousins, but was lost on a division:—"That having considered the letter received from the President of the Royal Academy of Medicine in Ireland, the Board regrets that the circumstances of the midwifery training schools were not considered before the regulations were sent to the Privy Council; the Board, however, sympathises with the Irish institutions in their difficulties, and will give every assistance in obtaining revision of the rules by the Privy Council." The Irish hospitals have been waiting for a declaration from the Board as to whether they would or would not unite with the hospitals in appealing to the Privy Council. Now they have got their answer, if our information is correct, and they will doubtless know the course to adopt in future.

Accelerated Service Between England and America.

In view of the fact that Plymouth has now become the first port of call on the homeward journey for all the Atlantic mail steamers of the American Line proceeding to Southampton, the London and South Western Railway Company have, at Stonehouse Pool, erected a new ocean quay station which is connected with their main line at Devonport, and from April 9th onward passengers landing at Plymouth will be conveyed by that company to their destination. On landing at the Ocean Quay, they will submit their baggage for the inspection of the Customs officers, and then enter the express train ready to convey them direct to Waterloo Station. The journey to London without a stop, covering the distance of 230 miles, will be completed in about four hours and a-half. For this service the London and South Western Company have just built a very handsome and richly-appointed corridor train, containing restaurant cars, and other accommodation. Such arrangements will be greatly appreciated by the medical profession on both sides of the Atlantic, inter-visits being greatly on the increase of recent years.

Royal College of Surgeons of England.

Three lectures on "Acute Infective Gangrenous Processes (Necroses) in the Alimentary Tract," will be delivered in the theatre of the College by Edred M. Corner, F.R.C.S. (Erasmus Wilson Lecturer). The first of the course will be delivered on Monday, March 21st, at 5 o'clock p.m., the second and third on Wednesday (23rd) and Friday (25th) at the same hour. Admission is free to Fellows and Members, also to non-members of the College on presentation of their address cards.

New York City is scourged by a pneumonia death-list of 6,000 since December last. The Board of Health has announced that it will fight the disease like the plague and treat it as infectious, and physicians may be required to report cases in order that they may be isolated. The importance of this outbreak from an epidemiological point of view is obvious.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

LARGE MEDICAL FEES.

A GOOD deal has been written from time to time on the exceptionally large fees that have been paid to medical men in various countries. In America, for instance, Mr. Jay Gould, who died in 1893 is said to have paid his doctor a regular salary of £3,000 a year, whether sick or well. For two months' attendance on his daughter, he paid between £17,000 and £18,000. Mr. Whitney, another millionaire, paid £5,000 for a week's attendance. For a consultation in the Riviera, the late Sir Morell Mackenzie got 1,000 guineas; and for his attendance on the Emperor Frederick he received in all £13,000. Professor Zakharin, of Moscow, is credited with having received for two days at the deathbed of the late Czar, £3,000; and for a visit to a Russian millionaire £1,400, with £200 for his assistant. One of the largest fees on record is that received by Dr. Dimsda e, an ancestor of the ex-Lord Mayor of London, for inoculating Catherine the Second, Empress of Russia, against small-pox in 1768. The fee itself was £10,000, with £2,000 for travelling expenses, and in addition a life pension of £500.

DR. HELFIELD (Malta).—Foreign medical qualifications entitle to practise in the United Kingdom from those countries only which afford reciprocal advantages to British diplomates. We believe the United States of America does not afford such opportunities. At any rate there are only certain American qualifications *recognised* as affording a sufficient guarantee of competency. If our correspondent writes to the Secretary, General Medical Council, Oxford Street, London, he will be able to ascertain full particulars. Or if he furnishes us with the required details we shall be pleased to make the necessary nquiries.

M. R. C. S. (Crosshaven).—Davidson, 140, Great Portland Street, London, W., will make the arrangements you require. It is usual and more dignified to make an inclusive charge. A fee of fifteen shillings should be within the means of all patients, and would leave you a fair profit. We think it would be well to consult your brother practitioners and the tradesmen referred to before you take the step you propose. The latter might be led to see the error of their ways, and as we said in our leader, it is better, if possible, to keep the two functions distinct. The delay in answering your letter is due to its having to be forwarded to our London Office.

H. T. WOOD (London).—The serum treatment of cancer introduced by Dr. Otto Schmidt, has been tried and found wanting Careful experiments carried out in England by well-known surgeons have proved the serum to be inert as regards malignant neoplasms. The serum came direct from Dr. Schmidt's laboratories, and was of the "killed culture" kind.

INCOME TAX REPAYMENTS.

THE Income Tax Acts provide that no repayment can be made, save in certain quite exceptional cases, unless the claim is made within three years. April 5th next is, therefore, the last possible day on which a claim for the year ended April 5th, 1901, can be lodged.

A FIRST rate parody is that of The Country Doctor, which appeared originally in the "Bart's" Hospital Magazine. The first verse runs as follows:—

As I was a-goin' 'ome to bed, through a muddy country lane,
I seen a man in a oilskin cape, a-trudgin' through the rain,
'E 'adn't a match, an' 's pipe was out, as I ses to 'im, "Oo are you?"
An' 'e ses, "I'm a doctor, the country doctor, surgeon an' midwife too!"
Now, 'e never gets paid for 'arf 'e does, an' 'e does the work of two,
An' 'e isn't one of the gentlefolks, an' 'e ain't like me nor you,
'E's a sort of a bloomin' chameleotype, surgeon an' midwife too.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MARCH 16th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Mr. J. H. Parsons: The Neurology of Vision. (Arris and Gale Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. C. Ryall: Clinique. (Surgical.) 5.15 p.m. Mr. J. Poland: Deformities after Fractures.

THURSDAY, MARCH 17th.

ROYAL COLLEGE OF PHYSICIANS OF LONDON (Pall Mall East).—5 p.m Dr. F. Taylor: Some Disorders of the Spleen (Lumleian Lecture)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. A. Lane: Abdominal Surgery.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—2.30 p.m. Mr. R. Lake: Demonstrations on Laryngeal Tubercular Cases. (II.) (Post-Graduate Course.)

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—6.15 p.m. Dr. M. Dockrell: Alopecia. (Chesterfield Lecture.)

FRIDAY, MARCH 18th.

EPIDEMIOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).—8.30 p.m. Meeting.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11 Chandos Street, W.).—5.30 p.m. Clinical Cases. Papers:—Mr. S. Stephenson: Congenital Word Blindness in Children.—Dr. P. Parkinson and Mr. D. Drew: Notes on a Case of Nephro-lithotomy.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Mr. J. H. Parsons: The Neurology of Vision. (Arris and Gale Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. W. Dodd: Clinique. (Eye.)

Vacancies.

Ayr District Asylum.—Assistant Medical Officer. Salary £120 per annum, with board, furnished apartments, attendance, and washing. Applications to the Medical Superintendent.

Birmingham General Dispensary.—Resident Surgeon. Salary £150 per annum, with furnished rooms, fire, lights, and attendance. Applications to Ernest W. Forrest, Secretary.

Birmingham General Hospital.—Resident Surgical Officer. Salary £100 per annum, with residence, board, and washing. Applications to the House Governor.

Birmingham and Midland Ear and Throat Hospital, Edmund Street.—House Surgeon. Salary £70 per annum. Applications to S. G. Grew, Secretary.

Bristol Royal Hospital for Sick Children and Women.—House Surgeon. Salary £120 per annum, with rooms and attendance. Applications to the Secretary.

Kent and Canterbury Hospital.—House Surgeon. Salary £90 a year, with board and lodging. Applications to the Secretary.

London Fever Hospital, Islington, N.—Assistant to the Resident Medical Officer. Salary £120 a year, with board and lodging. Applications to the Secretary.

London Lock Hospital.—House Surgeon to the Male Hospital, Soho. Salary £80 per annum, with board, lodging, and washing. Applications to the Secretary.

Parish of Torosay.—Medical Officer. Salary £100 per annum. Applications to John Livingstone, Inspector of Poor, Auchnacraig, Isle of Mull.

Royal Dental Hospital of London and London School of Dental Surgery, Leicester Square, W.C.—Two Senior Demonstrators, to attend each three mornings a week, from 9 to 1. Stipend £60 first year, £65 second year, £70 third year. One Senior Demonstrator, to attend five afternoons a week, from 1 to 5. Stipend £100 first year, £110 second year, £120 third year. Two Junior Demonstrators, to attend each six mornings a week, from 9 to 1 Stipend, £100 first year, £110 second year, £120 third year. Applications to Morton Smale, Dean.

Sussex County Hospital.—House Physician. Salary £80 per annum, with board and residence in the hospital, with washing. Applications to the Secretary.

West Riding County Council.—Scalebor Park Asylum, Burley-in-Wharfedale, Private Patients.—Assistant Medical Officer. Salary £150 per annum, with furnished rooms, board, &c. Applications to the Medical Superintendent.

Appointments.

BOWER, E. DYKES, F.R.C.S.Edin., Medical Referee under the Workmen's Compensation Act for the Newnham District of County Court Circuit No. 53.

DAWSON, GEORGE W., F.R.C.S.I., Assistant Surgeon to St. John's Hospital for Diseases of the Skin, Leicester Square.

LANGLEY, J. E., M.R.C.S., L.R.C.P.Lond., Clinical Assistant to the Chelsea Hospital for Women.

LATHAM, C. H., M.R.C.S., L.R.C.P.Lond., House Physician to the Out-Patient Department at St. Thomas's Hospital

NEWTON, W. T., M.R.C.S.Eng., L.S.A., Divisional Surgeon to the City Road Station, G Division Metropolitan Police.

PENNY, JOHN, D.Sc., Public Health, M.B.Edin., F.R.S.E., Medical Officer to the Union Workhouse No. 2 District, and Public Vaccinator for No. 2 District, Cockermouth.

Births.

BEATH.—On March 9th, at 9 Dunsford Place, Bath, the wife of David Leslie Beath, M.R.C.S., L.R.C.P., a son. (Australian papers please copy.)

CONDON.—On March 5th, 1904, at the Mall, Ballyshannon, the wife of Fred W. Condon, F.R.C.S.I. of a son.

FLEMING.—On March 9th, 1904, at 3, Arkwright Road, Hampstead, to Dr. and Mrs. A. J Fleming, a daughter.

WOODS.—On March 5th at 39, Merrion Square, the wife of Robert H. Woods, M.B. of a daughter.

Marriages.

WARDALE—ROBINSON.—On March 9th, 1904, at Christ Church, Gateshead, John Robson Wardale, M.B., B.S., youngest son of John Dobson Wardale, Esq., J.P., M.Inst.C.E., of Gateshead, to Anne Georgina Robinson, eldest daughter of J. W. Robinson, Esq., of Gateshead and Haydon Bridge.

Deaths.

ALLDEN.—On February 28th, at No. 32, West Allington, Bridport, Sidney James Allden, M.D., B.S., Mayor of Bridport.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, MARCH 23, 1904. No. 12.

Original Communications.

CHLOROFORM IN SURGICAL ANÆSTHESIA:

THE VERNON HARCOURT INHALER AND EXACT PERCENTAGE VAPOURS. (a)

By DUDLEY W. BUXTON, M.D., B.S., M.R.C.P.,

Anæsthetist and Lecturer on Anæsthetics in University College Hospital.

THE apparatus which I have been asked to explain to you this evening owes its origin to the ingenuity of Mr. A. Vernon Harcourt, F.R.S., sometime Reader in Chemistry at Christ Church, Oxford. The British Medical Association in 1901 appointed a Committee, of which I was a member, to carry out certain investigations with regard to chloroform, and Mr. Vernon Harcourt was co-opted a member of that Committee. In the course of our investigations, it became apparent that we must obtain some method of exactitude by which we could insure a definite amount of chloroform being delivered, in other words, a definite dosage by a known percentage of chloroform vapour in air. Now, in 1899 Mr. Vernon Harcourt published, in the "Transactions of the Chemical Society," a description of a method whereby a current of air could be mixed with any desired proportion of chloroform vapour. This method was, however, only applicable to small animals, and was supplemented in June, 1902, by a communication by Mr. Harcourt to the Royal Society. In the paper in question reference is made to two methods, both of which were demonstrated before the Committee of the British Medical Association, and the second was adopted by them, after various experiments and trials, as being applicable to human beings (b). The apparatus shown to-night is the outcome of these experiments, and is a remarkably ingenious application of chemicophysics to the service of suffering humanity.

While the Committee of the British Medical Association were studying the various methods and apparatus for giving chloroform, I was requested to report upon various inhalers, and among them upon Mr. Vernon Harcourt's Chloroform Regulator. Let me, before going into detail, explain that the principle of this apparatus is that air passes over the surface of chloroform by the aspiration of the patient's respiration, and that by its construction the apparatus delivers a maximum strength of 2 per cent. I was first uncertain whether this 2 per cent. strength would satisfy the requirements of surgery, although possibly adequate for physiological work. Probably those of you who have not used, or seen the apparatus used, will be inclined to take this view. I mention my own mental attitude at the commencement of my research. However, experience has convinced me that, like theories based on *a priori* reasoning, this one is entirely wrong.

The great bugbear of this chloroform question has always been *a priori* reasoning, coupled with a confiding faith that chloroform as an anæsthetic obeyed no laws like other drugs. Like the blessed word "Mesopotamia," the much-abused word "idiosyncrasy," has consoled many an aching heart and ministered to the *amour propre* of not a few chloroformists.

But, if you will bear with me, I hope to convince you that there is overwhelming evidence in favour of the statement that chloroform is not only a most law-abiding body, but is impeccable in the matter of idiosyncrasy, while no evidence exists in support of the contrary view save various *ipse dixits*, which are inadmissible as against definite experimental and clinical observations.

Snow, who in 1858 was the voice of one crying in the wilderness of inexact experimentation, conducted researches on chloroform, which succeeding workers have elaborated and confirmed, but have not disproved. His conclusions were that 12 minims of chloroform in the body produces the 2nd degree of narcosis; 18 minims the 3rd degree, 24 minims the 4th degree, and 36 minims the 5th degree. Thus 18 minims is 2 per cent., 36 minims equals 4 per cent. (Fluids of body, 30 lbs. equals 15 litres, or 300 litres of vapour in 15,000. The figures are given by Waller, *Brit. Med. Journ.*, April 23rd, 1898, p. 1,059.)

Paul Bert, although working on somewhat different lines, and without any knowledge of Snow's views, arrived at the same figures, *i.e.*, 2 per cent. vapour will produce anæsthesia. It is true that Snow speaks of a safe 5 per cent. vapour, but his methods of giving chloroform were so inexact that the actual vapour inhaled was never anything like the dangerous 5 per cent. spoken of.

When Clover adopted a dosage method of giving chloroform, he fixed his maximum at 4·5 per cent., which was too dangerous for operations lasting any time, and even in his skilled hands actually proved fatal. His, like other methods based upon the principle of mixing large quantities of air and chloroform vapour, was fallacious. In the first place, the gases do not remain equally intermingled, and the heavy chloroform vapour sinks, so that the first portion inhaled possesses a lower tension than the last.

An apparatus I have seen used in France, invented by Dr. Dubois, and which was described in the press recently by Dr. Waller, who showed it in London and at Hereford, gives a 2 per cent. vapour, and produces anæsthesia.

Thus we see that experiment shows 2 per cent. of chloroform vapour is safe, and clinical experience reveals that it is effectual certainly in some cases.

Further, we may dismiss most of the methods suggested, such as are inapplicable for general use on account either of their inaccuracy or, in the case of Dubois' machine, as being too cumbersome and costly.

The next question is—What are the requirements of the surgeons of to-day, and how far can these requirements be met by low-tensioned chloroform vapours?

(a) Read at a meeting of the British Gynecological Society, March 10th, 1904.

(b) Mr. Harcourt formulated a Report on these methods, which the Committee duly presented to the British Medical Association. See *Brit. Med. Journ.*, July 18, 1903, cxlii.

All admit it is a very different matter to undertake the conduct of the anæsthetic for the more serious operations in vogue at the present time than it was in the case of such surgical proceedings as were performed a generation or so back. The anæsthetist is expected not only to make and keep his patient unconscious, but he is asked to insure muscular relaxation, and the abeyance of as many of the reflexes as is consistent with his patient's ultimate recovery. Indeed, in many instances, the inability of the chloroformist to accomplish this must result in the failure of the operation and jeopardise the patient's chances of after-recovery.

You ask, then—Can 2 per cent. of chloroform vapour effect this? and I am bound to say that, with Mr. Harcourt's inhaler I must answer, It will do so. But before I tell you in a few words what I have done with it, I am anxious to point out what will explain the apparent discrepancy between myself and others with regard to "light" and "deep" narcosis.

In the teaching and in many of the books of trustworthy men, you will find that they emphatically caution against "light anæsthesia," and point out the many reflex dangers liable to accrue if their directions are unheeded. I am convinced, however, that a common, if not general, misapprehension exists with regard to so-called "light anæsthesia." It is this. The patients who reveal these reflex troubles are not anæsthetised at all. There are two conditions; one is *incomplete* or *irregular narcosis* or anæsthesia, and the other is *light anæsthesia*, and these are absolutely different things. In practically all cases the patient must pass definitely into the third degree of narcosis before the anæsthesia is complete. Then, and not until then, if in the view of the anæsthetist a light phase of anæsthesia is best for the patient, and is sufficient for the requirements of the surgeon, the anæsthetist can, by lessening the dosage of the anæsthetic, diminish the depth of the narcosis without running any risk of reflex dangers. He will, of course, have to expect the phenomena characteristic of the particular phase of narcosis, but of none other. The incomplete anæsthesia is the type one commonly hears of, and sometimes sees, in the hospitals among learners. The patient is hurried often with a too strong vapour of chloroform into a drugged state, the mixture of chloroform in the blood stream is irregular, some tissues are over-dosed, others are under-dosed. The operation is commenced and the patient moves or vomits; then the anæsthetic is pushed, and disaster may, and commonly does, occur.

Will you forgive me if I pursue this matter a little further and compare the physiology of "incomplete" with "light" narcosis?

We have to deal with the vasomotor system, the lungs, their nerve mechanism, the pulmonary circulation, the heart, and the vagus control. To insure safety, all these must work in harmony. What may occur, however, and I am afraid often does occur, is that in this irregular anæsthetisation first one strength, then another, the machinery is put out of gear.

The work of McWilliam has recently been extended by Miss Sowton and Professor Sherrington, and we now know by their research on the isolated mammalian heart that not only does the heart undergo acute dilatation when chloroform perfuses the coronary vessels, but that even 1 in 100,000 produces a weakening of both the auricular and ventricular beats by 30 per cent. and 49 per cent. When more concentrated solutions were perfused the effects were even more marked, and were ultimately destructive to the structure of the muscle. But equally important researches in this connection are those of Rudolph and Embley, who have independently worked out the part played by the vagus control in chloroform narcosis. The first point is that the vagal centre becomes unduly irritable under chloroform, and the more so when the vapour is strong. In early narcosis Embley, working with over 2 per cent. vapour, repeatedly obtained complete and fatal vagal inhibition of the heart.

With lower dilutions the inhibitory action was not fatal. The point I desire to emphasise is, that the dilatation of the heart and the vagal inhibition are not fatal when a lower tension of chloroform is uniformly acting upon the tissues of the body, but are unavoidably fatal when the uniform tension is high or an irregularly distributed amount of chloroform finds its way to vital points. Then, as regards vasomotor action. All observers agree that under chloroform the blood pressure falls. This fall is proportional to the actual tension of the chloroform, and always makes for danger both by depriving the nerve centres and heart of their necessary blood supply, and by draining the blood generally from the arteries into the veins, more particularly into the large abdominal veins, felicitously called by Leonard Hill "the abdominal pool." One sees in abdominal sections, especially under chloroform, that as soon as the abdominal walls are opened there is some shock, which steadily increases, and is most marked in deep narcosis. This is easily explained. The vessels are no longer protected by the parietes, and the thin-walled vessels dilate and receive more blood. The reverse is seen when the abdomen is closed. The shock lessens, the patient gradually rallies, because the hæmodynamics of the abdomen

Mr. Vernon Harcourt's inhaler—the index point is 1 per cent.

have again resumed their normal condition. Now, with a low percentage of chloroform, these dangers are lessened or even annulled. To put it in another way, if dangers arise when the chloroform in the body is uniformly distributed and is of low tension, remedial measures result in the safety of the patient; if the tension is high, the patient dies. It would be worth much discomfort to the operator to ensure this maintenance of safety, but I think that my cases will show no discomfort to the surgeon need arise when a low tension of chloroform is employed.

With high-tensioned vapours, my past experience goes to show that it is extremely difficult to ensure a uniform distribution of chloroform, and it often happens that a patient, seemingly narcotised, is, in fact, incompletely anæsthetised, and, even if he safely emerges from the stage of induction, is in greater peril of reflex, shock, respiratory failure and death. It must never be forgotten that unlike other anæsthetics chloroform is a protoplasm poison, and that at a certain strength it not only paralyses nerve and muscle, but absolutely kills them. This destructive power actually increases with the strength of chloroform which is carried through the tissues by the blood stream.

Now if we admit that a 2 per cent. vapour of inhaled chloroform, even taken for a prolonged period, is not destructive to nerve and other tissues, that it does not render the dilated heart unable to contract sufficiently to

maintain the circulation, that it does not involve risk of fatal vagal inhibition, that it does not cause a dangerous fall of blood pressure, we have at least got to know what haven of safety we should seek. For the present we are, I submit, warranted in believing that possibly as our methods improve and our knowledge increases we may recognise that 2 per cent. is too high a concentration. I will not attempt here to suggest what 2 per cent. inhaled chloroform represents in the residual air of the lungs or in the blood or tissues. The data at present is wanting. I propose rather to explain how, by means of Mr. Harcourt's simple apparatus, we can obtain this 2 per cent., and lessen it as the necessities of the case require. The apparatus consists of a two-necked bottle, which is filled with chloroform to near the top of the conical part, and two coloured glass beads are dropped into the liquid to indicate when the temperature is within the range 13°-15° C. If the temperature of the chloroform is below 13°, both the coloured beads will float; if it is above 15° both will sink; in the former case the proportion of chloroform inhaled will be less than the pointer of the stopcock indicates; in the latter case it will be greater. During inhalation the chloroform is cooled by evaporation; its temperature may be kept between 13° and 15° by now and then holding the bottle in the hand till the red bead has floated up and the blue bead is beginning to rise.

The stopcock is so made that when the pointer is at the end of the arc nearest the bottle of chloroform the maximum quantity is being administered—namely, 2 per cent. When the pointer is at the opposite end only air will be inhaled; and when it is midway dilution of the 2 per cent. mixture with an equal volume of air will make the proportion 1 per cent. The shorter lines on either side indicate intermediate quantities, namely, 0·8, 0·6, 0·4, 0·2, and towards the chloroform bottle, 1·2 1·4 1·6, 1·8.

The valves on the two branches prevent the entrance into the apparatus of expired air, and also serve to show whether the stopcock is working rightly. Only one valve opens when the pointer is at either end of the scale, both equally when the pointer is midway, and for all other positions one valve opens more and the other less, in the degree indicated by the position of the pointer on the scale. The movement of these valves shows also how full and regular the breathing is.

It is generally found that beginning with the pointer at 0·2, and moving it on towards the chloroform bottle at the rate of one division about every half-minute up to 1·6 or 1·8, produces narcosis as quickly as is desirable.

For the maintenance of narcosis it is believed that 1 per cent. or even less will be found sufficient. The stopcock can be moved by a touch of the finger so as at once to increase or diminish the dose.

The face-piece, which is provided with an expiratory valve, and can be fixed in any position, is either attached directly to the inhaler, which in this case is held in the hand, and should be kept as nearly vertical and as steady as possible, or can be connected by about 20 in. of half-inch rubber tubing, the inhaler in this case being supported on a stand or hung on to the back of the bed.

The mask is made of solid toughened rubber, fitted with a rubber air-cushion. It can be washed, or boiled, and as it becomes plastic in hot water the shape can easily be modified, if required, so as better to fit the patient's face.

Now any apparatus must differ in the hands of various men, for, happily, none can even invent "a penny-in-the-slot chloroform machine." There must be the controlling mind behind the mechanism; in the first place the hand must acquire the dexterity necessary to get the full use of the contrivance, and, secondly, as the user has the power of altering the strength of vapour his knowledge must guide him in selecting the requisite strength of vapour for each patient.

It would be tedious to read lists of cases to you, so I will only mention a few, and in passing say I have now used this inhaler for some hundreds of cases, including the graver abdominal operations involved in partial resection of the stomach, pylorectomies, enterectomies, gastro-enterostomies, hysterectomies, colectomies, appendicotomies; with cholecystectomies, and other very complex operations involving the liver and intestines. I must add to my list removal of cerebral growths, Hartley-Krause's resection of the Gasserian ganglion, the dissection of the nerves in the suboccipital triangl e fortorticollis, and a number of other operations more severe to perform in some cases than their mere names might indicate. In most of these, although employing a 2 per cent. for induction, I have worked with a 1 per cent., or, in some cases, a ·5 per cent. vapour. Now I think these operations require two things from the anæsthetic; they call for a complete and absolute narcosis, and a freedom from reflex movements. These cases tax the skill of the surgeon, and induce him to look for and demand from his chloroformist that such *desiderata* are given him, and when I say that in only one case have I supplemented the Harcourt inhaler, and then only for a minute at a critical moment in a gall-bladder case, when there was some rigidity, I think I may say that I have some reason to believe that the narcosis offered was satisfactory from the point of view of the surgeon. In none of these cases have I been caused any alarm by conditions arising from the anæsthetic.

But there are other cases in which the operation is not so much to be dreaded as the actual condition of the patient. Into this category come bad empyemas and liver abscesses, communicating with a bronchus, extensive goîtres with tachycardia, and fat, feeble people with an addiction to alcohol.

I have used the inhaler now for several goîtres and several empyemas, and with these have found the greatest comfort from being able to diminish my percentage of chloroform. You may say that a skilled man with a Skinner's mask and a drop bottle can do this. Possibly, but how many can? And if you try even your skilled men and test them by accurate methods I venture to say that their percentages will be wildly wide of the wished-for amount.

I wish, if I may, to mention a few cases.

A lady of extreme obesity, over 60, puffy, had cancer of the body of the uterus, and as abdominal section through many inches of fat was thought impossible, it was decided to perform a vaginal hysterectomy. Her condition was so unsuitable for any anæsthetic that I had to warn the friends that her life was in danger. As a matter of fact, she not only gave me no trouble, she was not sick, had no headache, and told me subsequently she had no idea that she had taken an anæsthetic.

A lady of over 40, a chronic asthmatic, with grave aortic lesions, kidney trouble, and bronchial catarrh, was another case so bad that I was seriously anxious about her. The result of the chloroformisation was absolutely perfect. There was no trouble during the narcosis or afterwards.

But an even worse case was that of a gentleman whom I was asked to see to determine whether he could take an anæsthetic. I am allowed to mention this case by the courtesy of one of the Fellows of this Society. This patient, æt. 60, about five feet high, and weighing over seventeen stone, had rolls of fat all over him. He suffered from bronchitis and emphysema, with a feeble fatty heart with dilated aortic and mitral orifices, and albuminuria. I expressed the opinion that unless the operation were imperative with a view to saving life he ought to be spared what I regarded as a grave risk, especially as previously he had taken an anæsthetic with, I was told, extreme difficulty, and was placed in some danger. However, as the operation had to be done, I used the Harcourt inhaler, and had no difficulty in maintaining anæsthesia, after obtaining full narcosis, by a 1 per cent. vapour.

Another class of cases is that of intestinal obstruction with vomiting. With some grave cases of this sort I have used the inhaler successfully because I was able to limit my doses so accurately. In the same way patients with a cerebellar tumour, since there is commonly pressure in the region of the medullary centres,

are among the most dangerous with which chloroformists have to deal. When we employ a low percentage vapour these dangers are lessened, and with Mr. Harcourt's inhaler I have satisfactorily dealt with several of these cases.

The dangers met with in using this inhaler have been in no case serious. I have never had to employ artificial respiration or tongue traction or, indeed, any heroic treatment whatever. As to after-effects, vomiting has often been absent, and I believe generally less severe than when other methods are adopted. In many instances, delayed vomiting follows chloroform in cases where morphine has been given, and it is, I believe, often the combination of these two drugs which occasions the troublesome vomiting.

In conclusion, I would say that the gist of this communication is to be found in the statement that a vapour of chloroform not exceeding 2 per cent. is quite adequate for surgical anæsthesia, and its use avoids most of the grave dangers of this anæsthetic; that such a percentage can be obtained by the proper use of Mr. Harcourt's inhaler, and this, with experience, will be found sufficient for all requirements. Like all apparatus, its technique must be mastered, and it must be used with intelligence and a knowledge of the powers and limitations of chloroform in order that the most satisfactory results may be obtained.

BRONCHOSTENOSIS, (*a*)

By A. FRAENKEL, M.D.,
Professor of Medicine, University of Berlin.

BRONCHOSTENOSIS was divisible, he said, into four groups: (1) By wandering disease; (2) by compression from without; (3) by foreign bodies; (4) by spasm of the bronchial muscles. The two first groups only would be discussed.

Stenosis might affect any part of the bronchi. Bronchitis and bronchiectasia belonged to the first group. Strictly speaking, only those cases in which the stenosis was the prominent symptom should be called bronchostenosis. To it also belonged a disease which he was the first to diagnose during life—*viz.*, bronchiolitis acuta fibrosa obliterans, and which might lead to death in a fortnight. The case he first reported was briefly as follows:—A man, who was a brazier, æt. 35, had, a few hours before being admitted into hospital, bent too low over the acid trough, and had inhaled the caustic vapour in large quantities. Immediately an attack of choking came on which passed off after a time. Repeated bad attacks of dyspnœa, however, compelled him to seek relief. On admission, there were excessive dyspnœa, cyanosis and increased volume of the lungs. There was no distinct dulness, but everywhere small vesicular sounds were to be heard; no fever. The speaker took it to be a case of acute congestion. Gradually the lung symptoms subsided and he was inclined to a favourable prognosis. A week later the symptoms returned with increasing violence, for which he could find no explanation. On that day he happened to take up a volume of the *Archiv. f. klinische Medizin* containing an article by Lange, in which were related two cases where a certain anatomical condition of lung was described. The lung was described as thickly studded with small white nodules, as in acute miliary tuberculosis, and it was seen that the bronchioles were blocked up with connective tissue. Through this the conception of the case was clear. In the first period of the disease necrosis of the epithelium of the bronchioles had taken place, and cauterisation of the deeper structures; these caused acute swelling and dyspnœa. The condition improved temporarily as the acute inflammatory symptoms passed away, but got worse as the granulation tissue from the cauterised surface of the bronchioles led to closure of the passages. The patient died on the twenty-first day of his illness, and the diagnosis was confirmed at the autopsy. There was obliterating fibrous bronchiolitis with the signs described by Lange. This affection had been hitherto overlooked. Within the last two years he had seen three similar cases, the last only ending in recovery.

The first case was that of a young man who was admitted into hospital during the writer's absence from Berlin. There were cyanosis, marked dyspnœa, and extensive vesicular breathing, and the patient died rapidly. Acute miliary tuberculosis had been diagnosed. The autopsy revealed the condition described in the previous case. The man had worked at making composition walls, in which wire netting was covered with a mixture of plaster of Paris, calves' hair, glue, and mortar. A large quantity of dust was caused, which was inhaled by the workmen. Perhaps mischief was set up by inhalation of bacteria on the hair.

The second case had similar symptoms, and showed identical signs after death. The history showed that the man had opened a drug business a fortnight before, and had probably inhaled some sharp vapours.

The third case occurred three months ago. A young man was admitted with frightful dyspnœa and cyanosis. Some chloride of lime had been shaken up from which a good deal of dust had been given off. After inhalation of oxygen the patient had been discharged a fortnight after inhaling the dust.

In all the cases in which a post-mortem examination was made there had been necrosis of the smaller bronchi and a development of connective tissue in the bronchioles.

He now turned to stenosis of the larger bronchi, caused by pathological processes in the bronchial glands. These had, as was known, the beneficial function of keeping back corpuscular elements, such as bacteria and dust. When much dust, however, was collected, they eroded and died off. There was danger of serious disease starting from them, such as suppurations, the giving off of sequestræ, &c. Pus might burst through into the œsophagus, the large blood-vessels in the mediastinum. Constriction of the bronchi might be caused by periadenitis, or adhesive pericarditis might be set up.

He mentioned two cases, one that of a stone-mason, who was admitted with stridor and cyanosis; there was dulness over the left lobe and feeble respiration. The diagnosis lay between aneurysm of the aorta and chalicotic thickening of the lung. The patient died, and the autopsy showed chalicosis with adhesive pericarditis, the wall of the pulmonary artery being eroded, and narrowing of the bronchus. The second was that of a woman, æt. 78, who was admitted with symptoms of tumour in the lung. She died asphyxiated. The autopsy showed there was no tumour, but periadenitic processes with consecutive bronchostenosis.

The diagnosis in such cases could only be determined by stridor, contraction of the chest wall, weakened respiration and dulness. In slowly-developing cases, however, both stridor and dyspnœa might be absent.

A third group of affections causing bronchostenosis were thoracic tumours, especially malignant ones. They proceeded in 60 per cent. of the cases from the bronchi. The sarcomata, on the other hand, generally started from the lymph glands, spread along the bronchi, grew into the lungs, and might compress them. If the tumour were large there was intense dulness. Sometimes the tumour was small, and the dulness would then be due to secondary processes. The following was a case:—A colleague was taken suddenly ill with dyspnœa and fever, and expectorated foul-smelling sputa. Dulness over the whole posterior wall. It was believed to be influenza with secondary putrid empyema emptying into the lung. The patient died with typhoid symptoms, and the autopsy showed that it was not a case of influenza, but that there had been a tense infiltration with melting down. There was a carcinoma the size of a hazel-nut in the right lower lobe that had blocked up the bronchus. There was no stridor, as the lumen was completely blocked.

He drew attention to two symptoms in such cases: (1) A change of all symptoms where a tympanitic

(*a*) Abstract of a Paper read before the Verein fur innere Medizin, Berlin.

sound exchanged with dulness caused by a contracting pleurisy; (2) a pushing of the mediastinum towards the affected side from contraction of the lung.

As to treatment if syphilis was the cause, relief would be given by sounding; but this was not easily done. By bronchoscopy we were in a position to know whether we could do anything or not. We should be quite sure there was no aneurysm before attempting to use the sound. The best results were obtained in the case of foreign bodies, the situation of which we were able to detect by bronchoscopy. Here extraction should not be delayed, but should be carried out as soon as the diagnosis was made, so that secondary mischief could be avoided.

THE ABSORPTION OF SANATOGEN IN ENTERIC FEVER.

By Dr. C. A. EWALD,
Professor of Medicine in the University of Berlin.

[Translated by our Berlin Correspondent.]

The number of artificial food-stuffs which are being continuously produced in the present day have come to represent a special and extensive form of commercial industry. Accordingly, it may be regarded as a public duty to examine some special one, and demonstrate in exact figures its relative facility for absorption and its value to the human organism. There exists such an "embarrassment of riches" in this domain that a first choice is more likely to depend on accident than on any special superiority in the article. On the other hand, I wish to emphasise the view that it is much less important whether a certain preparation contains more soluble *carbohydrate* or *peptone* than another, than is its taste and property of "agreeing with" the digestive organs. And as these qualities of a preparation are so very prone to alter or deteriorate, both with regard to the remedy itself and the patient, it is usually desirable to have a variety of such preparations in readiness. Here, as elsewhere, the rule is, *variatio delectat*. In the great majority of cases in which we administer artificial foods, the natural digestive function is at fault, but has not completely abdicated the exercise of its powers; and there still remains a section of the alimentary canal which has not suffered, and is even able to take on a vicarious action. Accordingly, it is by no means necessary that, in making choice of artificial aliment, the latter shall have been as completely as possible digested *extra corpus*; it is sufficient that it be so modified as to facilitate its digestion within the body in the direction in which it would otherwise be prone to disagree with the patient, while the organism is still allowed some scope for the exercise of its natural function, which it can yet, to some extent, draw upon in time of need. Only in the cases in which its powers have completely failed, and there is no possibility of the exercise of vicarious function elsewhere, should the food-stuffs be administered in the form of prepared dextrin, glucose, or peptone.

The artificial food industry has recently been in great measure conducted in accordance with this view; and a series of preparations have been placed on the market whose values depend not so much on the proportion of pre-digested products actually present as on their solubility in the digestive fluids, their consequently easy modification thereby, and—last, not least—on their convenience of form, and consequently convenient price.

To this class belongs sanatogen, a glycerin-phosphoric-acid sodium-casein compound; which is not only easily soluble, but possesses the advantage over other milk-casein preparations of a better taste and flavour. On the relative facility of absorption of this preparation and that of pure flesh (beef-steak) Vis and Treupel (*a*) have conducted an investigation which yielded highly satisfactory results; 250 grms. of meat and a corresponding quantity of sanatogen were employed in the experiment, and nearly similar quantities of unabsorbed nitrogen were eliminated—1·392 grms. and 1·475 grms. of nitrogen daily. So that, in the case of a healthy man, there is little difference as regards facility for absorption. Without referring to other publications, I can state from my own clinical experience that *I have used sanatogen in a large number of cases (nutritional disorders of neural and neurasthenic origin), and have seen excellent results.* The proportion of glycerin-phosphoric acid present has also induced me to prescribe this food; which, as a cleavage product of lecithin, should, according to French investigators, especially A. Robin, exercise a pronounced tonic action. (*a*) The patients took it in their soup, milk, cocoa, and other usual ways, and it always seemed to promote the general nutrition in such a way that there was a resulting increase of body-weight.

It has recently been repeatedly suggested that typhoid patients should receive, during the course of the fever, a diet rich in albuminous substances, and that by such means the resistance of the organism would be increased, the severity of the disease lessened, and the period of convalescence shortened. Gornicki, Barrs, and Puritz (*b*) have even administered food prepared from hard-boiled eggs, cutlets, white and brown bread, &c., minced and pulverised, and have reported favourable results. Such advice does not commend itself to my clinical conscience. Where one has hundreds of typhoid intestines under his care, and recollects that in apparently mild cases extensive and deep ulceration often exists, he will not lightly undertake the administration of such crude diet—which, under any circumstances, is not an indifferent one for the mucous membrane to deal with. I regard it as a specially fortunate circumstance that those observers have had no untoward results; I would not venture to administer such crude diet to a typhoid patient till a fever-free period of six to eight days had elapsed. It appears decidedly rational to maintain the nutrition of a typhoid patient at a high standard from the beginning; and the time-honoured milk diet, enriched with the alloy of an easily-digested fluid or pulpy preparation of albumin, may be employed for this purpose. One can in this way, by the employment of sugar and thin cream, and small quantities of alcohol, easily attain a calorie value of from 2,500 to 3,000 calories; that is, a proportion of 35 to 40 calories per kilo. of body-weight, and 1·5 to 2·0 grms. of albumin per kilo. For this purpose I employ sanatogen as an albuminous preparation. The object was to determine whether it is freely absorbed, and whether it has some influence on the course of typhoid. The following case was found instructive:—

A male patient, æt. 34, was admitted to hospital (December 31st, 1902) complaining of debility, diarrhœa, &c. The sensorium was not affected. The distinctive features of pronounced enteric fever were all present—rose-rash, splenic tumefaction, pea-soup diarrhœa, and Widal reaction. There was no diazo-reaction; the urine contained traces of albumin, but no sugar. Pulse 120, and dicrotic; temperature varied between 38·5° and 40° C; yielded to baths on fifth and sixth days, and fell (spontaneously) below 39° on the eighth day, with the usual (slight) oscillations following; but from the nineteenth day after admission there was but little rise over 37° observed. There were no serious complications.

Till the fifth day his daily diet consisted of 1½ litre of milk, a little moistened biscuit, and 1 to 1½ glass of red wine, as his general strength demanded no special restorative. On this day, the gastric contents were examined; free H Cl was absent, and pepsin-digestion was minimal. From that date there was administered daily a quantity of milk, cream, sugar, and sanatogen representing a total of about 2,740 calories, in the

(*a*) Vis and Treupel, "Ueber die Verdaulichkeit einiger Eiweiss-praeparate." *Muench. med. Woch.*, 1898, Nr. 9

(*a*) Lobbé, "La Medication Phosphorée." Paris, 1904. Baillière et Fils

(*b*) Puritz, "Reichliche Ernaehrung bei Abdominal-typhus." Virchow's *Archiv*, Bd. 131, S. 327.

following proportions :—Milk, 1,500 c.cm. = 1,040 cal. ; saline, 500 c.cm.=1,150 cal. ; milk sugar, 100 c.cm.= 410 cal. ; red wine, 100 c.cm. = 72 cal. ; sanatogen, 20 grms. = 78 cal.

This diet was continued to the end of the fever, and till convalescence had been well established (two months after admission). He had increased in weight from 45 on January 20th, to 46 kilo. on January 30th ; 49 on February 5th ; 49½ on February 12th ; 52 on February 19th ; 58 on February 26th ; and 59 on March 5th. During the first week (January 7th to 14th), a complete record of the metabolism was made by Dr. Glaessner, assistant physician in the hospital. During this period the temperature ranged between 38° and 39° C., and fell but on two mornings to 37° C.

The daily ingesta represented 11·46 grms. of nitrogen, 192·2 grms. of carbohydrates, and 78·916 grms. of fat.

The daily excreta for same period :—19·351 grms. of nitrogen, of which 18·802 appeared in the urine, and the rest (0·54 grms.) in the fæces. The latter also contained 4·811 grms. of fat.

A control experiment was made with a working man, æt. 20, who was taken into the hospital for a vague indisposition. He had no fever nor visceral lesion. On the nasal mucous membrane (left side) were some small erosions, which produced a somewhat fœtid discharge of blood-stained mucus. He also complained of uneasiness in his stomach, but nothing was discovered to account for it. He was placed on a diet similar to that given to the fever patient, also for a period of seven days (January 15th to 21st). He weighed 55 kilos. on January 12th, 57·5 on January 25th, and 58 on January 30th. The ingesta per diem represented 11·46 grms. of nitrogen, 192·2 of carbohydrates, and 78·96 of fat. The daily excreta corresponded to 11·487 grms. of nitrogen, of which 10·614 appeared in the urine and 0·687 in the fæces ; there was also 6·608 grms. of fat.

In this connection we find a glaring contrast between the data regarding calorie values given in Dettweiler's tables (in which the milk-sugar is reckoned as cane-sugar) and the actual contents of the aliment in nitrogen, carbohydrate, and fat, and the results of Glaessner's analysis and the corresponding calorific value. Glaessner determined the nitrogen and fat of milk directly, and calculated the carbohydrates on the hypothesis of 4·5 per cent. of sugar and 4·2 of cream. If we calculate the nitrogen from the albumin and the maximum value of the fat at 9·5 calories (instead of 9·3), we arrive at a total of only 1,834-1,840 calories, instead of the 2,740 which have been reckoned in the usual way in dealing with a pure milk diet. And even with a poor specimen of milk there would be 2,300 calories. We have thus to reckon with both milk and cream of poorer quality. Nevertheless we have for the original weight of the individuals dealt with (45 and 55 kilos. respectively), 40 and 33·4 calories per kilo. respectively ; and for the mean of the attained body-weight, 34·3 and 33·9 calories per kilo. ; accordingly, a co-extensive importation of calories. The conclusion of our experiment is without result as regards the difference between the actual and the calculated amount of nutriment, but it shows how little reliance can be placed on the calculated metabolism in cases in which the nutrient material has not been previously subjected to an *ad hoc* process of analysis.

From the above results we may conclude : (1) That the absorption of sanatogen was very prompt in each case. The unabsorbed nitrogen found in the fæces of the typhoid patient hardly represented a less favourable proportion than in the research of Vis and Treupel. In the second case the result was not so good ; it rose to double; and it should be remembered that such occurrences in a prolonged research may introduce some unforeseen and unavoidable complications. Nevertheless, it remains clear to us that *the absorption of freely soluble nitrogenous substances may go on freely and promptly in the course of typhoid, and to a degree not differing widely from that of health.* (2) The fact that the patient used as standard displayed approximate nitrogen-equilibrium, although about 9 kilos. heavier than the typhoid patient at the start' shows that the chosen diet was sufficient—and more especially as both increased in weight during its use. The fact of more copious diminution of nitrogen in the fever case is simply due to the fact of increased nitrogen waste produced by the fever process. Engel (*a*) had found for a period of eight days in enteric fever a daily excess of 10·8 grms. of nitrogen excreted over that ingested. Svenson (*b*) found on the fifth and sixth days of pneumonia 17 to 20 grms. of excess. Indeed, the net result of the observation of ourselves and others is to confirm the general rule that increased ingestion of nitrogen in fever is followed by increased waste, if there be not at the same time a free administration of fat and carbohydrates to diminish the nitrogen exchanges. (3) As regards fat, about 6·2 per cent. in typhoid, and 8·3 per cent. in other patients, remain unabsorbed. Rubner (*c*) makes the loss 4·5 per cent. for milk-fat, and 4·1 per cent. for butter. Sachse (*d*) found a loss of 11·1 per cent. of fat in a woman with occluded cystic duct, who was fed on milk, white bread and butter ; and in another with *hydrops vesicæ felleæ*, similarly nourished, 5 per cent. of the fat was unabsorbed. V. Noorden emphasises the individual oscillations in the use of fat ; and holds that a waste of 11 per cent. is not proof of impaired digestion, according to which the numbers obtained by me are within normal limits. At all events, there is more effective use of fat by typhoid patients than by others with healthy stomachs and intestines.

This holds good but for the period of fever, in which our research on metabolism was carried out. But the metabolism which accompanies the increase of weight during convalescence must be differently regarded. Luethje (*e*) and Svenson have shown that the organism at the onset of convalescence enters on an intensive struggle for the attachment of nitrogen. The fever-patient and the convalescent retain per kilo. of body-weight in their nutrition a proportion of 58 to 60 calories—even running up to 90 ! But our research shows that even with a small quantity a higher record can be reached. It also shows that absorption of fat is unaffected in fever. And the proportion of 93·6 per cent. found by Svenson in convalescence, and of 93·8 per cent. in our patient, is within normal limits.

Our conclusion, accordingly, is, that *sanatogen, both in conditions of chronic debility and in acute febrile diseases—more especially in typhoid, adds greatly to the value of the diet, on account of its facility of absorption and absence of irritating qualities.*

Clinical Records.

LARGE UTERINE MYOMA IN THE LEFT BROAD LIGAMENT, COMPLETELY FILLING THE PELVIC CAVITY.—HYSTERECTOMY.—RECOVERY. (*f*)

By WILLIAM DUNCAN, M.D., M.R.C.P.Lond.,

Obstetrical Physician to the Middlesex Hospital ; Senior Physician to the Chelsea Hospital for Women.

THE patient, æt. 53, was seen by me in consultation with Dr. Tom Godfrey, of Finchley. Married in 1875, she had had seven children, the youngest, æt. 13, and five miscarriages, the last two years ago. The catamenia were regular up to 1902, when they began to be erratic, and sometimes a flooding took place ; the patient also complained of much backache and frequent micturition. On examination, a central firm tumour could be felt extending upwards midway between pubes and umbilicus, and, *per vaginam*, a

(*a*) Engel, "Mitteilungen aus der medizinischen Klinik zu Wuerzburg, 1886," Bd. 2, S. 115.

(*b*) Svenson, "Stoffweth ulversuche an Rekonvelezenten." *Zeits. f. klin. Med.*, Bd. 43, S. 110.

(*c*) Rubner, "Handbuch der Ernaehrungs-therapie herausgegeben. Von v. Leydon. Bd. 1, S. 116.

(*d*) W. Sachse, "Ueber die Resorption der Nehring bei Virschluss der Gahenblasen gangen." Lnang-Dissert. Berlin, 1894.

(*e*) H Luethje, "Beitraege zur Kenntnis des Eiweisstoff-wechsels," *Zeits. f klin. Med.*, Bd. 44, S. 65.

(*f*) Read at the meeting of the British Gynæcological Society March 10th, 1904.

tumour was felt, filling the pelvic cavity and displacing the cervix downwards and to the right. This tumour was evidently part of the one felt in the abdomen, and movement of it moved the cervix. The sound was not passed.

Hysterectomy was recommended, and was performed on September 24th, 1903. When the abdomen was opened, the tumour was found to be attached to the posterior wall of the uterus, and to be growing between the folds of the left broad ligament. The ligament was incised and the tumour, with some difficulty, shelled out of the pelvic cavity; the ovarian and uterine arteries were secured in the usual way; the left ovary only was removed.

The cervix was divided in the usual way, and a huge cavity could then be seen extending between the layers of the broad ligament down to the floor of the pelvis.

After all the oozing vessels had been secured, the walls of this cavity were whipped together, from below upwards, by a continuous suture of fine silk, the peritoneal flaps were united over the stump of the cervix, and the abdominal wound was closed with three layers of suture, fine silk for the peritoneum, interrupted silkworm-gut sutures for the sheath of the recti muscles, and strong continuous silk suture for the skin.

The patient made an absolutely uneventful recovery, without rise of temperature, sickness or trouble of any kind, and now, five months after the operation, feels perfectly well, and can take long walks without fatigue.

The interest of this case lies in the manner of closing the large cavity left between the layers of the broad ligament after the tumour had been removed, a method which is infinitely better, and safer, than packing with iodoform gauze, as recommended by some operators.

I. FIBROCYSTIC TUMOUR OF THE UTERUS. (a)

By J. INGLIS PARSONS, M.D., M.R.C.P.Lond.,
Physician to the Chelsea Hospital for Women.

THE patient, a single woman, æt. 40, complained of difficulty in passing water for the last three years, and, latterly, of complete retention, necessitating the use of the catheter. For the last eighteen months she has noticed a swelling in her abdomen, accompanied by pain. Her menstruation has been regular, every twenty-eight days, lasting for five days and very free and painful for the first three days.

Dr. Cameron, the house surgeon, described the abdomen as much distended by a large tumour with a more or less uniform surface, movable and not tender, of a doughy consistence, and with a contour like a bullock's heart, such as Professor Murdoch Cameron has described to be characteristic of fibrocystic tumours. The cervix was obliterated and almost the whole of the lower pelvis was filled by the tumour. The sound, passed with some difficulty, showed the uterine cavity to be seven inches long.

On opening the abdomen, on January 12th, 1904, I found the pouch of Douglas entirely obliterated, the peritoneum, which usually forms it, with part of the rectum and sigmoid flexure, lying on the back of the tumour. After tying off the broad ligament at each side, and removing the appendages, as both ovaries were diseased, I cut through the peritoneum on the posterior wall and stripped it and the bowel down away from the tumour, until I came to a point where it was firmly adherent.

The round ligaments were then tied, and the anterior layer of the peritoneum cut across from side to side and stripped down, taking the bladder with it. The sides of the tumour were then carefully examined, and, as the ureters seemed to be below, both uterine arteries were tied. The tumour was then cut across low down and removed, a piece of the adherent capsule being left on the bowel. Finally, the remains of the cervix containing a portion of the tumour were completely removed, thus opening the vagina. One or two small vessels had to be tied. The vagina was then closed by a mattress suture, the anterior and posterior flaps of peritoneum were united by a continuous silk suture, though on the right side there was not enough of the posterior flap to meet the anterior, on account of the adhesions. The abdominal wall was united in three layers. The patient made an uninterrupted recovery without a single bad symptom.

I have brought this case forward because fibrocystic tumours are rare in women of forty, and on account of the amount of the growth in the lower part of the pelvis the removal of the tumour presented unusual difficulty, and, also, because Dr. Cameron, the house surgeon, made a correct diagnosis based on his father's observation of the bullock's heart shape of fibrocystic tumours.

(a) Read at the meeting of the British Gynæcological Society, March 10th, 1904.

II. LARGE FIBROMA OF THE BROAD LIGAMENT.

The patient, a single woman, æt. 35, for two years had suffered from pelvic pain, especially at her menstrual periods, which were regular, and lasted three days with a scanty discharge.

On examination, a large tumour was found filling the pelvis and extending above the pubes. It was hard, nodular and movable, and gave a sense of fluctuation. The uterus, displaced upwards and to the right, was normal in size, the sound passing 2·5 inches. Abdominal section, on February 23rd, 1904, showed that the tumour was a large fibromyoma of the right broad ligament. After tying the left ovarian and uterine arteries in the usual way, and tying the right broad ligament, the peritoneum was cut across before and behind the tumour, and the flaps stripped downwards; the cervix was then divided from the left side until the right uterine artery was exposed, and when this vessel had been caught and tied by Dr. Bonney, who was assisting me, the tumour was rolled up out of its bed. In doing this the bladder, which was closely adherent to the tumour, was unavoidably opened, and a large raw space was left in the bed of the tumour, from which there was a great deal of oozing. After several small vessels had been secured and the oozing checked by hot sponges, this space was brought together with fine silk and the bladder sewn up. The peritoneum was then united, and the wound closed. A soft rubber catheter was kept in the bladder. Three hours after the operation the patient collapsed from shock, but Mr. Rose, the house surgeon, promptly transfused a pint and a half of saline fluid, and injected $^1/_{15}$ grain of strychnine. The bladder was drained for ten days, and beyond passing some blood in her urine, she has had no bad symptoms. She can now retain her water for some hours, and in a few days will be able to get up.

III. SUBMUCOUS MYOMA.

The patient, æt. 31, married for eighteen months, but childless, was sent to me by Dr. Lauchlan on account of profuse menorrhagia of four or five years' duration. She was very anæmic from loss of blood, and on examination, I found a large, hard, irregular, nodular swelling involving and forming part of the uterus, and reaching to the umbilicus; the sound passed 4·5 inches.

On February 23rd, 1904, I performed a supravaginal hysterectomy, removing the left ovary, which was diseased, but leaving the other. The patient made a good recovery, and was able to sit up on March 10th.

THE question of who shall remove the carcases of dead animals in the River Thames is a subject of controversy. It appears the Conservancy declines to deal with these floating carcases, although empowered to abate or remove "all hindrances and abuses whatever" in the river or on its banks. The medical officer recommends that the City Solicitor should be asked for his opinion as to who is responsible.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, MARCH 10TH, 1904.

PROFESSOR JOHN W. TAYLOR, M.D., F.R.C.S., President, in the Chair.

SPECIMENS AND CASES.

By request of the author, Dr. H. Macnaughton-Jones read the following notes accompanying tne two specimens :—

NOTES OF A CASE OF SUCCESSFUL HYSTERO-SALPINGO-OÖPHORECTOMY FOR PELVIC SUPPURATION, BY T. GELSTON ATKINS, M.D., M.CH.

Mrs. L—— a woman, æt. about 35, consulted me in October, 1903, stating that early in January she had been confined of a large male child after a slow labour. All seemed to go on well for the first five days, when she had a shivering attack with acute pain in her left side. For some days the pain was very severe, till she felt something give way, a gush of discharge took place and she felt greatly relieved. She remained in bed for six weeks, during which time the discharge diminished considerably, but never ceased, and when I saw her early in October, and made a vaginal examination, a torrent of pus, fully one pint, was passed, and could be seen coming out of the os uteri. On each side of the uterus there was a swelling, and pressure on either of these caused the pus to flow more abundantly. It was therefore clear that there were sacs communicating with the uterus. A Sims' probe could be easily made to enter the sac on the left side, but not the one on the right. I therefore concluded that these sacs were either pus tubes or broad ligament or ovarian abscesses opening directly into the uterus, and advised an exploration and the adoption of the proper course when the exact condition was made out. On opening the abdomen, I found that the omentum was adherent all round, and presented the appearance of a cover to the pelvic roof. When this had been tied off, the swellings were seen to be the ovaries embedded in a dense mass of adhesions to the bladder, bowel, uterus and pelvic walls, and it was evident that nothing short of clearing out the pelvis would be of any use. This proved to be a very difficult proceeding, as the tubes and ovaries had, literally, to be dug out of the dense mass of adhesions. The first step consisted in tying the ovarian arteries ; the bladder was then detached from the uterus, and the separation of all the adhesions was completed by working upwards from below ; total hysterectomy was preferred to supravaginal, as the cervix seemed to be infected, though examination proved that the pus from the abscesses was sterile. The patient made an uneventful recovery, and left the hospital quite well in four weeks. Referring to the specimen, the opening of the abscesses, into which a bristle is passed, can be seen in the uterine canal. The case is the first of the kind that I have seen, and I believe, from the literature I can lay hands on, that the condition is a very rare one. It is an interesting question how both ovaries became infected. From the severity of the puerperal attack the infection must have been streptococcic, and it must have passed through the uterus and tubes and lodged in the ovaries, but there is no sign that either uterus or tubes were involved. If the mode of infection had been through the lymphatics, through the uterine wall and parametrium, one would have expected an endometritis or metritis, and then a parametritis. From the extent and density of the adhesions there had evidently been a considerable amount of pelvic peritonitis.

NOTES ON A CASE OF HYSTERO-SALPINGO-OÖPHORECTOMY FOR DOUBLE OVARIAN PAPILLOMA AND CARCINOMA OF THE CERVIX UTERI, BY T. GELSTON ATKINS, M.D., M.CH.

Mrs. C——, æt. 53, was admitted under my care in the South Infirmary, on December 6th, 1903 ; she had been kindly sent by Dr. Orpin, of Youghal, with a diagnosis of uterine cancer. He had only seen her a few days before, but feeling sure of his diagnosis, sent her to hospital. On admission, she was greatly attenuated and pallid, and complained of shortness of breath and general abdominal discomfort. Her pulse was 150, and the vessel was not well filled. She stated that she had had a coloured discharge for three or four weeks, but otherwise, except for the gradual abdominal enlargement, she had no symptoms. There was ascites, and two large growths could be felt, one in each iliac region, which were freely movable in the ascitic fluid. The cervix was hardish, with a patulous os which bled easily. A scraping of the cervical canal gave unmistakable evidence of malignant disease. There did not seem to be any adhesions. A few days' observation showed that she had decided tachycardia. The urine was normal. I decided to explore, and on opening the abdomen, a large quantity of ascitic fluid came away, and the swellings in the ilia floated up into the abdominal incision, and proved to be malignant papillomata. I therefore determined to remove them and the uterus, which I did by the ordinary operation of hystero-salpingo-oöphorectomy, as in the preceding case, without meeting any difficulties. She bore the operation well, but her pulse remained up between 150 and 160, and her temperature was from 99° to 99·6° F. For the first seven days she seemed to be making an uneventful recovery, and on reference to the hospital notes, I find that on the fifth day she had boiled fish, light food which she digested well, the bowels moving regularly. On the evening of the seventh day her breathing quite suddenly became very irregular, short and jerking, and the pulse rose to 165. On the eighth day, when the stitches were removed, the abdominal wound was quite healed and aseptic, but the rapid breathing and pulse never went down, and she died on the night of the ninth day after the operation. The cause of death was in no way connected with septic processes, but simply due to the tachycardia. The specimen is a beautiful example of double papilloma of the ovaries, and of cancer of the cervix. It is an interesting point whether the cervical cancer was due to infection from the ovaries.

Dr. MACNAUGHTON-JONES remarked that, seeing how frequently papilloma of the ovary partook of the nature of adeno-carcinoma or carcinoma, or was associated with such disease, he was not surprised at the cervix being cancerous in this instance. As regarded the source of infection in the other case, as often happened in suppuration of the adnexa manifesting itself during childbed, it was difficult to account for it exactly ; no doubt in this instance the ovary had been infected before pregnancy.

The PRESIDENT said that Dr. Atkins was to be warmly congratulated upon his successful operation. It was a very bold undertaking to remove the uterus and ovaries in such a state of suppuration.

Dr. WILLIAM DUNCAN thought the question whether the papilloma was the source of the cancer of the cervix was a very pertinent one. He had never seen the two conditions associated.

Dr. INGLIS PARSONS said that the combination must be a very rare one, as he had never met with it.

Dr. WILLIAM DUNCAN exhibited the following specimens :—(1) Fibroid uterus removed by vaginal hysterectomy after enucleation had failed. (2) Fibroid of the vaginal wall. (3) Uterine myoma growing between the layers of the broad ligament, and completely filling the pelvic cavity ; hysterectomy ; recovery, reading notes, which will be found on page 308.

Mr. BOWREMAN JESSETT dissented from Dr. Duncan's opinion about closing such a cavity as the one described. His own practice was to put some gauze into the cavity, bring the gauze through a drainage-tube into the vagina, and withdraw them both on the second or third day.

Dr. J. J. MACAN, in relation to the absence of any capsule and the general condition of fibrosis of the

uterus, described by Dr. Duncan, drew attention to a recent discussion in the French Surgical Society, on a paper by Richelot on malignant degeneration of the stump after supravaginal hysterectomy, in which he insisted that uterine sclerosis, of which fibromata were merely incidental modifications, was an initial stage preceding cancerous degeneration. An epitome of the paper and discussion, prolonged over six meetings of the Society, would be found in the February number of the *British Gynæcological Journal*, Summary, p. 186.

The PRESIDENT remarked, in regard to enucleation, that when there was a good capsule and no sepsis there was no reason that course should not be adopted if it could be carried out without difficulty, but in a case such as the one described, especially where there was sepsis, it was infinitely better to remove the uterus altogether, as Dr. Duncan had done, with marked success. As to myomata of the vaginal wall he (the President) had met with five or six, most of them in the anterior wall. The largest was close to the cervix; another was near the urethra, and in enucleating it there would have been a great risk of damaging the urethra. Cavities such as those left by the removal of a tumour of the broad ligament he had himself been in the habit of draining with iodoform gauze without any tube.

Dr. DUNCAN, in reply, said in regard to the possibility of enucleating the tumour from the broad ligament, the uterus was a fibroid one, and the patient was over fifty years of age, there was no extra risk in removing the uterus, and the patient was left in a much better condition than if it had been allowed to remain. He upheld his own method of treating the cavity, from which, in his own experience, and in that of others, he had never known of any ill result, always provided care was taken to arrest all oozing before whipping the sides of the cavity together, and considered it a far safer proceeding than draining into the vagina, and thereby risking septic infection.

Dr. INGLIS PARSONS showed specimens of (1) fibro-cystic tumour of the uterus; (2) large fibro-myoma of the broad ligament, and (3) submucous myoma, reading notes, which will be found on page 309

Dr. MACNAUGHTON-JONES remarked that there had been much divergence of opinion as to the pathogenesis of fibrocystic tumours. The cyst may be due to (1) the deliquescence of a portion of a fibroma; or (2) the dilatation of the lymphatics and the formation of sinuses at the extremities of the several vessels. The first of these views was accepted by Virchow. Klebs attributed them to hydropsia and œdema. The view of lymphatic dilatation was advocated by Billroth and Kiberle, the lymphangœomatous nature of the tumour lending force to the supposition, as also the rich peripheral supply of lymphatics. Dr. Mary Dixon Jones, who has recently discussed the subject, does not accept this explanation, and she regards the new cystic formations as a consequence of medullary changes in the tissues, and new formations eventuating from this medullary condition. The cyst is a development from the medullary material. She takes the view that a fibroid tumour is a diseased condition arising out of an inflammatory corpuscular change in the tissues of the uterus. Fibroid tumours do not cause degeneration, but the degeneration arises from the secondary processes of disease developed in the tumour or in the uterus. And, further, she believes that infection of the adnexa is carried from the tumour to the ovaries and tube. She supports her contention by a number of microscopical researches into the nature of the fibrocystic degeneration, in which she found inflammatory changes in the tissues, with the presence of granules and inflammatory corpuscles, sometimes osseous degeneration, another time pus, associated with sinuous cystic canals or irregular cavities. In some the changes partook of the endotheliomatous nature, and blood cysts were present.

Dr. INGLIS PARSONS thought that the gelatinous matter in fibrocystic tumours resembled that found in malignant ovarian cysts, and that it would probably be found some day that it was due to micro-organisms, as it is a well-ascertained fact that gelatinous material in large masses is formed by certain saccharomycetes in symbiosis with certain bacteria.

Dr. BEDFORD FENWICK read the following notes on a specimen he exhibited:—

A FIBROID UTERUS REMOVED FOR MENORRHAGIA.

The patient was a governess, single, æt. 33. Her catamenia had been established at 14, and had been regular, lasting four or five days, with normal loss and without pain, until two years ago, when they began to be more protracted with more discharge. For the last nine months the periods have lasted from eight to ten days, the discharge has gradually become more profuse, and large and small clots have been passed with great straining pain; for the last month the loss has been almost continuous. She has, for some months, been suffering from increasing giddiness, muscular weakness, dimness of sight, palpitation, dyspnœa, and faintness on exertion. When she was sent to me, on February 10th, 1904, her skin and mucous membrane were waxy and yellowish; her pulse was 120; her first heart sound was almost inaudible at the apex, which was most perceptible in the nipple line. The cervix was small with a pinhole os; the uterus was slightly enlarged, soft and mobile; the ovaries and tubes felt normal. She was at once admitted into the Hospital for Women, Soho Square, and after a week's absolute rest, I dilated the cervix and found several fibroid growths in the canal too deeply situated to be enucleated with safety. On March 8th, I therefore performed hysterectomy, leaving the ovaries, as they were perfectly healthy. This afternoon, only forty-eight hours after the operation, her pulse is only 75, and there is a faint tinge of colour in her lips and eyelids. The case is interesting because the uterus measures only three inches in length by two and a quarter in thickness, but it is simply studded with small fibroid nodules, and the canal is full of submucous growths. I may call special attention to the facts that there are no growths at the cornua of the uterus, and that the ovaries and tubes were perfectly healthy, which supports the theory I have advanced that the disease of the appendages so frequently found associated with uterine fibroids is due to the presence of such growths at the fundus, causing hypertrophy of the ovarian arteries and consequent hyperæmia of the ovaries and tubes, a condition which is certainly an ordinary antecedent to chronic disease and degeneration of structure.

Dr. DUNCAN said that the appearance of the specimen suggested to him that there might be malignant disease, and he thought that a proper pathological report would be of much value, as the case was most interesting.

Mr. BOWREMAN JESSETT concurred, and on the invitation of the President

Dr. FENWICK undertook to have a pathological report prepared, and bring it before the Society on some future occasion. In reply to Dr. Heywood Smith, he said that on passing the sound he could feel it quite distinctly pass over the nodule; there was no question as to the presence of intra-uterine growth.

Dr. DUDLEY BUXTON then read his paper on "Chloroform in Surgical Anæsthesia: the Vernon Harcourt Chloroform Inhaler and Exact Percentage Vapours," which will be found on page 303.

The PRESIDENT said that before declaring the discussion upon the extremely interesting paper, for which they were indebted to Dr. Dudley Buxton, open, he desired to welcome, in the name of the Society, the several distinguished visitors present, especially Mr. A. Vernon Harcourt, F.R.S.

Mr. MAYO ROBSON said that when he first came to London it was seldom that he would have any other anæsthetic administered but ether, but having such a very competent anæsthetist as Dr. Buxton, he felt that he might place implicit reliance upon his judgment, and Dr. Buxton had given chloroform for him with the Vernon Harcourt inhaler in a large number of serious cases, in some of which practically the whole of the danger depended on the anæsthesia. In no single

instance had there been the slightest difficulty, and he could bear out every word Dr. Buxton had said with regard to the use of the apparatus, which, so far as he could see, would, by giving the operator complete control of the dose administered, completely revolutionise the administration of chloroform.

Dr. INGLIS PARSONS remarked that in the administration of chloroform there were many points that were surprising. A well-known Fellow of the Society, in the habit of giving the anæsthetic for their Honorary President, employed an enormous inhaler, containing a sponge, upon which he used to pour one or two drachms of chloroform, and, then putting it over the patient's face, entirely exclude the air for a time. When asked to adopt this method himself, he (Dr. Parsons) had decidedly refused, though the Fellow referred to had never had an accident from it. On one occasion, when he was a dresser, the house surgeon was using Junker's apparatus upon a patient whose tongue was to be removed for epithelioma; unfortunately the tube which should have been in connection with the air space was inserted in the fluid, and a considerable amount of chloroform was pumped down the man's throat. He (Dr. Parsons) took the opportunity of observing whether the respiration or the heart's action was first arrested, and by keeping his finger on the temple found that the pulse continued after the respiration had immediately stopped. That was perhaps a unique case, but there was no doubt that in it the respiratory centre was first affected.

Dr. MACNAUGHTON-JONES said that he had had the advantage of having chloroform administered for him by Dr. Buxton with the Vernon Harcourt inhaler on several occasions, mostly for abdominal sections, and once for a deep operation on the posterior triangle of the neck, and in his experience the apparatus was altogether satisfactory. The time taken to induce the requisite amount of narcosis had not been greater than with the Junker inhaler, and in no case had the full 2 per cent. vapour been required to maintain unconsciousness; moreover, the post-operative condition of the patients had been, on the whole, more satisfactory than with any other chloroform inhaler with which he was acquainted. The success of an operation depended greatly on the judgment and self-reliance of the administrator, and they were, therefore, much indebted to Dr. Buxton for his paper, and to the other anæsthetists for their presence at its discussion.

Dr. AARONS said that so far as he could judge, the Vernon Harcourt inhaler answered its purpose perfectly, but whatever form of apparatus was employed the successful administration of an anæsthetic was a question of brains.

Dr. BAKEWELL said that the present form of the instrument was an improvement on an older one, with which he had had some difficulty on account of the buckling of the valves. He had, however, used the improved instrument with great success in a great number of cases, and was sure that the after-effects of the chloroform were less when this inhaler was employed. It was splendid for children, and he had used it many times at Great Ormond Street, but as children disliked anything in the form of a mask over their faces he found it better to begin with a few drops of chloroform on lint. It was a great advantage that, with a little manœuvring, the apparatus could be satisfactorily adjusted for laminectomies, in spite of the difficult position in which the patient had to be placed. The importance of knowing the exact amount of chloroform being administered at every time during the anæsthesia certainly made the use of this inhaler desirable.

Mr. A. VERNON HARCOURT (a visitor) explained that originally the valves were of celluloid, which gave a beautiful flat and very elastic surface, but, unfortunately, the vapour of chloroform acted upon it, and caused a deformation which no doubt was the cause of the failure mentioned by Dr. Bakewell. He afterwards had the valves made of metal, so light as to be quite easily moved; it was also an advantage that the action of the metal valves was more easily inspected than that of the more transparent celluloid. He thought that for childbirth or prolonged operations it might perhaps be well to have some sort of a stand to hold the instrument upright so that there would be no splashing of the contents; a tube twenty inches or so could be used to connect it with the mouth- and nose-piece, and the administrator would be spared fatigue in prolonged cases. On this point he would be glad to have Dr. Buxton's opinion. He had been gratified by hearing those gentlemen who had spoken of their successes in using the apparatus.

Dr. DUDLEY BUXTON, in reply, said that in regard to the case of poisoning with the Junker apparatus, it was quite possible that the overwhelming amount of chloroform swallowed had produced various unknown conditions which had led to the respiration ceasing before the circulation. He was in the habit of taking from six to ten minutes to induce chloroform anæsthesia, and he might say that if an anæsthetist knew how to give chloroform by Junker's inhaler he could always get a patient under it. He mentioned a case in which an attempt was made to give ether by pouring it on to a towel, which was held over the patient's face; the patient naturally got excited, and the administrator said, "This gentleman will not take ether, I will give him chloroform." He insisted on the importance of surgeon and anæsthetist being in perfect accord with each other, and that the Vernon Harcourt inhaler was calculated to promote this feeling. He thought the stand and tubing suggested by Mr. Vernon Harcourt might be advantageously adopted in some cases, but, as a matter of fact, the fatigue of holding the instrument when one was accustomed to it was not great, even in a long operation.

HARVEIAN SOCIETY.

MEETING HELD MARCH 10TH, 1904.

DR. S. VERE PEARSON read a paper on the "Diagnosis of Pulmonary Tuberculosis" in infants and young children. The diagnosis of intra-thoracic tuberculosis was considered under four heads:—(1) Broncho-tracheal gland affection: the differentiation and classical symptoms were described. First, a persistent cough following whooping-cough was dealt with; the disease was shown by the exclusion of the two common causes of such persistent cough, namely, adenoids and habit combined with a tendency to repeated catarrhal attacks, which, if appropriately treated, soon disappear unless tuberculous glands were present within the chest. (2) Miliary tuberculosis of the lungs. The diagnosis of this form depended upon a study of the general features, the history and course of the case, not upon any special local signs. An insidious and progressive wasting without adequate cause should arouse suspicion. The state of the skin, especially the presence in it of small hæmorrhages, or of subcutaneous tubercles, the condition of the hair, irregular pyrexia, quiet demeanour, enlarged spleen, and the variety of anæmia present, were important. The wasting had to be distinguished from simple marasmus and that due to septic infection, &c. (3) Tuberculous broncho-pneumonia. Certain peculiarities of this type were described, and its differentiation from the simple form with its complications, and from localised empyema, purulent pericarditis, and lung abscess, were reviewed. (4) Rarer types of pulmonary tuberculosis; the varieties, the times of occurrence, and the nature of these types were dealt with briefly.

Mr. LAMING EVANS read a paper on the "Treatment of Congenital Club-foot in Early Infancy," and showed a number of cases. He advocated manipulation immediately after birth, and early recourse to tenotomy of the tibials (anterior and posterior), and the flex. long. digit. for the cure of the varus, followed then by tenotomy of the tendo Achillis, to overcome the equinus; with prolonged after-treatment in some apparatus and constant observation by the surgeon.

Mr. NOBLE SMITH congratulated Mr. Evans upon his firm support of the principle of maintaining the fixation of the heel until the inversion of the foot had been entirely overcome. Until the great toe was brought

into or beyond a straight line with the inner border of the patella, the inversion could not be considered corrected. He supported early treatment, and reverted to the difficulty of treating neglected cases. He strongly deprecated extensive operation and everything which tended to destroy the natural movement of the foot. Lately, he had practised Lorenz's method, which differed from the former forced manipulation by the persistency of the surgeon's efforts at the time of operation. He showed some casts and photographs illustrating excellent results obtained by the improved method of treatment.

Mr. J. Jackson Clarke agreed with Mr. Evans' method of treatment, which he thought was now followed at all the orthopædic hospitals in London. There were a few exceptional cases in which other methods were required in order to obtain a perfect result. That of manipulation and fixation in plaster of Paris, as practised by Lorenz, was, in Mr. Clarke's experience, the most valuable. It should not be done until the child is able to walk. Preparatory cleansing of the skin should always be undertaken and sterility aimed at in case of rupture of the skin occurring during the manipulation. Such wounds under these circumstances give no trouble and heal well under dry dressing.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Obstetrics.

Meeting held Friday, March 11th, 1904.

Professor A. J. Smith, President, in the Chair.

Sir Arthur V. Macan showed a most interesting series of eight plaster casts of fœtal heads, by Professor E. Winternitz, of Tubingen, illustrating the changes in the child's head due to the several presentations; also an enlarged (six diameters) cast of fœtal heart. He also demonstrated an obstetric phantom (Dr. Sellheim's), and a *papier mâché* fœtal head, by Dr. Hugo Gloeckner. A "lay figure" of a fœtus designed by Dr. Ludwig Knapp and several plaster casts of deformed pelves were also shown.

Dr. A. Dempsey (Belfast) read a brief report of his operative work in the gynæcological wards of the Mater Hospital, Belfast, during the year 1903. There were 107 operations, 25 being intraperitoneal with only one death. In cases of metritis and endometritis, he regarded curettage alone as not sufficient to cure all cases. He referred to the hot, dry air treatment, and apparatus introduced by Reitter, of Vienna, for ovarian and vague pelvic pain, and for the absorption of cellular exudates in the pelvis. He had found very satisfactory results from its use in both classes of cases. Temperatures of 120° to 130° C. can be obtained by it. This treatment is not applicable when any active inflammation is present. Among the laparotomies were 11 ovariotomies, 9 retroperitoneal hysterectomies, 2 extra-uterine fœtation cases, both diagnosed before rupture, one case of gastric and intestinal adhesions, one appendicectomy, and one intraperitoneal abscess drained through the abdominal wound.

Sir Arthur Macan, Dr. W. T. Smyly, Dr. Tweedy, and the President having discussed the report, Dr. Dempsey replied.

Drs. Jellett and Earl read a paper on "Sarcoma of the Vagina," and showed a specimen.

The meeting then adjourned.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Meeting held Friday, March 4th, 1904.

The President, Dr. Seymour Taylor, in the Chair.

Mr. Garry Simpson read a paper on Adenoid Growths: When and How to Operate. He recommended breathing exercises for patients with temporary engorgement of existing lymphoid tissue due mainly to an attack of acute rhinitis; such cases, however, should be watched. Frequently recurring attacks of deafness were strong indications for operative interference, and a chronic otitis media would clear up much more rapidly if existing adenoids were removed. Deaf patients with retracted drum-membranes were benefited by operation, provided the mischief had not existed for too long a period. He insisted on an examination of the nose in every case, because if an obstruction was overlooked the operation would fail to restore nasal respiration. He also recommended an operation if the child were suffering in health mentally and physically, and if it were an habitual mouth breather. He had never found patients suffering from enuresis benefited by the operation. He preferred to operate with the patient lying on his right side near the edge of the table, with the legs slightly drawn up. The head, which rested on a low pillow, was thus made dependent, and no blood or growth could enter the larynx. The great advantage of this posture was, that the patient was in a safe position from the first. He preferred chloroform for children under ten years of age, and gas and ether for older patients.

Dr. Furniss Potter expressed complete agreement with all that had been said with regard to the indications for operation. He regarded the carrying out of breathing exercises as impracticable in private practice, and considered that much less upset and worry, as well as a more certain result, were likely to accrue from radical operation for removal of the adenoids. He disapproved strongly of "gas only" as an anæsthetic in these operations. The anæsthesia was so short—thirty or forty seconds at the most—that, should any slight delay occur, such as readjustment of the gag, or rigidity of the soft palate interfering with ready introduction of the curette, the operation became a hurried scramble and was in all probability incompletely performed. Thoroughness of removal was more important than rapidity of operation, and thoroughness could not be assured in the short time allowed by "gas only." Nitrous oxide gas followed by ether he considered a much more satisfactory combination, and, if properly administered, there need be no anxiety on account of the anæsthetic. In chloroform anæsthesia one encountered a much larger proportion of cases which gave rise to this anxiety. The early abolition of the cough reflex which occurred under somnoform rendered this drug an unsuitable anæsthetic in adenoid operations. On the whole the forceps was a more certain and trustworthy instrument, although its use entailed a greater expenditure of time. He was accustomed to operate with the patient in the supine position, a substantial pillow or sand-bag being placed under the nape of the neck, so arranged that the vault was the lowest part of the pharynx. By this means the likelihood of any blood finding its way into the larynx was reduced to a minimum. He did not use the forehead mirror, but relied on the sense of touch for the removal both of adenoid vegetations and of enlarged tonsils.

Dr. J. B. Ball considered that the question when to operate was the more important of the two dealt with in the paper. The pharyngeal tonsil was normally well developed in young children, and the line between the normal and the hypertrophied tonsil was not easily defined, although it was easy to define where disease, as betrayed by certain symptoms, began. It was certain that a moderate enlargement of this tonsil often existed without producing any symptoms whatever. In these cases there was no reason for operating. There were, again, borderland cases in which the symptoms were slight and trivial in which operation was not justifiable. It was in these cases that the breathing exercises mentioned by Mr. Garry Simpson were specially useful. The four main indications for operation he considered to be (1) habitual mouth-breathing in a child, which showed no sign of improving and which had existed for a considerable time; (2) chronic deafness, repeated attacks of deafness or earache, or chronic otorrhœa; (3) repeated attacks of bronchitis or the presence of asthmatic symptoms; (4) repeated colds in the head of a severe or prolonged character, or paroxysmal sneezing and hay fever symptoms.

The President referred to the risks of the operation,

and asked for further information as to the mortality due either to the anæsthetic, the operation, or its after-effects. It would be a great advantage if in advising operation they were able to assure parents that the dangers, as shown by authoritative statistics, were comparatively trivial.

Mr. A. B. KINGSFORD advocated the use of nitrous oxide gas as an anæsthetic for adenoid operations. It had been administered at the Central London Throat Hospital 17,000 times without a single fatality, and chloroform had been for some three or four years entirely discarded in its favour. From four years of age and upwards this was the common anæsthetic; younger children were generally given a "whiff of ether." The rigidities caused by gas, especially that of the soft palate, and the difficulty of anæsthetising young children fully without asphyxiating them were the chief drawbacks to the use of nitrous oxide. In these cases somnoform had distinct advantages. Anæsthesia was rapidly induced and lasted for from one to two minutes, while rigidities and asphyxia were absent. It was more apt, however, to be followed by sickness.

Dr. G. E. SHUTTLEWORTH believed that breathing exercises were of value in counteracting the habit of mouth-breathing which frequently persisted after adenoid operations, as well as remedial in the milder cases which were not submitted to operation. Such was his experience in the case of feeble-minded children, with whom he was specially conversant, and for whom he prescribed these exercises in the upright position as part of their daily school drill.

Mr. STEPHEN PAGET read a short paper on the Uses of Paraffin in Plastic Surgery. He had used this method in more than sixty cases of sunken nose, and ten cases of prolapse of the bowel or vagina. He was sure that the result was permanent; but the treatment of severe cases of prolapse was a difficult problem, and two of the ten cases had relapsed. In the treatment of sunken noses, he emphasised the necessity of not attempting to do too much. It all depended on the state of the skin. If this were fairly free, soft, healthy, not scarred, nor adherent, the surgeon could be fairly sure of doing a great deal of good; and the risk was, that he might do harm by trying to do too much good. In cases of prolapse, a great deal of good could be done; but each case had to be taken on its own merits. He described the conditions that are favourable, and those that are unfavourable, especially the condition of the skin in nose cases, and the condition of the sphincters in cases of prolapse of the bowel. In the nose cases, the presence of ozæna, or of perforation of the septum, did not hinder a successful result, provided only that the skin were healthy, free, and fairly abundant. Rigidity, tension, scarring, and adhesion of the skin were the conditions that hindered success, or might even make it impossible to treat the case with any reasonable hope of doing any real good. But, in favourable cases, the result was excellent; and, even in cases that were less favourable, a fairly good result might be obtained.

Dr. J. B. BALL had operated in fourteen cases of depressed bridge of the nose by this method with satisfactory result. His first case had been done for almost two years and the result was still perfect. In most of his cases the condition had been that of simple depressed bridge without scarring or adhesions, and in four only had an anæsthetic been given. He agreed with Mr. Paget as to the necessity for not injecting too much paraffin. It was better to be under than over the mark.

LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MARCH 4TH, 1904.

The President, Dr. P. MCBRIDE, in the Chair.

DR. MCBRIDE showed a knife for slitting up the tonsil of the lacunæ, and a pair of punched forceps for removing the stumps of polypi.

Dr. FURNISS POTTER showed a case of Immobile Right Vocal Cord in a youth, æt. 19. The case was probably of a tuberculous nature, though there were no definite signs of disease in the chest or sputum. He also showed a case of Infiltration of the Larynx, involving both crico-arytænoid joints and an indurated ulcer on the tongue. The patient was a man, æt. 60, and examination revealed a hard, ulcerated swelling on the tongue far back, and fixation of the right vocal cord, and the left vocal cord was markedly hampered in abduction. The glottic aperture was much diminished, and the patient had had to have tracheotomy performed for severe dyspnœa. There were no glands to be felt in the neck. The diagnosis rested between syphilitic and malignant disease. A piece of the growth from the tongue had been examined microscopically, but the sample removed was too superficial for a correct diagnosis to be made.

The case was discussed by the President, Dr. D. Grant, Mr. P. de Santi; and Dr. POTTER replied.

Dr. SMARTHWAITE showed a specimen of Tuberculosis of the Larynx, and Trachea, of rapid course, in a man, æt. 67.

Dr. H. TILLEY showed three cases in which radical operations for empyemata of the accessory sinuses had been carried out. All three cases had been severe in their symptoms, and the final result of operation in each case was cure.

The cases were discussed by the President, Dr. D. Vinrace, Dr. Fitzgerald Powell, and Dr. StClair Thomson.

Dr. D. GRANT showed a case of Ulcer of the Tonsil, probably the primary lesion, in a young woman with well-marked cutaneous syphilides; also a case of extreme laryngeal œdema in a man, probably secondary to tertiary specific lesion, and treated by mercurial inunction and local incision (nearly recovered).

Mr. ATTWOOD THORNE showed a man, æt. 32, with adhesion of the soft palate to the posterior pharyngeal wall. The interest of the case was that when first seen there was a mere pinhole aperture, but that instead of the opening closing, it had without operative interference got larger month after month, apparently by contractions of the adhesions towards their fixed points in the periphery.

Mr. R. LAKE showed a case of Chorditis Tuberosa, and a woman with tuberculous ulcer on the left vocal cord.

Dr. H. W. KELSON showed a girl suffering from a nasal sinus situated about an inch from the tip in the mid-line.

Dr. F. POWELL showed a male, æt. 34, with a swelling of the right ventricular band, and a small papillomatous-like growth on the anterior margin of the right cord; also a patient, æt. 28, who had suffered from what he considered to be necrosis of the premaxillary bone; this diagnosis was contested by Dr. W. HILL, who considered that the sequestrum was not the premaxilla itself, but the Stensonian portion of the premaxilla.

Dr. H. J. DAVIS showed a patient with an enormous swelling between the arytænoids and an œdematous mass of raised mucous membrane, resembling a large mucous polypus, and extending below the cords. The question was whether the case was one of acute œdema resulting from syphilis alone, or one of mixed tuberculous and syphilitic infection.

The case was discussed by the President, Dr. Grant, and Mr. Lake.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING HELD AT SHEFFIELD, FEBRUARY 19TH, 1904.

Dr. W. J. SINCLAIR, President, in the Chair.

DR. ARNOLD LEA (Manchester) related a case of

FIBRO-MYOMA UTERI, ASSOCIATED WITH ORGANIC HEART DISEASE,

treated by abdominal hysterectomy. The patient was a sterile married woman, æt. 44, with a history of two years' menorrhagia. The heart was hypertrophied and dilated, and a thrill and a systolic murmur over the apex beat were present. Some slight albuminuria disappeared under treatment, and supra-vaginal pan-hysterectomy was performed and followed by

complete recovery. Dr. Lea thought that as signs of loss of compensation only appeared after the tumour had begun to grow rapidly, the cardiac mischief being old standing, the heart muscle was probably healthy, a view supported by the great improvement after removal of the tumour. Dr. Lea also read notes of a case of Infected Myoma of the Uterus with severe toxæmia, treated by abdominal hysterectomy. The patient was married, sterile, æt. 44. When first seen she had some elevation of temperature, pulse rate of 110 to 130, sickness, diarrhœa, and an offensive discharge from the uterus. For ten years there had been menorrhagia. Operation was delayed for a fortnight to allow of improvement in the toxæmic symptoms taking place. Then total abdominal hysterectomy was carried out in the usual way, and uneventful recovery took place. The tumour measured two and a half inches in diameter, and projected into the cavity of the uterus; its surface was necrosed. The appendages were healthy. Microscopically, the appearances suggested sarcoma, but Dr. Lea remarked that it was extremely difficult to distinguish between an inflamed myoma and a sarcoma.

Dr. R. FAVELL (Sheffield) showed a Fibro-myoma Uteri undergoing Necrotic Changes. It had been removed by pan-hysterectomy from a barren married woman, æt. 56, who gave a history of menorrhagia thirteen years previously. During the six months preceding operation there had been an offensive purulent discharge, and also elevation of temperature, varying from 100° to 102°.

Dr. PERCIVAL BARBER showed a Cystic Fibro-myoma of the Uterus, removed by abdominal hysterectomy, from a patient, æt. 38. In 1899, when both ovaries were removed, the uterus was attached by the left pedicle to the abdominal wall; a small sub-peritoneal fibroid was noticed growing from the fundus. Severe menorrhagia and increase in size of the tumour during the subsequent four years necessitated its removal. At the second operation, no trace of adhesion could be found between the uterus and the abdominal wall.

In the ensuing discussion Drs. Lloyd Roberts, Donald, Gemmell, and the President took part, and replies were made by Drs. LEA and FAVELL.

Dr. GEMMELL (Liverpool) read notes of a case of

AMENORRHŒA ASSOCIATED WITH SERIOUS EYE SYMPTOMS.

The patient was a schoolgirl, æt. 16, in whose right eye severe hæmorrhage occurred, leading to total blindness and absence of fundal reflex; some hæmorrhage also occurred into the left eye, leading to slight interference withvision. He commented upon the frequent occurrence of amenorrhœa in young ladies going off to boarding schools, more particularly when going to the Continent, but had never known such serious effects to be produced. In this case there was an absence of all the usual causes of amenorrhœa, no abnormal condition of the blood, and no renal disorder. The only possible causes were change from home to boarding school life, hard mental work and want of exercise. Gynæcological literature does not refer to eye changes associated with menstruation or menstrual irregularities, whereas every work on ophthalmic surgery points out the intimate reflex relationship between the female reproductive system, menstruation and the eye. The prognosis from the ophthalmic point of view was grave, and much depended upon the re-establishment of the menstrual function; otherwise hæmorrhages were apt to recur at the periods. These hæmorrhages may be a form of vicarious menstruation, or result from reflex uterine irritation and vasomotor changes associated with the absorption of toxins from the uterus.

The case was discussed by Drs. Martin, Donald, Arnold Lea, Arthur Wallace, and the President, and Dr. GEMMELL replied.

Dr. PERCIVAL E. BARBER (Sheffield) related a case of

ENCYSTED PERIMETRITIS.

The patient was a married woman, æt. 34, the last of whose nine children had been born nine months previously. There had been no abortions, and the labours and puerperia had been normal. Shortly before admission there had been slight menorrhagia, the patient caught cold and suffered from abdominal pain. This got well under treatment, and the patient got about for twelve days, when the onset of paroxysmal pain around the anus, bearing down, and difficulty on micturition led to her admission to hospital. On examination, some swelling was detected in the right iliac region, and bulging of the posterior walls was made out. Pressure symptoms rapidly increased, and being uncertain of the nature of the swelling, Dr. Barber performed laparotomy. The pelvis was found occupied by a tense rounded, elastic tumour so shut off by adhesions as to be practically extraperitoneal. The abdomen was therefore closed and the cystic collection opened *per vaginam*, a large quantity of clear serous fluid and a lump of coagulated lymph escaping. No pathological changes in uterus or appendages could be discovered.

The case was discussed by Drs. Lloyd Roberts, Donald, Arnold Lea, and the President.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXXVIII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE LIVERPOOL SANATORIUM, KINGSWOOD.

THE Liverpool Sanatorium for Consumption is delightfully situated on the borders of Delamere Forest. It is about 500 ft. above sea-level, and has exhaustive views of the Mersey, the Welsh hills, and the undulating uplands of Cheshire. Frodsham is some three and a half miles distant, and affords the most convenient means of railway approach. The sanatorium is conducted by the committee of the Liverpool Hospital for Consumption and Diseases of the Chest. The new establishment has been made possible by the munificence of Lady Willox and Mr. W. P. Hartley, the chairman of the hospital. The foundation-stone of the new building was laid in October, 1900, and the sanatorium was opened to patients in September, 1901. It has cost about £15,000. There is now accommodation for some forty patients. There is evidence on all hands of sound judgment, discriminating care, wise economy, clear perception of the special needs of the case, and not only has common sense been manifest in the planning, but the present management is marked by clear signs of efficiency.

The main building has been well designed; it is of simple but good construction, and particularly well fitted for the class of patient received. The rooms are particularly airy, with large windows and charming outlook. On the first floor the rooms open on to balconies. The dining-room is a separate structure, and the kitchens are conveniently adjacent. In addition to the main building there are five bungalows, which accommodate twenty-two patients—eighteen men and four women. There is also a well-constructed sanitary block. The water supply is good. Sewage is dealt with in a septic tank. Electric lighting is provided.

Dr. Herapath Wood is the resident medical superintendent. There is a matron and good nursing staff. Since the opening of the sanatorium and up to December 31st, 1903, 238 patients have been treated. A careful analysis of these shows that 113 are still in good health, 37 are capable of doing light work, 36 are more or less invalided, 30 have died, and 22 have been lost sight of.

Patients are admitted on the nomination of donors and subscribers. Subscribers of twenty guineas per annum are supplied with thirteen monthly "recommendation" forms, each entitling the patient to all the benefits of the sanatorium for a payment of 12s. 6d. per week. Patients at ordinary fees must come from within twenty miles of Liverpool. A limited number of cases may be received at £3 3s. per week.

In order to allow subscribers and donors to assist

deserving cases, "for two guineas subscribed one 'recommendation' form is placed at the disposal of the subscriber. This form enables the patient to whom it is given to enjoy all the benefits of the institution for a payment of 12s. 6d. per week for four weeks." We have thoroughly examined the Liverpool Sanatorium, and studied its rules and manner and method of management, and have no hesitation in placing it in the forefront of public institutions, wisely, economically and scientifically conducted in the interests of the consumptive poor.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 20th, 1904.

ADENOMA AND CANCER OF THE BREAST.

IN discussing the subject of tumours of the mammary gland, Professor Fillany said that it was very important that the practitioner should be able to distinguish between adenoma and cancer. In the first place, adenoma should not be classed among the benign tumours, and the distinction between benign and malign tumours of the gland should be abandoned. What was necessary to be done was to establish a difference between encysted tumours and those non-encysted. The adenoma of the breast was an encysted tumour; it was separated from the gland by a cyst, which was recognised by palpation; the tumour would be found to move freely on the subjacent parts. Such was not the condition of cancer, which formed an intimate part of the gland, developed at its expense and could not be separated from it.

The development of adenoma was very gradual, unless it were a case of sarcoma from the outset; in such a case the evolution was more rapid. But almost always the tumour began by a simple adenoma, not infiltrated with sarcomatous tissue. The tumour, mobile and spherical, could remain stationary for years. But one day sarcomatous degeneration appeared, and then the benefits of an operation were diminished. For that reason, the practitioner should always advise the ablation of those tumours at an early period.

In cancer, the evolution was regular, progressive, more or less rapid, but continuous. The external aspect revealed other distinctive signs. The base of the tumour lay flattened out on the thorax, while sarcoma stood out in relief, was a pediculated spherical tumour larger at the periphery than at the base.

In cancer, the skin adhered by fibrous tracts directly to the tumour, producing folds in the skin. The adherence of sarcoma when it existed was quite different: it was adherent by distension as that observed in an abscess. Further, the skin over a sarcoma was red, shining, and covered by a network of large veins.

The nipple was retracted in cancer and simply effaced by extreme distension of the skin in sarcoma. Ulceration in cancer was produced by destruction of the skin; in sarcoma it was exaggerated distension. The edges of the sarcoma were soft and scooped out, while in cancer they were hard and regular. Palpation revealed in cancer a hardened mass, in sarcoma a fluctuating tumour of variable consistence.

The lymphatic system was not invaded in sarcoma on account of the protecting envelope; in cancer, the glands were rapidly infected. Sarcoma never affected the general health, while cancer produced cachexia very rapidly. Cancer returned frequently after operation; relapses in sarcoma were much more rare and less grave.

VERTIGO.

According to Professor Robin, vertigo proceeded in the immense majority of the cases (90 per cent.) from gastric troubles. In persons suffering from heart disease, vertigo was frequently complained of and attributed to some obstacle in the encephalic circulation, but that was not so. Digestion was bad, tongue furred, abdomen tympanitic, cramps, somnolence. By treating the stomach the vertigo disappeared.

The vertigo of gastric origin occurred under two principal conditions: when the patient changed position, either passing from the horizontal to the upright, or *vice versâ*.

The prognosis was benign if there were no reason to suspect arterio-sclerosis. The three great causes which produce gastric vertigo were coffee, tobacco, and constipation.

The treatment should, after suppressing the coffee or the tobacco as the case might be, consist in bitters before meals, quassia amara, nux vomica, strychnine, &c., and an absorbing powder after meals:—

Bicarbonate of soda, ʒiss.
Calcined magnesia, ʒiss.
Carbonate of lime, ʒj.
Lactose, ʒj.

Divide into twelve powders—three daily.

If the vertigo does not disappear, the following change might be made:—

Calcined magnesia, gr. vi.
Carbonate of lime, gr. iv.
Bicarb. of soda, gr. iv.
Powder of nux vomica, gr. ½.
Powder of belladonna, gr. ½.

For one powder; three daily after meals.

The following mixture was recommended by M. Robin:—

Bromide of potassium, ʒiss.
Cherry laurel water, ʒij.
Syrup of ether, ʒss.
Syrup of valerian, ʒss.
Water, ʒv.

A tablespoonful at the moment of the attack.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 19th, 1904.

LUPUS EXULCERANS.

FREUND showed a patient to the Gesellschaft der Aerzte with lupus exulcerans of the nose, the elbow, and back of the hands, which were nearly cured after sixty applications of the Röntgen rays. The treatment has extended over two years.

He showed another with spina ventosa of the right thumb which was receiving a similar treatment with good results.

NEURO-FIBROMA.

Hanke brought forward a young girl with a large soft tumour on the left temporal region of the head which extended to both eyelids; through the soft swelling hard bands could be felt. The members agreed with the diagnosis of Hanke.

Fuchs related several cases that had come under his own observation of a similar nature, but situated on other parts of the body.

CARCINOMA.

Wagner gave his results to the meeting of experiments conducted with carcinoma, which Adamkiewicz had started some time ago, by affirming that if a piece of cancerous tissue be placed in the brain of a healthy dog that animal will die of typical carcinoma. Wagner performed this operation under different conditions and in a variety of ways, but cannot arrive at the same conclusion. If the cancerous tissue be inserted in the brain substance sterile it will remain there indefinitely without any apparent reaction. No bacterial infection

can be traced by the implantation of this foreign morbid insertion.

Traumatic Œdema of Hands.

Kienbock showed a case of so-called traumatic hard swelling on the back of the hands. The Röntgen shadow showed that this inexplicable disease was probably due to injury of the trophic nerve, as the bones of the hand were greatly reduced.

Purulent Perityphlitis.

Eiselsberg continued the discussion on the subject of purulent perityphlitis, which Moszkowicz introduced to the meeting some time ago, and which has given rise to a good deal of excitement in the profession as leading opinions are so diverse, and many of them are opposed to one another. Eiselsberg could not see how anyone can indicate diffuse peritonitis and multiple abscess as cause and effect, as he was persuaded that the abscesses were the cause of the peritonitis and not in the reverse order, as Moszkowicz would have us believe. In confirmation of this fact he could show a patient in the wards at the present time who hadhad diffuse peritonitis seven days after the abscess formed.

He condemns the sacral method of opening the abscess, as it is very difficult to reach the appendix from this quarter, besides the disadvantage of an unnecessarily prolonged recovery. The principal points to guide the surgeon in perityphlitis were the etiology and the results of the bacterial examination.

Teleky said that according to his own experience and many other clinicians he found that 80 per cent. of the cases of perityphlitis recovered without any operation whatever, and without any subsequent bad effect. On this account he thought it madness to stand with a knife in hand ready to fly at any case that may present itself to the practitioner. He would therefore recommend a more conservative treatment than that prescribed by many of those who had already spoken on the subject. There is one thing he would earnestly recommend—that the operation should be conducted by a surgeon well accustomed to the work.

Gersuny said that the statistics quoted by Teleky were very favourable and included a large number of colica appendicularis. Admitting this happy result of our statistics, what was to become of the other 20 per cent.? These, he contended, were the cases for which this protracted discussion was opened, and of which he thought every surgeon should have the most comprehensive knowledge.

Moszkowicz concluded the discussion by briefly replying to some of the questions that had been put to him. He thought it unnecessary to reply individually as many of the speakers had answered each other. He was still of an opinion that the operation should be performed at any stage and the appendix removed, or any abscess that may be formed when the diagnosis is conclusively arrived at.

The Operating Theatres.

ST. PETER'S HOSPITAL.

Internal Urethrotomy for Stricture.—Mr. Thomson Walker operated on a man, æt. 52, who had been admitted for difficulty and frequency of micturition and recurrent attacks of retention. He had suffered twenty years before from gonorrhœa. The present symptoms had lasted a year, and had gradually increased. On admission, not even the finest instrument could be passed through the stricture, which was in the bulbous urethra. On the following morning, however, a Maisonneuve guide was passed and tied in. Under an anæsthetic, a Maisonneuve urethrotome was screwed on to the guide, and passed through the stricture. The fine knife of the instrument was then introduced and the stricture cut. After withdrawing the instrument the meatus was enlarged with a probe-pointed bistoury, and large steel bougies were then passed up to 16-18 English, in order to make certain that all the strictures had been divided. A *coudé* catheter was then passed, and the bladder washed out with weak silver nitrate solution, followed by boracic; the catheter was then tied in, and the patient sent back to bed. Mr. Walker said that only a small proportion of strictures require a cutting operation; the great majority are treated quite satisfactorily by intermittent dilatation, that is to say, the introduction of graduated gum elastic or steel bougies of increasing sizes at increasing intervals. A minority of strictures, he said, require a cutting operation, and these include the following:—Certain strictures, after persisting for many years, become so hard and cartilaginous that it is impossible to make any progress by intermittent dilatation; other strictures of more recent formation return almost at once to their former calibre after the passage of bougies. These are termed resilient strictures. In a certain number of these latter, attacks of retention follow almost every instrumentation. A few strictures, when they come under examination, are so narrow that only a filiform bougie can be passed after much difficulty. In all such cases it is better to submit the patient to a slight operation, such as internal urethrotomy, than to fatigue him by the repeated passage of a filiform bougie without being able to make any progress towards the introduction of a larger instrument. To this, however, there is, he pointed out, an exception. It will be sometimes found that after the passage of a filiform bougie through a very tight stricture, a much larger instrument is passed without difficulty on the next occasion; in such a case part of the narrowing at least is due to congestion. In regard to strictures complicated by urinary fistulæ, he preferred to perform internal urethrotomy, and at the same time to scrape out, or, if possible, excise completely, the fistulous tract. The operation of internal urethrotomy is, he considered, an easy one in the majority of cases, but in a few may become extremely difficult. The most frequent difficulty was found to be in the passage of instruments after cutting the stricture. This is due to incomplete cutting of the stricture, or strictures, and if the difficulty is met with the metal guide of the Maisonneuve's urethrotome should be again introduced and the knife passed again. The danger of hæmorrhage after internal urethrotomy is, he believes, greatly exaggerated. He had heard of one or two cases, but had not met with this complication himself. Should such occur a large gum-elastic catheter should be tied in and pressure applied to the perinæum, taking the *point d'appui* from the patient's shoulders. Should this fail to arrest the hæmorrhage a staff should be passed and perineal section performed; the pressure of the large perineal tube is sufficient to arrest the bleeding. It was, he said, his custom to tie in for twenty-four hours a large gum-elastic catheter after the operation as a routine measure, as he believes there is less danger of a rigor when the patient passes his urine. After urethrotomy, whether external or internal, it is a mistake to suppose, he pointed out, that all cases of stricture are cured. A large instrument should be passed fourteen days after the internal urethrotomy and once or twice at intervals after this; it is found, however, that in a few cases the stricture again contracts and intermittent dilatation is again resorted to. A like condition may follow external urethrotomy. In comparing internal and external urethrotomy he said that the former was a much less severe operation, the patient remaining in bed after it

for a week or ten days at the outside; in external urethrotomy, on the other hand, the patient is confined to bed for a much longer period, and has the additional discomfort of a perineal drain. As regards thoroughness in the division of the stricture, an internal urethrotomy is, he considered, more thorough than an external. In the latter the narrowest stricture, that is to say, the one nearest the bladder, is thoroughly cut, but others of wider calibre and situated nearer the external meatus are left untouched, and, further, in internal urethrotomy the wound is confined to the stricture itself and does not affect the perineal structures outside the urethra, and lead to that distortion of the urethra which is sometimes found many years after the external urethrotomy. There are, however, a few strictures in which he believed that an external urethrotomy was necessary, such as cases in which not even a filiform bougie could be passed through the stricture after repeated attempts. Here a Wheelhouse operation is necessary, and, again, certain cases of long-standing stricture in old men with a dirty bladder.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 23, 1904.

THE CHINESE LABOUR IMPORTATION.

THE proposed importation of Chinese coolies to work in the gold mines of the Transvaal has roused a good deal of feeling in this country. Of the political advisability of the step we have no opinion to offer, but whatever view is taken of the necessity for such importation, it is hardly possible to regard it as other than an unfortunate necessity. However, for good or for ill, the Labour Ordinance of the Transvaal Legislature has received the approval of the Home Government, and it is the duty of both sides, those who agree with its ratification and those who disagree with it, to urge that such regulations shall be passed that the working of the system may be free from objection. This must be secured for both parties concerned, the South African Colonies and the Chinese labourers, and though their interests are apparently divergent at several points they are really identical. In no particular is this more true than in the necessity for ensuring that every precaution shall be taken that the Chinese shall be free from disease when they embark, shall be kept free from disease on the journey, and shall be preserved —often against their will—free from disease during their sojourn in the Colony. The Chinese are a notoriously uncleanly race according to our occidental ideas, and dirt-bred diseases flourish in their midst. Plague seems to have originated among them; typhus is endemic in North China, and typhoid fever and cholera prevail more or less over the whole country. Other diseases of one kind and another are rife. The peril, then, of importing indiscriminately many thousands of Chinese into a British Colony is no light one. The fact that the influx of this human stream is redolent of danger is one to be faced, and dealt with intelligently and firmly by anticipatory safeguards. Besides this, it is the duty of all concerned in the importation to see that every reasonable care shall be taken of the labourers during the time they are under our jurisdiction. The word "slave" has often been mentioned in connection with this traffic. and it is due to those who entertain strong feelings on the subject, no less than to the humanitarian instincts of our race, that no reproach such as is implied by that word should be capable of being levelled at men acting under a British Government. For this reason, too, it is necessary that adequate skilled supervision should be exercised over the labourers, so that no niggardly economy, and no specious plea of necessity, should at any time be allowed to deprive the coolies of a proper supply of air, food, water, and sanitary conveniences. They have a right—the common right of all human beings—to these, and it would be disastrous cheese-paring to allow any obstacle to prevent their proper provision. Now, how are these dangers to be met, or rather, averted? We say unhesitatingly by the employment of experienced medical men all along the line. A point to which we attach the greatest importance is the early detection and elimination of people suffering from infectious and contagious diseases. It is useless to wait till the transports with their human freights are at sea before ascertaining who these are, and equally futile to expect to weed them out by a single medical examination. We hold that the only safe plan is to provide quarantine camps at the ports of embarkation, where the labourers and their families can be detained under rigid medical inspection and supervision. Whilst in these camps they should be vaccinated and watched carefully for three weeks or a month to see which of them are incubating transmissible diseases. If they are hurried from their pestilential homes straight on to the transports it is a moral certainty that these ships will become hot-beds of disease. Then for the voyage. It goes without saying that a medical man with competent assistants should be in charge of the ship's company, with power to see that proper food, and attendance during sickness, are provided, and that sanitary regulations are rigorously enforced. Anyone who has had experience of the pilgrim traffic in the East will recognise that capable and resourceful medical men, backed up by vigilant and conscientious officials on shore,

form the only safeguard against abuse under such circumstances. On arrival at the point of debarkation, apparently Durban, the labourers are to be taken up country and made to live in compounds, or special communities. Here, too, for humanitarian and sanitary reasons it is necessary that a good staff of competent medical men should be employed, not only for ordinary attendance on the sick, but also to see that every known precaution is taken to prevent disease. The Government ought hardly to need to be reminded of what took place in the concentration camps during the late war. The same perils await the formation of the Chinese compounds unless and until shrewd foresight, and vigorous administration, remove the causes that inevitably produce the same lamentable results. We understand that the Colonial Secretary and his advisers are framing regulations with regard to the working of the Labour Ordinance, and we commend these suggestions to him as the minimum compatible with safety. Governments in their corporate capacity are notoriously chary of receiving medical advice, and as notoriously land themselves in difficulties and dangers as the result of their obstinacy. We trust that the good name of this country, the well-being of its *protégés*, and the health of its Colonists will not be allowed to suffer from neglect of the elementary precautions that we have indicated.

THE FUTURE OF PHOTO-THERAPY.

The value of light as a prophylactic against disease has been recognised from time immemorial. The belief in its efficacy has in no way diminished in the course of ages, but rather, owing to recent scientific discoveries, it has gained strength from being confirmed in the laboratory and by the bedside. It is not a little remarkable to observe the great extent to which the physical forces of Nature render therapeutical assistance to man, as if to sympathise with him in his sufferings. The exact manner in which these latent powers of light, air, and electricity exert their beneficial effects upon diseased tissues, and the best means of evoking and concentrating them, we are only just beginning to comprehend. The power of the actinic light-rays and the marvellous phenomena of radio-activity have already been utilised in the treatment of widely different morbid conditions. The bactericidal action of sunlight is acknowledged by all, and it has become quite a proverb that the sunny side of a street is the one in which infectious disease is less likely to be found. Photo-therapy, so-called, is merely the adaptation of the actinic rays which are comprised in the ultra-violet zone of the spectrum to the exclusion of others, and their projection in a concentrated form upon various parts of the body in which it is desired to produce their special effect. It is not even essential to employ the actual light of the sun for this purpose, as the electric light from an arc lamp will provide a sufficiency of penetrating rays. The discoveries of Finsen have opened up a new land of promise in this department of therapeutics, but even though it is not absolutely flowing with the milk and honey of success it has raised the expectations sufficiently high of those explorers who have ventured only a short distance within this new territory to justify their following up the yet untrodden path. Great may be the difficulties encountered, but the long desired goal may not be, after all, so very far off. Much is written nowadays about the effect of light upon the internal parts of the body, including its tissues and the circulating fluids in which they are bathed. We hear of such phrases as "imprisoned sunlight," or "internal fluorescence," but after the almost instantaneous reflex sneer which these expressions may, perhaps, have momentarily evoked has died away, the thought is apt to force itself upon the mind of even the most sceptical among us that there may be some deep significance conveyed in these words. Reference has been made before in our columns to the observations of Dr. W. J. Morton, who has employed the X-rays with signal benefit, combined with the internal administration of a substance capable of becoming fluorescent within the body. More recently, Dr. Albert E. Sterne, of Chicago, has found radiant-light baths, in which free ozone is also given, of great service in the treatment of functional and some forms of organic nerve-disorders. The light was derived from powerful arc lamps, and in the case of small animals the luminosity of their internal tissues was placed beyond doubt when exposed to such a plethora of radiance. It is claimed also that several cases of incipient phthisis and one case of inveterate psoriasis were cured in this way. The *rationale* of the method would appear to lie in the germicidal and oxidising powers of the actinic rays, especially when combined with nascent oxygen. It is not improbable that the emanations from radium may act in a similar manner, and that the waters of some of our spas produce their beneficial effects by virtue of their radio-activity. A wide field for scientific research is thus opened up, but we must tread cautiously. It is here that the charlatan, with noisome persistence, intrudes with his light and other "cures" upon the province of the physician and radio-therapeutist. Regardless of medical diagnosis, all is fish that comes to his net, and if the unfortunate victim should happen to be suffering from an incurable disease he is hopelessly ensnared and lured on by false hopes of ultimate recovery. There are some forms of organic disease of the nervous system which are greatly benefited by a judicious exposure to radiant light or heat, but the selection of such cases can only be made by a medical practitioner, who alone is competent to judge of the suitability of this form of treatment. A great future may be in store for photo-therapy, but in this, as in all other branches of science, true progress is made by patient and often silent work which, in the end, will be surely recognised.

VENEREAL DISEASE IN THE ARMY.

At the present time, when there is so much

public interest being taken in the state of the British Army and in the inquiry into the causes which tend to lessen its efficiency, very earnest attention must be paid to all matters affecting the individual health and physique of the men. The Medical Department of the Army never was as energetic or as much alive as at the present time, but, unfortunately, in some directions its efforts are unavailing, and its advice falls on deaf ears. The discussion of the effect of venereal disease on the *personnel* of the British Army is far from savoury, and this is probably the explanation of, though by no means an excuse for, the widespread ignorance of the subject on the part not only of the laity, but of the rank of the profession. It is, by its nature, unfitted for public debate, but we hope that by keeping the facts prominently before the medical men of the country, their advice may indirectly tell on public opinion. In 1883, the operation of the Contagious Diseases Act was suspended in these countries, and in 1888 in India, so that there has been a long enough period from which to form a just opinion as to the value of the present system. The figures given by the annual reports on the health of the Army, compiled by the medical officers, are sufficiently instructive, not to say surprising. They have been collected by Mr. A. C. Profeit in a pamphlet (*a*) on the subject, lately published by Messrs. Churchill, from whose pages we shall quote. In the year 1896, out of a total strength of just over 200,000 men, there were no less than 60,000 admissions for venereal disease to military hospitals, the average daily number of patients suffering from it being nearly 6,000. In other words, six battalions of soldiers are continually inactive owing to a preventable disease. In order to get a comparison of the incidence of disease in different garrison towns during the operation of the Act, one cannot do better than contrast London with Chatham and Sheerness. Chatham and Sheerness were under the Act, while London was not. In the year 1875, there were in London, out of a garrison of about 4,000, some 750 admissions for venereal disease; but of Chatham and Sheerness, with an equal garrison, there were seventy admissions. In Aldershot, during the five years previous to 1883, the average admission rate was 79 per 1,000; in 1884, it was 188. Colchester showed a similar immediate increase from 45 per 1,000 to 145; and Portsmouth from 47 to 138. Figures of like import are returned by every other town to which the Act had applied. But it is India which furnishes even more convincing returns. The Act was first introduced in the year 1866, and in Lucknow the admission rate fell from 252 per 1,000 in 1865 to 62 in 1867. In Sitapur, it fell from 481 to 54. In 1885, owing to pressure from outside, the Government of India, as an experiment, suspended the operation of the Act at fifteen stations. The admission rates were during the following year doubled or trebled. At the present time more than half the Army in India passes through the venereal wards in the year, and in several stations more than nine out of every ten men do so. For instance, in 1897, in Shahjahanpur, Chakrata, Ahmedabad, and Saugor, the admission rates per 1,000 were 978, 951, 905, and 912 respectively. During the ten years 1875-84, the highest rate in any of these towns was 289. It is certainly appalling that in two large stations only one man out of every ten, in one station only one man out of every twenty, and in another one out of every forty, escapes venereal disease each year. The hospital at Netley receives practically all soldiers invalided home from abroad, so that the number of admissions of venereal disease to that institution is some measure of the severity of the disease in the Army abroad. Of course, it is understood that none but very severe forms reach Netley, all minor conditions being treated locally. During the years preceding 1888, in which year the Contagious Diseases Act was suspended in India, the number of admissions per annum never exceeded 100. From 1888 to 1897 it steadily increased to 804, while, of course, in recent years during the war in South Africa it declined slightly. Equally striking with the figures we have quoted is the comparison between admission rates in the various Continental armies. The lowest figure is the German, at 27 per 1,000; the highest the Italian, at 71. The English rate, however, is 205. We have said enough, we think, to point out the serious inefficiency of our Army owing to this scourge. The danger comes home to us still more when we remember that most of the soldiers affected are young men who will soon return to civil life to spread infection far and wide, and to pass it on to generations to come. The reconstruction of the War Office and the improvement of the Army Medical Service are of little avail to the country until such problems as this are faced and solved.

(*a*) "Army Inefficiency: its Greatest Cause." By A. C. Profeit M.B. London. 1903.

Notes on Current Topics.

Small-pox at the London Hospital.

THE discovery of several cases of small-pox at the London Hospital on the 19th instant naturally gave rise to a good deal of excitement. On that date the disease was found in three in-patients lying in three separate wards as well as in two out-patients. Energetic steps were at once taken to curtail the mischief as far as possible. The patients were sent off forthwith to the hospital ships of the Metropolitan Asylums Board, and the infected wards at once isolated from the rest of the wards under the special charge of a house physician told off for that particular duty. Visitors were forbidden to patients in those wards and the nurses also isolated. As the malady has attacked patients in three different wards, it seems likely that the infection has been communicated by some person suffering from small-pox in an unrecognised form, or who has otherwise conveyed the poison. The invasion of so large an institution as the London Hospital by small-pox must be regarded as a serious matter. The East End, moreover, from which its

patients are mainly drawn, contains a larger proportion of inhabitants unprotected by vaccination than other parts of the metropolis. In any case the outbreak serves as a sharp reminder that smallpox still lingers in London. It is sincerely to be hoped in the interests of the community at large, not only in the metropolis, but also in the provinces, that the authorities of the great institution thus invaded will be successful in their endeavours to eradicate the disease.

The R.A.M.C. and Enteric Fever.

The air is full of rumours and schemes of Army reform, root and branch, not excluding the Royal Army Medical Corps. One of the great reproaches against that department of the Service is that it appears unable to keep camps and barracks free from enteric fever. The mortality from that malady in South Africa was no less terrible than preventable, and so far there is nothing to show that were the British forces to be embarked in another great war to-morrow they would be any better protected against enteric fever by the Army medical officers than they were in the recent Boer war. More than that, there is abundant evidence that the Army Medical Department is unable to cope with the disease at home when the problem is presented to them on a small scale, and where they have ample resources and leisure to think out their preventive measures. It is notorious that in various Irish and English camps enteric fever is endemic. Such a state of affairs would be viewed in the light of a personal disgrace were the sanitary charge of any implicated camp confided to a smart civilian medical officer of health. If the Army medical officers cannot exclude enteric fever from permanent home camps and barracks under their charge they had better confess their incompetence and study practical hygiene under some leading civilian expert. The latest flagrant instance of their failure is shown by the invasion of the new camp on Salisbury Plain by enteric fever, for which no cause has yet been traced. It would be interesting to learn who is responsible for the sanitation of that camp.

The Cinematograph in Medical Work.

The French use of the cinematograph to illustrate and demonstrate surgical operations is not likely to appeal to the profession generally in other parts of the world. For teaching purposes the student would probably learn far more from a visit to the operating theatre than from a set of pictures, however lifelike and accurate. The difference, indeed, between the two processes represents the old story of the man who has learned his surgery from practice and the high standard graduate whose stock in trade consists of an immeasurable but abstract dowry picked up from books and plates. It is conceivable that the cinematograph might prove of considerable value in the lecture room in demonstrating various gaits, muscular palsies, and so on. At the same time, we feel it would be unsafe to prophesy, for by a turn of the wheel the wizard of modern science may disclose undreamt of marvels at any moment. At one time it was hoped that a combination of Röntgen ray photography with the cinematograph would reveal many facts both physiological and pathological with regard to bones and joints. The great difficulty has been the impossibility of getting flash pictures with the Röntgen rays through deeply seated structures, as the hip-joint. When such flash photographs are possible there may yet be a great place for the radio-cinematograph, if the phrase may be coined, in the investigation and demonstration of various phases of comparative biology.

medical men who have gained high distinction; one does not readily find a name to stand quite beside that of Huxley. In politics we have at present no less than three medical premiers—those of France, Switzerland, and Cape Colony. The ranks of the Indian medical service in its earlier days gave to political work many of the most noted makers of English India, and it was to render such change of occupation more easy that Sir James Outram penned the minute for Council from which we have quoted. In a recent article (*a*) Lieut.-Colonel Crawford, I.M.S., has brought together the names of many of these members of his Service who have occupied a high place in the political or military affairs of India. Passing over Holwell, whose career is well known, one of the earliest of these worthies is Murray, who rose to the rank of Adjutant-General, and in 1803, while on his voyage home, was killed, sword in hand, in a fight with a French privateer off Ferro. The notable scholar, John Leyden, included among the many parts he played in his short career that of assistant-surgeon in the Madras Army. Among his other *roles* are those of minister in the Established Kirk of Scotland, literary assistant to Sir Walter Scott, professor of Hindustani, judge, poet, and master of the Calcutta Mint. Others mentioned by Colonel Crawford are Sir John Macneill, who [illegible] Plenipotentiary to Persia, the

American Quackery "in Excelsis."

A correspondent has sent us some letters received from a certain Dr. Thomas, dated from Huntingdon, Indiana. The letters were sent him by the American, who claims to be a "specialist in appendicitis," and writes "M.D." after his name. This extraordinary practitioner encloses a "diagnosis blank" containing twenty questions, upon the answers to which he forms his opinion as to the malady concerned and its treatment. The dangerous and scandalous nature of this manœuvre may be gathered from Dr. Thomas' own words when he says: "Here is my proposition—If you have not got appendicitis I will write and frankly tell you so. I shall also give you a complete diagnosis of your case, telling you just how you are afflicted and I will send you one $4 treatment selected to suit your condition which you will take according to the directions and instructions. If you are improved and desire to continue you may remit $4, and, if desired, for $3 I shall send you another treatment for which you may remit after taking, if benefited." The whole scheme appears to be based on the effort to push a

quack cure for appendicitis, which is called "appendicine." Our correspondent remarks mildly that "surely American quackery is getting past all bounds." If our American cousins can allow legally qualified men to act in this way and yet retain their qualifications then there must be "something rotten in the state of Denmark." American common sense should be able to remove a reproach of that kind from their midst.

Raising the Wind.

The devices to which our public hospitals and [illegible] ignorance of the subject on the part not only of the laity, but of the rank of the profession. It is, by its nature, unfitted for public debate, but we hope that by keeping the facts prominently before the medical men of the country, their advice may indirectly tell on public opinion. In 1883, the operation of the Contagious Diseases Act was suspended in these countries, and in 1888 in India, so that there has been a long enough period from which to form a just opinion as to the value of the present system. The figures given by the annual reports on the health of the Army, compiled by the medical officers, are sufficiently instructive, not to say surprising. They have been collected by Mr. A. C. Profeit in a pamphlet (*a*) on the subject, lately published by Messrs. Churchill, from whose pages we shall quote. In the year 1896, out of a total strength of just over 200,000 men, there were no less than 60,000 admissions for venereal disease to military hospitals, the average daily number of patients suffering from it being nearly 6,000. In other words, six battalions of soldiers are continually inactive owing to a preventable disease. In order to get a comparison of the incidence of disease in different garrison towns during the operation of the Act, one cannot do better than contrast London with Chatham and Sheerness. Chatham and Sheerness were under the Act, while [illegible] one of their ladies as "lies," and now, when their secretary publicly utters a cruel and unfounded libel, without taking any trouble to obtain confirmation of its truth or falsehood, the anti-vivisectionists rally round him and present him with a round-robin, indemnity and endowment!

"Religious" Mania.

The psychology of a community or crowd is at times curiously different from that of individuals; at others it is exceedingly like. The influence that is exerted on people by seeing their neighbours do anything out of the ordinary drives them either to wish to do the same, or to be afraid of being compelled to do it. Sometimes the minds of people appear to be infected *en masse*, and we have a whole nation suffering from war-fever, panic, or demoralisation. No mental state, however, is more curious than that in which bodies of people are filled with religious excitement. On a small scale it may be seen at almost any Salvation Army meeting; on a larger, at "revival" gatherings at mission-halls and chapels, or it may be some "ritualist" orthodox church gathering. Sometimes whole communities are affected, and at such times the eccentric conduct of the devotees can only be characterised as madness. The dancing-mania of the Middle Ages, in which whole villages of people took to jumping like frogs under the influence of religious excitement, is only a little more remarkable than the conduct of the Russian settlers in Canada last year, who rushed in such mad droves to meet the return of the Messiah. The exhibition of religious fanaticism that is now going on in Beal Island, Maine, must, however, be hard to parallel. The fisherfolk living there have been roused to the utmost pitch of excitement by three preachers belonging to a sect known by the presumptuous title of "The Holy Ghost and Us." At their services hell-fire is preached in lurid terms, and the people stirred up to sacrifice everything they possess. So completely are the people under the sway of these fanatics that they sell their houses and goods, slaughter dogs and cats, and one man was narrowly prevented from offering up his own child. The authorities have fortunately stepped in and stopped all further religious services, and quiet is being gradually restored. "Religious mania"—as it is popularly termed—in the individual is pitiable in the extreme, but mania of a religious type in a whole community is little less than terrifying.

The Inventor of the Laryngoscope.

The seventeenth of this month saw the hundredth birthday of that remarkable man, Signor Manuel Garcia, the Spanish teacher of singing. It is interesting to recall the fact that it is to him that we owe the invention of the laryngoscope as we now have it. Fifty years ago, after long and ingenious experiments, Signor Garcia presented our own Royal Society with a paper entitled "Physiological Observations on the Human Voice." His paper was based on observations conducted on himself with a laryngoscope of his own design. Although his work was received coldly—and even incredulously in England—Dr. Türck, of Vienna, was impressed by the value of his instrument, and a couple of years later he tried to use it for clinical purposes in the wards of the General Hospital. His attempt was attended with poor success, owing to the many initial difficulties attending the new practice—difficulties that were brushed away by the genius of Czermak, who laid the foundation of our modern knowledge of laryngoscopy. It seems curious that a lay mind should thus have introduced the laryngoscope with all its potentialities, when medical men had been endeavouring since the time of Levrit (in 1743) to devise an instrument with which to investigate the larynx in the living subject. As in all inventions, Garcia had his predecessors, but of these he apparently had not heard. As long before as 1829 Guy Babington had exhibited an instrument much like our modern laryngoscope to the Hunterian Society, but for some reason his invention, like those of Bozzini, Senn, Bennuti, and others, did not hit the fancy of his time. One may, then, without stretching the truth unduly, acclaim Signor Garcia as the father of modern laryngoscopy, and at the same

time express the hope that the heavy weight of his years will not deny him a further extension of his long and honourable career.

£100,000 to Medical Education in London.

The endowment of London University medical education proceeds apace. If the present influx is maintained at anything like the present pitch the students of succeeding generations will indeed find their lot fallen in pleasant places. The latest gift is one of £100,000 by Sir Donald Currie to University College on its incorporation with the University of London. A large new building will be erected on vacant land belonging to the present Gower Street site. At the present moment it would be premature to speculate on the exact way in which Sir Donald's magnificent gift will be applied. Clearly, however, it will lighten the load of the governors of the hospital, who have obtained only £270,000 in response to their lately issued appeal for a million sterling. The endowment of medical education, not only in London, but throughout the kingdom generally, is one of the most urgent educational needs of the present day.

Diabetic Flours.

As our readers know, there are on the market many "diabetic flours" which claim to be free from starch, and suitable for use as food in cases of diabetes. Some manufacturers have succeeded fairly well, and gluten flours suitable for bread-making have been produced, but most of the articles put forward are expensive, misleading, and consequently injurious substitutes for ordinary flour. [illegible] anyone from selling what he likes as a [illegible] and quite a number of deaths have been traced to poisons thus administered. In our opinion the Patent Medicine Stamp Act should be at once repealed. It should be impossible for anyone to sell poisons except under the Poisons [illegible] Act. No proprietary medicine or medicinal application, moreover, should be allowed to be sold without a full formula of the composition on the accompanying label.

The Plague at Johannesburg.

For the last few years Johannesburg has been a city afflicted with many woes. News of a crowning disaster came on Monday last in the announcement of an outbreak of plague among the coolies in the native location. Seven patients were reported to be in a critical condition, and Dr. Marais, a medical man in attendance upon the location, is said to have died from bubonic plague. Later reports state that there have been thirty-eight cases since Thursday, while thirty of the afflicted have died since Friday. The native location has been placed in quarantine and many suspects are receiving the attention of the authorities. The invasion of Johannesburg by this malady will have a special interest to those readers of The Medical Press and Circular who remember that on the first invasion of the Cape by plague during the recent war we expressed a firm conviction that sooner or later administrator. An interesting list might be made of the many medical men who have become distinguished in non-medical fields—literature, politics, art, science—and it would be a study of considerable psychological interest to attempt to estimate how far and in what way their medical training has been to them a help or a hindrance. In literature such names as Smollett, Goldsmith, Lever, Southey, at once occur, and in the case of the last two any reader can see many traces of medical knowledge. As regards pure science it is curious how comparatively few are the names of medical men who have gained high distinction; one does not readily find a name to stand quite beside that of Huxley. In politics we have at present no less than three medical premiers—those of France, Switzerland, and Cape Colony. The ranks of the Indian medical service in its earlier days gave to political work many of the most noted makers of English India, and it was to render such change of occupation more easy that Sir James Outram penned the minute for Council from which we have quoted. In a recent article (*a*) Lieut.-Colonel Crawford, I.M.S., has brought together the names of many of these members of his Service who have occupied a high place in the political or military affairs of India. Passing over Holwell, whose career is well known, one of the earliest of these worthies is Murray, who rose to the rank of Adjutant-General, and in 1803, while on his voyage home, was killed, sword in hand, in a fight with a French privateer off Ferro. The notable scholar, John Leyden, included among the many parts he played in his short career that of assistant-surgeon in the Madras Army. Among his other *roles* are those of minister in the Established Kirk of Scotland, literary assistant to Sir Walter Scott, professor of Hindustani, judge, poet, and master of the Calcutta Mint. Others mentioned by Colonel Crawford are Sir John Macneill, who became Minister Plenipotentiary to Persia, the Login Brothers, one of whom was Postmaster-General of the Punjab, Charles Hathaway, still alive, one time Secretary to Lord Lawrence, and in recent days Sir George Robertson of Chitral fame.

Foreign Dispensing.

Our contemporary, the Paris edition of the *New York Herald*, has done well in pointing out to the English community in Paris, and to the Continent generally, the danger of bringing English prescriptions to foreign chemists. In most French cities where English people congregate one sees the inviting words "English spoken" on the window-panes of many drug-stores. It is natural enough that a visitor should present an English prescription to be dispensed in such an establishment, quite ignorant of the fact that the English and French official preparations are different. We are not doing the average *pharmacien* any injustice when we say that he rarely knows that the preparations ordered are different from those he has in

(*a*) *Indian Med. Gaz.*, January, 1904.

stock, and if he does know this, that he is not likely to act on the knowledge. He is usually content with reducing the English measures to the metric system, and then dispensing from the French official preparations. Indeed, in some cases quoted no reduction was made, and one well-founded story is told of a gentleman being served with a two-gramme instead of a two-grain pill of calomel. It is also probably overlooked by the dispenser that in England liquid preparations are dispensed by fluid meaure, in France by weight. It is hardly to be expected that French drug-stores, even those where English is spoken, can afford to stock a complete set of pharmacopœial preparations, so that error in dispensing is nearly unavoidable. Under the circumstances our countrymen abroad ought, as far as possible, to confine their custom to reputable English pharmacies, and in cities such as Paris there is no difficulty in doing so.

The Medical Examinership of the Spectacle Makers.

IT is rumoured on apparently good authority that the City Company of the Spectacle Makers contemplates the appointment of a registered medical examiner for their diploma. If that be indeed the case it may be well to utter a note of warning to members of the medical profession who might be inveigled into applying for such a position. The facts of the case are that the Company have for some time past granted a diploma certifying to a competency in optical knowledge. That diploma was signed by three examiners, one a professor of physics, another an ophthalmic surgeon, and a third a practical optician. The Company has now resolved to add sight testing to the subjects of examination for the diploma. It follows that the optician thus fortified by a diploma and a formidable array of letters after his name will enter into competition with the ophthalmic surgeon. The optician, however, cannot use mydriatics, and many errors of refraction require an artificial enlargement of the pupil by means of drugs. The optician who does not use mydriatics is incompetent and the optician who uses them becomes a quack, because he is using drugs he knows nothing about, and is unable to diagnose the diseased conditions that may be thereby disclosed. The former medical examiner, we are glad to say, has resigned his position. Any member of the medical profession who proposed to accept the examinership in question would do so at the risk of professional ostracism, to say nothing of more serious complications, in which it is conceivable that the General Medical Council might be not remotely concerned.

Restaurants for Dyspeptics.

IT is stated that one of the forthcoming novelties at the St. Louis Exhibition will consist of a restaurant for dyspeptic individuals for whom the attractions of the ordinary dining-saloon would prove futile. On the face of it, such an innovation might appear to be simply pandering to the gastronomic weakness of humanity, or even to encourage directly the perpetuation of that kind of malady by providing an easy remedy for the dyspepsia which must inevitably ensue from hasty feeding and other dietary indiscretions. For the "quick-lunch" system, which at one time threatened to invade the sanctity of the average city man's half-hour, such an institution as that proposed would almost of necessity follow as an antidote, to be resorted to once or twice a week. But, on the whole, the Londoner has too much respect, if not for his digestion, for established custom, and he views with disfavour any procedure which tends to shorten his mid-day intercourse over his chop or steak. Now that the efficiency of restaurant kitchens in the metropolis will be practically guaranteed by the compulsory possession of a sanitary certificate, there will be less excuse than ever for people to deceive their constitutions with a superfluity of carbohydrate diet. The spread of hygienic knowledge with regard to the quality and quantity of food required in health when working hard cannot fail to react favourably upon the digestion of the masses. For the unfortunate minority who are always suffering more or less from some chronic gastric disorder, and yet who do not think it worth their while to take medical advice, a special restaurant all to themselves where each could indulge his or her own fad to the full might be a great boon, but if these same individuals would only put themselves under the right dietetic conditions and appropriate medical treatment there are few restaurants of the ordinary kind where that which was needful for the exigencies of the case could not be obtained.

now have it. Fifty years ago, after long and ingenious experiments, Signor Garcia presented our own Royal Society with a paper entitled "Physiological Observations on the Human Voice." His paper was based on observations conducted on himself with a laryngoscope of his own design. Although his work was received coldly—and even incredulously in England—Dr. Türck, of Vienna, was impressed by the value of his instrument, and a couple of years later he tried to use it for clinical purposes in the wards of the General Hospital. His attempt was attended with poor success, owing to the many initial difficulties attending the new practice—difficulties that were brushed away by the genius of Czermak, who laid the foundation of our modern knowledge of laryngoscopy. It seems curious that a lay mind should thus have introduced the laryngoscope with all its potentialities, when medical men had been endeavouring since the time of Levrit (in 1743) to devise an instrument with which to investigate the larynx in the living subject. As in all inventions, Garcia had his predecessors, but of these he apparently had not heard. As long before as 1829 Guy Babington had exhibited an instrument much like our modern laryngoscope to the Hunterian Society, but for some reason his invention, like those of Bozzini, Senn, Bennuti, and others, did not hit the fancy of his time. One may, then, without stretching the truth unduly, acclaim Signor Garcia as the father of modern laryngoscopy, and at the same

Professors Symington, Lindsay, and Fitzgerald, and Doctors Mitchell and Lowry. Most of the speakers gave expression to the very bitter disappointment which all those in any way interested in the College feel just now at the refusal of the Government to give any help to the College. The claims of the College have been urged on many successive Governments, but never more strongly than on this last occasion, and as these claims were backed up by all the Ulster members and by every learned society and influential body in the North, it was confidently expected that at last a favourable answer would be given. All hopes were, however, doomed to disappointment, and on last Wednesday

Patent or Proprietary Poisons.

It is curious with what courage and confidence the average British citizen will swallow anything that comes to him in the shape of a patent medicine. When presented to him in that sacred guise he is prepared to dose not only himself, but his wife and his family and his mother-in-law, and all other relatives and friends with any drug, however impotent or however poisonous, that it may please the proprietor of the *nostrum* to have included in his "remedy." So, too, with a vast array of lotions, hair-restorers, germ-destroyers and other external applications. Recently the purchaser of a hair-restorer wrote to the *Morning Leader* a frenzied letter. He admitted therein that the restorer had certainly changed the colour of his hair, but it made him feel as if he had taken poison. He got "acute rheumatism" all over his body, and felt for several hours "as if he should have a fit." What actually happened in this case it is of course impossible to say exactly. The "restorer" may have contained corrosive sublimate or some other deadly poison. There is nothing to hinder anyone from selling what he likes as a hair-restorer, and quite a number of deaths have been traced to poisons thus administered. In our opinion the Patent Medicine Stamp Act should be at once repealed. It should be impossible for anyone to sell poisons except under the Poisons Regulation Act. No proprietary medicine or medicinal application, moreover, should be allowed to be sold without a full formula of the composition on the accompanying label.

The Plague at Johannesburg.

For the last few years Johannesburg has been a city afflicted with many woes. News of a crowning disaster came on Monday last in the announcement of an outbreak of plague among the coolies in the native location. Seven patients were reported to be in a critical condition, and Dr. Marais, a medical man in attendance upon the location, is said to have died from bubonic plague. Later reports state that there have been thirty-eight cases since Thursday, while thirty of the afflicted have died since Friday. The native location has been placed in quarantine, and many suspects are receiving the attention of the authorities. The invasion of Johannesburg by this malady will have a special interest to those readers of The Medical Press and Circular who remember that on the first invasion of the Cape by plague during the recent war we expressed a firm conviction that sooner or later the disease would spread up country and involve the whole of colonised but grossly insanitary South Africa. That precise event, although long delayed, has now come about. The outbreak of plague has a marked political significance in view of the coming importation of Chinese labour, and the establishment of coolie compounds with their unspeakable filthiness. On public health grounds we unhesitatingly condemn the importation of Asiatic natives and their segregation under a poor and bad environment. To bring them to a country already infected with plague is indeed to fly in the face of providence and to invite the filling up of the measure of war and famine with the further evil of a most dreaded pestilence.

The Mimetic Cough.

The man in the street, as a rule, fails to recognise how deeply his acts are influenced by sheer, simple, unconscious mimicry. His very face, as he walks along the busy pavement, often reflects in kaleidoscopic fashion the various moods, sad, sorrowful, reflective, or what not, framed on the faces of the passers by. Inside a church, one single cough is perhaps sufficient to make him cough intermittently during the rest of the service, while all the other men from the street bark separately or in chorus, as it were, like the baying of a pack of hounds. A good preacher can often keep the coughing in hand, while a drone or a bore cannot withdraw the attention of the congregation from their tickling throats to the realms of a higher abstract life. In a court of law mimetic coughing seems to be regulated by much the same set of conditions. The other day Mr. Justice Darling, his patience exhausted by continuous and horrid coughing, laid down the law that there must be silence in his court. Those who could not stifle their cough must leave the court, and he would recommend them to some consumption hospital. We can imagine those paroxysms that would at once attack prisoners and jurymen and witnesses whose unwilling presence had been compelled by the stern command of the law.

Small-pox in London.

A fresh interest is given to the small-pox statistics of the Metropolis by the outbreak of the malady at the London Hospital. At the Metropolitan Asylums Board meeting on Saturday it was reported that forty-nine cases of small-pox had been admitted during the fortnight, as compared with nine in the preceding fortnight, and five in the corresponding period of last year. During the fortnight three small-pox patients had died, eleven had been discharged, and sixty-six remained under treatment, being thirty-five in excess of the previous fortnight. The total number of small-pox cases "notified" to the board during the fortnight was fifty, whereas in the preceding fortnight only nine cases were notified.

The appointment is gazetted of Fleet-Surgeon L. H. Kellett, M.D., M.A., to the post of Deputy-Inspector-General of Fleets, on promotion.

PERSONAL.

DR. GARRETT ANDERSON has retired from the Committee of Management of the New Hospital for Women, Euston Road.

DR. MARMOREK will lecture upon the nature and use of his anti-tuberculous serum at 8.30 to-morrow evening (the 24th instant) at St. George's Hospital.

SIGNOR MANUEL GARCIA, the famous teacher of singing and inventor of the laryngoscope, last week entered upon his hundredth year.

DR. J. W. SIMPSON, Medical Registrar to the Royal Hospital for Sick Children, Edinburgh, has been appointed an Extra Physician to the institution.

DR. THOMAS HOUSTON has been appointed to the Joint Lectureship of Medical Jurisprudence (with Professor Lorrain-Smith) in the Queen's College, Belfast.

WE regret to say that Dr. Renaud, the venerable and well-known physician of the Manchester Infirmary, is lying seriously ill at his residence at Alderley Edge.

THE University of Aberdeen has resolved to confer the honorary degree of LL.D. upon Dr. C. J. Cullingworth, Obstetric Physician of St. Thomas's Hospital, London.

THE University of Glasgow will confer a similar distinction—the honorary LL.D.—upon Professor Stirling, of Owens College, University of Manchester, and upon Sir William Taylor, K.C.B., M.D., Director-General of the Army Medical Service.

AN interesting address on the Place of Medicine in a Modern University was recently delivered by Dr. Denis J. Coffey, at the University College, Stephen's Green, Dublin.

SURGEON-GENERAL SIBTHORPE, C.B., presided over perhaps the most successful annual festival dinner ever held of the Irish London Medical Graduates' Association on St. Patrick's Day.

PROFESSOR BYERS, Queen's College, Belfast, was on Friday last presented with his portrait, to be hung in the hall of the College. The presentation was made by the Right Hon. Thomas Sinclair in the name of a large number of friends.

THE annual general meeting of the London Medical Graduates' College and Polyclinic will be held at Chenies Street, on March 28th, 3.30 p.m., under the presidency of Dr. C. Theodore Williams.

MR. ERNEST R. EVANS, M.R.C.S.Eng., has been presented with a handsome testimonial on his retirement after nearly twenty years' service as Honorary Medical Officer of the Hertford General Infirmary.

MR. HAROLD J. STILES has been appointed Acting-Surgeon to the Chalmers Hospital, Edinburgh, in succession to Sir Patrick Heron Watson, who has retired from his long connection with that institution.

SIR MICHAEL FOSTER, M.P. for University College, London, and Secretary of the Royal Society, reached the age of sixty-eight last week. He was born at Huntingdon, and was educated at the Grammar School of that town and at University College.

THE resignation has been announced of Sir Lauder Brunton from the post of Physician to St. Bartholomew's Hospital, which he has held for nine years. For more than twenty years previously he acted as Assistant Physician, and as casualty physician for our years before that again. Sir Thomas, who is now sixty years of age, has been appointed Consulting Physician and Governor of St. Bartholomew's Hospital.

directly the perpetuation of that kind of malady by providing an easy remedy for the dyspepsia which must inevitably ensue from hasty feeding and other dietary indiscretions. For the "quick-lunch" system, which at one time threatened to invade the sanctity of the average city man's half-hour, such an institution as that proposed would almost of necessity follow as an antidote, to be resorted to once or twice a week. But, on the whole, the Londoner has too much respect, if not for his digestion, to indulge in the Blue Book containing the report of the Physical Degeneration Commission, have attracted considerable attention, both in Parliament and in the press, the generally inferior physique of the Edinburgh children as compared with those of Aberdeen being somewhat startling at first sight. It is therefore gratifying to learn that Dr. Mackenzie and the staff of assistants who were employed in the former observations have resumed their inquiry, and are at present engaged in the task of examining a considerably larger number of children than on the first occasion. We understand that part of the previous statistics dealt with the same school which is being worked at on this occasion; if the schedules formerly used still exist it would lend added interest to the final result to compare the individuals who happen to have been examined twice; by this means some judgment might be arrived at as to the effect of nearly two years of physical drill on a class of children drawn from among the poorest members of the community. The medical examination is associated with an inquiry into the housing, necessitating a system of house to house visitation—no light task—in which the members of the Edinburgh Social Union are co-operating. The expense of the work is being defrayed by a few private donors, more far-sighted than the Government of these islands. The total cost of the previous investigation was, we understand, less than a hundred pounds. How much could be done for, let us say, the cost of a third-class cruiser!

SCOTTISH ASSOCIATION FOR THE MEDICAL EDUCATION OF WOMEN.—The fourteenth annual report, adopted at a meeting on March 18th, shows that the high quality of work which has always been a feature of the Medical College for Women has been well maintained, and that the number of students has increased from 118 to 126. As the result of an application to the Trust, the Carnegie Trustees have promised for four years to pay the college matriculation fees of all students. It should be explained that this is a burden which male students escape—the women, in addition to the university matriculation fee, having to pay a similar fee to their own college.

OLD EDINBURGH INFIRMARY.—This historic building, round which so much of the glamour and tradition of the palmy days of the Edinburgh Medical School hang, in which Spence, Syme, and Lister operated, and Bennet and Laycock taught a former generation, is now, seeing that it is no longer to be used as a fever hospital, about to be disposed of by the Corporation. It is understood that the University have indicated their willingness to acquire the buildings for laboratories.

SMALL-POX.—The disease still continues unduly prevalent, fresh cases cropping up at frequent intervals in Edinburgh, Glasgow, Leith, Dumfries, Upper Renfrew, while the disease has also appeared at Dunfermline, Bo'ness, and Stirling. In Govan, where it was formerly bad, it is satisfactory to hear that it is now almost stamped out.

BELFAST.

DINNER OF PAST AND PRESENT QUEENSMEN.—The annual dinner of past and present students of Queen's College, Belfast, was held in the Old Castle Restaurant, Belfast, on the evening of St. Patrick's Day, and was a highly successful function. The President of Queen's College occupied the chair, and about eighty graduates and students were present. Among the speakers were the President, Mr. O'Shaughnessy, K.C., Serjeant Dodd,

Professors Symington, Lindsay, and Fitzgerald, and Doctors Mitchell and Lowry. Most of the speakers gave expression to the very bitter disappointment which all those in any way interested in the College feel just now at the refusal of the Government to give any help to the College. The claims of the College have been urged on many successive Governments, but never more strongly than on this last occasion, and as these claims were backed up by all the Ulster members and by every learned society and influential body in the North, it was confidently expected that at last a favourable answer would be given. All hopes were, however, doomed to disappointment, and on last Wednesday Mr. Wyndham announced his refusal. It only remains, as several of the speakers said, for the college to depend on its own friends, and, happily, there are signs that these will not fail. Two new assistantships are at present open to applicants—the Riddel Demonstratorship in Pathology, at £150 per annum, and the Purser Assistantship in Mathematics, worth £100 per annum. It is intended to make appointments to both these before the next winter session, and, moreover, the President hinted that something more of a similar nature might be forthcoming soon.

Presentation to Professor Byers.—As announced in this column some months ago, Professor Byers' friends decided to commemorate his happy emergence from a very annoying and frivolous action for breach of promise, by presenting his portrait to the Queen's College and a replica to his wife. The presentation was made at the College on Friday afternoon, when the portrait was unveiled by the Right. Hon. Thomas Sinclair, the President of the College presiding. Subsequently Professor and Mrs. Byers entertained a number of their friends to tea. The speeches, which were about twelve or fourteen in number, dealt with the success of Professor Byers in his college career, and subsequently in his practice, most of the speakers testifying to the esteem and regard in which his patients, among whom they themselves were numbered, held him. The portrait, which is a life-size three-quarter length, is by Mrs. Normand, and is an admirable likeness. Dr. Byers is painted in his professional robes, wearing two hoods, the red of a doctor of medicine and the purple of a master of obstetrics. The picture presented to Mrs. Byers is a smaller copy of the same.

Correspondence.

[We do not hold ourselves responsible for the opinion of the correspondents.]

ALOPECIA AND DENTAL CARIES.

To the Editor of The Medical Press and Circular.

Sir,—As a matter of fact, I have been in Italy since my last letter on the above subject appeared, and it is only to-day, 16th, that I have seen your issue of 2nd, with "Medicus Senex's" communication. If, as he says, "I fell out at the first round after inviting a contest," it was not for the reason he suggests. To be quite frank, I do not recognise in "Medicus Senex" a foeman worthy of my steel. He must forgive me for plainly saying that he is evidently imperfectly acquainted with the fundamental facts of dental physiology and pathology. I cannot take up your space by imparting information which he can gain by sufficient study of current text books. A little learning is a dangerous thing, and nothing is more dangerous than to quote a minute fragment of fact out of a large subject, the greater part of which has not been grasped or even examined. "Medicus Senex," quoting Sewill, states quite correctly that a considerable substratum of organic material is discoverable in marsupial enamel, but he ignores the fact that marsupial enamel differs very materially from the human tissue. If "Medicus Senex" will carefully study the chapters on the histology and physiology of human enamel and dentine in the work he cites, and then read the account of the pathology of caries and its etiology, I think he will gain a clear conception of the matters at issue. If he will then express his views in your columns, it will, I think, prove interesting, and on my return I can again, if it seems necessary and you will allow me, take part in further discussion of the subject.

I am, Sir, yours truly,
M.R.C.S., L.D.S.

Hotel Paoli, Florence,
March 16th, 1904.

P.S.—"Medicus Senex" has fallen into errors regarding the absorption of roots of milk teeth, &c., &c., &c., all of which he can clear up by a study of Sewill's manual.

Obituary.

JOHN STOTHERT BARTRUM, F.R.C.S.Eng., OF BATH.

The death is announced of Mr. J. S. Bartrum, one of the most prominent citizens of Bath, in which city he was born. He studied at King's College, London, and became Member of the English College of Surgeons in 1838, and a Fellow of the same College in 1847. In Bath he held the honorary appointment of medical officer to the Eastern Dispensary, and as Surgeon to the Mineral Water Hospital. Mr. Bartrum retired from active practice in 1882. He was an active Conservative and Churchman, a Justice of the Peace, an Alderman, and twice Mayor of his native city.

GEORGE ARCHER, L.S.A.

We regret to announce the death of Mr. George Archer, of Feltwell, Brandon, Norfolk, at the ripe age of 83. His professional education was received at Guy's Hospital, whence he took the diploma of L.S.A. He was well known throughout the county as a keen sportsman, an amateur farmer, and an interested and active worker in Poor-law and general county administration. He kept in touch with active and busy practice almost to the end of his days.

ROBERT S. KINNIER, L.F.P.S.Glas., OF SALTCOATS.

Mr. R. S. Kinnier, the oldest medical man in Saltcoats, died on the 16th instant. He was widely known and respected. A native of Saltcoats, he had a most extensive practice there, and was popular with all classes. He was returned at the top of the poll at the first burgh election, and was afterwards elected Bailie, serving for a term. In the Northern District of the County Council he represented Saltcoats for some years. As a Justice of the Peace he took a good share in the duties at the local Courts. Dr. Kinnier was educated at Glasgow University, where he took the L.F.P.S.Glasgow, in 1858.

JOHN WILSON, M.R.C.S. Eng., L.S.A., OF WHITBY.

The death is announced of Mr. John Wilson, the oldest medical practitioner in Whitby, at his residence, on the 15th inst., after a very brief illness, from pneumonia. The deceased gentleman was practically a vegetarian, and had practised in Whitby almost ever since he attained his degree. He was educated at King's College, London, and in 1858 took the qualification of M.R.C.S.England and L.S.A. He was highly respected and esteemed by all sections of the community. He was 69 years of age, and leaves a grown-up family. Deceased was medical officer of the Post Office staff.

THOMAS HUNTER HUGHES, M.R.C.S., L.S.A.Eng.

We regret to announce the death, on the 17th instant, at a ripe age, of Dr. Thomas Hunter Hughes, of Penmaen, Pwllheli, Coroner of South Carnarvonshire for twenty-four years. The Coronership has been in the family for over a century, the deceased's father and grandfather—both medical men—having preceded him in the appointment. Deceased, who was aged sixty-seven, qualified as far back as 1858, passing from St. Bartholomew's. He had filled the office of President to the North Wales branch of the

British Medical Association, and was one of the best known figures socially in the county of Carnarvonshire.

JOHN ANDERSON, M.D.ST. ANDREWS.

DR. JOHN ANDERSON died recently at his residence Hamilton Villa, Ulverston. He was a native of Hamilton, Lanarkshire, and went to Ulverston forty years ago, as assistant to the late Dr. Amos Beardsley, of Grange-over-Sands, and afterwards began to practise for himself. He was within a few days of attaining his seventy-second year, and was universally and widely esteemed. He had eight sons, and of six living five are medical men. He studied at Glasgow University and Vienna, and took the M.D. of St. Andrews in 1855.

LIEUT.-COLONEL E. FERRAND, M.D., F.R.C.S.

THE death is announced at Peshawur, at the age of fifty-three, of Lieut.-Colonel E. Ferrand, M.D., F.R.C.S., of the Indian Medical Service, attached to the 66th Punjabis. Born on March 17th, 1851, he qualified as a physician and surgeon in 1875, in which year he joined the Indian Medical Service. He served with the Burmese Expedition of 1886-89, in the campaign on the North-West Frontier of India in 1897-98, and in the Tirah Expedition. During the campaign on the North-West Frontier he was engaged in the operations on the Samana and in the Kurram Valley, in August and September, 1897, and in the relief of Gulistan. For the Burmese Expedition he had the medal with clasp, for that on the North-West Frontier a second medal with two clasps, and for the Tirah Campaign a clasp.

New Hygienic Appliances.

AN IDEAL DOOR-MAT.

THE street-door mat is a most necessary article of domestic equipment, but for all that there is little doubt that in its ordinary form it constitutes a standing menace to health. The microbes of street mud accumulate in the meshes of the matting, to be stirred up later in clouds of dust by the feet of those who walk over the threshold. Then, again, there is the nuisance created by the vigorous housemaid who shakes the mat in the face of passers-by in the street. Thanks to science and the inventiveness of man, there is a way out of the difficulty. The fibre mat can now be replaced by a metal mat, made of non-corrosive flat steel bands 1-16th of an inch thick by ⅜ths of an inch deep, hinged together with galvanised steel rods. The best we have yet seen is that patented by T. C. MacPherson, and sold by the Roll-up Steel Matting Co., Cromwell House, Surrey Street, Strand, London. Durability and cheapness are some of its strongest points. It is the most practical, hygienic and cleanly article of its kind. It is reversible, and loses the dirt as quickly as it gathers it. A prime advantage is the convenience with which it can be handled; one has simply to roll and pick it up. When doing duty it remains in a flat position without a tendency to curl. It is weather-proof, rust-proof and keeps its shape and wears as only true non-corrosive steel can wear, and can be made to any size. We cordially recommend it to every householder who wishes to prevent as far as possible the invasion of his house by the manifold bacteria of street mud.

Literature.

MAY'S DISEASES OF THE EYE. (a)

THE success of this small manual has been phenomenal, seeing that it has reached its third edition in less than three years. Nevertheless, that success has been deserved, inasmuch as the author's compilation represents almost the best of the smaller text-books on the subject now extant. This new edition is an improvement on the last, partly because of the careful revision to which it has been subjected, partly by reason of the new plates and additional illustrations for the more ample elucidation of the text. The coloured drawings of the fundus are for the most part excellent, and will be found very helpful to the student. For examinational purposes the latter will find that this manual is an excellent one, being readable, concise, and up to date, and it will remain as a trustworthy, practical work for reference in after years. We can cordially recommend it.

JELLETT'S GYNÆCOLOGY. (b)

AFTER the lapse of three years a second edition of this handy guide has made its appearance. It is now published in slightly altered form, necessitated by the addition of several new illustrations as well as of textual matter. The opening chapter deals very thoroughly with the diagnosis of gynæcological conditions; the various instruments employed in the routine examination of patients being clearly explained and illustrated. The section on menstruation and its disorders is disappointingly short, in view of the fact that these form a large percentage of the conditions for which medical men are consulted. The chapter on diseases of the vulva is excellent, and we observe with satisfaction that the author recommends the use of glycerine and ichthyol in cases of pruritus vulvæ. Turning to Chapter VII, which deals with displacements of the uterus, we are pleased to note that Jellett, in speaking of retroflexion, remarks that "too much prominence has been given to the use of this instrument (*i.e.* the sound) both as a means of diagnosing and as a means of correcting displacements of the uterus." He maintains, and we think he is justified in doing so, that the sound should only be used when the bimanual method fails.

The chapter on inflammatory diseases of the uterus contains a very precise description of these conditions. Among uterine tumours fibro-angiomata are naturally given the first place, and the author gives a very full account of their etiology, diagnosis and treatment. Uterine cancer has not been given the prominence we think it deserves. In Chapter XI ovarian tumours are very well described and illustrated. Chapters XIII, XIV, and XV are headed respectively Traumatic Diseases of the Genital Organs. Genital Atresiæ, and Internal Hæmorrhage of Genital Origin. We mention these because they are, in many respects, original, and because they contain statements and facts collected together which can only be found elsewhere after much difficult searching out. With Chapter XV the first part of the work ends; and the second part, which is devoted entirely to the consideration of operative procedures, begins. A brief account of the preparations necessary for a gynæcological operation is given as an introduction. Then follow a series of chapters which cover very completely the whole ground of operative gynæcology. The general practitioner, or even the specialist, will find here the fullest account of perinæorrhaphy that is to be had outside the pages of the larger treatises on this subject. Tait's, Martin's, Hegar's, and Kelly's methods are all fully

(a) "Manual of the Diseases of the Eye, for Students and General Practitioners." By Charles H. May, M.D. Third Edition, Revised, with 275 Original Illustrations, including 16 Plates, with 36 Coloured Figures. London: Bailliere, Tindall and Cox, 1903.

(b) "A Short Practice of Gynæcology." By Henry Jellett, B.A., M.D., B.Ch., B.A.O. Dub. Univ., F.R.C.P.I., L.M., Ex-Assistant Master Rotunda Hospital, &c. Second Edition, Revised and Enlarged. Pp. xiv, 406, with 223 Illustrations. 10s. 6d. London: J. and A. Churchill, 1903.

described and illustrated so that we should have no difficulty in following the text.

In spite of the minor flaws to which we have incidentally referred, and which, we trust, will be put right in the next edition, we have nothing but praise for this really "short practice." The author imparts his information in a clear and categorical fashion, not leaving the reader in the dark as to how to act in any given condition. We need hardly point out that the book reflects the teaching of the Dublin school, and this fact alone should make it popular.

Medical News.

The Director-General of the Army Medical Service has given instructions for the forwarding to him from time to time of the names of serving Army officers for whom admittance to the Convalescent Home for Officers at Osborne is desired. The Home will be opened for the reception of such officers on the 6th prox.

International Congress of Ophthalmology in Lucerne.

As previously announced in these columns, the tenth International Congress will be held from September 13th to the 16th, and on the 17th an excursion will bring the session to a close. It should be impressed on contributors of papers that only those will have the right to be discussed, which have been printed and sent beforehand to all the members of the Congress. Manuscripts must be sent before May 1st (latest date) to Prof. Dr. Mellinger, Bale, Switzerland. Attached to the proceedings there will be an exhibition of objects of interest to oculists, either practical or historical (instruments, books, illustrations, appliances, etc.) In order to make this as complete as possible contributions will be gladly received, before July 1st, addressed to Prof. Dr. Siegrist, Berne. Members wishing to secure accommodation at Lucerne are advised to apply before September 1st to Dr. F. Stocker, Lucerne, who will engage for them a room at one of the best hotels (early breakfast included), at 5 francs a day. Further information can be obtained in London of Mr. W. H. Jessop, 73, Harley Street, ; in Dublin, of Mr. H. R. Swanzy, 23, Merrion Square ; or in Edinburgh, of Dr. Mackay, 20, Drumsheugh Gardens.

Serious Charge against a Medical Practitioner.

At the South-West London Police Court, Dr. Hugh Stanley Revell, of Wandsworth, was charged with obtaining money under false pretences by issuing false certificates of vaccination. According to the statement of the prosecution, the alleged frauds had been going on for a considerable time, and large sums of money were involved. The case has been several times adjourned, and is still under magisterial investigation.

London and Counties Medical Protection Society.

The London and Counties Medical Protection Society, Ltd., have elected the following officers for the coming official year : — President, Jonathan Hutchinson, LL.D., F.R.C.S., F.R.S. Trustees for Reserve Fund, Sir Wm. Henry Broadbent, Bart., K.C.V.O., M.D., F.R.S. ; John Tweedy, F.R.C.S., President of the Royal College of Surgeons, England. Treasurer and Chairman of Council, Geo. A. Heron, M.D., F.R.C.P., 57 Harley Street, W. In addition to a number of vice-presidents, the following were elected on the Council :—A. G. Auld, M.D., M.R.C.P. ; M. Baines, V.D., M.D. ; E. C. Bensley, F.R.C.S.; Robert Boxall, M.D., M.R.C.P. ; W. G. Dickinson, M.D. ; J. P. Henry, M.D. ; C. M. Fegen, M.R.C.S. ; R. Denison Pedley, F.R.C.S., L.D.S., R.C.S. ; C. W. Glassington, M.R.C.S., L.D.S., R.C.S. ; Major Greenwood, LL.B., M.D. ; J. C. Pollock Muir, L.R.C.P. ; and S. J. R. Whait, M.B., C.M. Secretaries, Hugh Woods, M.D., B.A. (General), A. G. R. Foulerton, F.R.C.S. (Financial), 31 Craven Street, Strand, W.C.

The Irish Medical Graduates' Dinner.

The annual Festival Dinner of the Irish Medical Schools and Graduates' Association was held on St. Patrick's Day, March 17th, at the Trocadero Restaurant, London. The chair was under the able and genial presidency of Surgeon-General Sibthorpe, C.B. There was a large and brilliant assemblage, including many ladies, to the number of two hundred and more. As might be expected in an Irish assembly of this kind, the various Services were largely represented. There was a good deal of after dinner oratory, some of the speeches being excellent, but most of them would have been improved by a time limit. The event of the evening was the presentation of the Arnott Memorial Medal to Lieut.-Colonel Preyer, in recognition of his distinguished services to surgical science. The condition of the presentation and the special merits of the recipient were most eloquently set forth by Dr. Macnaughton-Jones, in an excellent speech. "Our Defenders" was proposed by Mr. Kendal Franks, C.B., who reviewed at length the history of the recent South African war, and specially deprecated the non-recognition of Colonel Kekewich's defence of Kimberley. "Our Guests" was most felicitously proposed by Dr. Gilbert Smith, while Sir Robert Anderson gave the time-honoured toast, "Ourselves." Other speakers included Sir John Dick, Surgeon-General Evatt, Captain Swan, Sir Salter Pyne, and Mr. E. R. Henry, C.S.I. The dinner was one of the most brilliant and successful yet held by the Association.

Society of Arts.

At a meeting of the Society of Arts, held on March 2nd, Dr. Robert Jones, of the London County Asylum, at Claybury, in Essex, read a paper on the "Physical and Mental Deterioration of the Lower Classes of the British Population." Sir William S. Church, who presided, said that it was universally admitted that public health was better at the end of the nineteenth century than at its beginning, and if this belief were proved to be unfounded then the alleged progress and prosperity of the Victorian era must be a myth. Dr. Harry Campbell said that the subnormal physique of urban populations was due principally to the use of soft food which required little or no mastication. Dr. William Hall held that the evils complained of arose through mothers not suckling their infants. Sir Ralph Knox, of the War Office, speaking of the arguments drawn from the recruiting returns, said that there had always been a large proportion of rejections, and that a recruit after his first rejection often renewed his application elsewhere, so that his rejection appeared more than once in the returns.

Proposed Census in 1906.

At a recent meeting of the Royal Statistical Society the Council announced its intention of representing to the Board of Trade the desirability of taking a census in the year 1906 instead of in 1911. A motion on the subject will probably be submitted to the House of Commons.

Medical Officers at Hereford.

The medical officers of health belonging to the West of England and South Wales branch of the Incorporated Society of Medical Officers of Health, assembled at Hereford last week. During the day, in addition to the business meetings, visits were paid to the various Corporation undertakings. The business meeting, which was held in the Council Chamber, was presided over by Dr. Tubb Thomas, medical officer of health to the Wilts County Council. Dr. H. C. Moore read a paper on the improvements effected in Hereford City since the adoption of the Improvement Act in 1854, and Mr. J. Parker, city surveyor, described the several public works carried out in the city during the past twenty-two years.

University of Cambridge.

The degree of Doctor of Science, *honoris causâ*, is to be conferred on Dr. Wilhelm Ostwald, Professor of Chemistry in the University of Leipsic. At a congregation on March 10th, the following medical degrees were conferred :—*M.B. and B.C.*, R. M. Ranking, Pembroke ; *M.B. only*, H. Ackroyd, Caius, and J. H. Donnell, Caius ; *B.C. only*, T. H. E. Watts-Silvester, Caius.

University of Oxford.—Board of Faculty of Medicine.

Dr. J. F. Payne and Dr. G. I. Schorstein, whose term of office on the Board of Faculty had terminated, have been again co-opted members of the Board.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

W. P. WELLS.—There is no reason why an amicable understanding should not be arrived at, provided that the patient has stated the correct facts of the case.

UBIQUE.—The highest bodily temperature on record in a patient who recovered is said to have been 114·87 F.

DR. T. B. SELLS.—Chinosol, as an antiseptic, has come much into vogue during recent years. In general surgery, a 1 2000 solution may be used, while in ophthalmic surgery, for which it is the best antiseptic, a 1·4000 solution is the proper strength to employ.

J. R. (Birmingham).—Thank you for the letter, which, however, seems rather more suitable for the pages of a nursing journal. The matter, however, as you point out, has a distinct professional bearing, and if your letter is recast, we shall be pleased to insert it. From personal experience we can bear testimony to the excellent and unassuming work done by many of the District Nursing Societies. In the case you mention there ought to be no great difficulty in raising the funds necessary for carrying on so deserving a charity. One could hardly imagine a more necessary and Christian mission than to nurse the poor of a great modern manufacturing town.

DEATH OF THE "MARINE BRIDE."

Doubtless some of our readers will remember a street character well known to visitors in Berlin, who stood about the Unter den Linden carrying a heavy bundle. Thirty years ago she received the news that her fiance, a marine surgeon, had been drowned at sea. The tragic message unbalanced her mind: hence the title of "Marine Bride" given her. For these long years the poor demented creature has been waiting in the street for his return, her hallucination being that he would return through the Brandenburg Gate. The rags she invariably carried in her bundle she believed were a dry suit of clothes for her lover.

"A PRACTITIONER of the present day" must send his name and address, not necessarily for publication, if he desires his communication to be published.

MR. J. F. JANSSEN.—All the members of the medical staff of the German Hospital in London hold British degrees or diplomas, so that the point raised in your letter loses its significance.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MARCH 23rd.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.—8 p.m. Council Meeting. 8.30 p.m. Dr. P. Franze (Nauheim): Description of the Nauheim Treatment. Followed by a discussion.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Mr. E. M. Corner: Acute Infective Gangrenous Processes (Necroses) in the Alimentary Tract. (Erasmus Wilson Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.)—4p.m. Mr. E. W. Roughton: Clinique. (Surgical.) 5.15 p.m. Dr. L. Guthrie: On Neurotic Children.

THURSDAY, MARCH 24th.

CHILDHOOD SOCIETY (Library of the Sanitary Institute, 72 Margaret Street, W.).—8 p.m. Lecture:—Dr. H. R. Jones: Child Punishments.

ROYAL COLLEGE OF PHYSICIANS OF LONDON (Pall Mall East).—5 p.m. Dr. F. Taylor: Some Disorders of the Spleen (Lumleian Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. J. M. H. Macleod: Some General Principles of Treatment in Dermatology.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN (Leicester Square, W.C.).—6.15 p.m. Dr. M. Dockrell: Epithelioma. (Chesterfield Lecture.)

FRIDAY, MARCH 25th.

CLINICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8.30 p.m. Papers:—Dr. E. W. Goodall: Two cases of Intestinal Obstruction immediately following an attack of Typhoid Fever.—Mr. W. G. Spencer: A Case of Severe and Fatal Hæmaturia of Unknown Origin.—Mr. C. S. Wallace and Mr. H. J. Marriage: A Case of Attempted Division of the Eighth Nerve within the Skull for the Relief of Tinnitus.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m. Mr. E. M. Corner: Acute Infective Gangrenous Processes (Necroses) in the Alimentary Tract. (Erasmus Wilson Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. M. Gunn: Clinique. (Eye.)

MONDAY, MARCH 28th.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN (20 Hanover Square, W.)—8 p.m. Mr. J. Howard Mummery will show Zeiss' Stereoscopic Photographs of Colonies of Bacteria, &c.—Mr. Douglas M. Caush will read a Paper: Some Notes on the Enamel.

TUESDAY, MARCH, 29th.

THERAPEUTICAL SOCIETY (Apothecaries' Hall)—4 p.m. Mr. W. Chattaway, F.I.C., short description of Photography in Natural Colour, illustrated by Lantern Slides.

Vacancies.

Birkenhead Borough Hospital.—Senior House Surgeon (resident). Salary £100 per annum and fees. Applications to the Honorary Secretary.

Sussex County Hospital.—House Physician. Salary £80 per annum, with board and residence in the hospital, with washing. Applications to the Secretary.

Chorlton-upon-Medlock Dispensary, Manchester.—Resident House Surgeon. Salary £100 per annum, with furnished rooms and attendance. Applications to the Hon. Secretary.

Royal South Hants and Southampton Hospital.—House Physician. Salary £100 per annum, with rooms, board, and washing. Applications to T. A. Fisher-Hall, Secretary.

Manchester Northern Hospital for Women and Children, Park Place, Cheetham Hill Road.—House Surgeon. Salary £80 per annum with apartments and board. Applications to Mr. Hubert Teague, Secretary, 38 Barton Arcade, Manchester.

Bridgnorth and South Shropshire Infirmary.—House Surgeon. Salary £100 with board and lodgings in Infirmary. Applications to the Hon. Secretary, Infirmary.

Western General Dispensary, Marylebone Road.—Second House Surgeon. Salary £80 per annum, with board, residence, and laundry. Applications immediately to the Hon. Secretary, at the Dispensary.

Gravesend Hospital.—House Surgeon Salary £100 per annum, with board and residence. Applications to F. H. Stevens, Hon. Secretary, 146, Milton Road, Gravesend.

Devonshire Hospital, Buxton, Derbyshire.—House Surgeon. Salary £100 per annum, with furnished apartments, board and lodging. Applications to the Secretary.

Bradford Royal Infirmary.—House Surgeon. Salary £100 per annum, with board and residence. Application to William Maw, Secretary.

Somerset and Bath Asylum, Cotford, Taunton.—Assistant Medical Officer. Salary £160 per annum, with furnished apartments, board, fuel, lighting and washing. Applications to the Medical Superintendent.

Appointments.

FLEMMING, PERCY, B.S.Lond., F.R.C.S.Eng., Professor of Ophthalmic Medicine and Surgery in University College, London, and Surgeon to the Ophthalmic Department of University College Hospital.

FARRELL, LOUIS, M.B., Assistant House Surgeon to the Jervis Street Hospital, Dublin.

GARDNER, HARRY, M.R.C.S., L.R.C.P.Lond., Junior House Surgeon to the Croydon General Hospital.

GOODMAN, T. HERBERT, M.R.C.S.Eng., L.S.A., Medical Officer and Public Vaccinator for the Haverhill District of the Risbridge Union.

GRUNBAUM, OTTO, M.B., B.C.Cantab., D.Sc.Lond., Assistant Physician to the Belgrave Hospital for Children.

HAWES, IVON, M.B., B.S.Durh., Junior House Surgeon to the Royal Infirmary, Bristol

JOHNS, H. D., M.D.Durh., Certifying Surgeon under the Factory Act for the Hornsea District of the county of York.

KING, D. BARTT, M.D., M.R.C.P.Edin., Honorary Physician to Queen Alexandra's Home for Officers' Widows and Daughters.

LAWSON, F. H., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Steyning District of the county of Sussex

MILNER, CYRIL WILLIAM, M.R.C.S., L.R.C.P.Lond., Honorary Consulting Surgeon to the Nottingham General Dispensary.

PEARSE, E. M., M.R.C.S.Eng., L.R.C.P.Lond., Honorary Anæsthetist to the Royal Infirmary, Bristol.

PHILLIPS, P. C., M.R.C.S., L.R.C.P.Lond., Honorary Surgeon to the Grantham Hospital, Lincolnshire.

RYAN, J. J., M.B., Senior House Surgeon to the Jervis Street Hospital, Dublin.

SCOTT, W. H., M.R.C.S.Eng., L.R.C.P.Lond., Casualty Officer, Royal Infirmary, Bristol.

SMITH, W. C., M.R.C.S., L.R.C.P.Lond., Senior House Surgeon to the Croydon General Hospital.

STUMBLES, HENRY MARTYN, M.B., Ch.B.Edin., Police Surgeon to the Amble District, Northumberland County Constabulary.

WEBB, W. T., M.R.C.S.Eng., L.R.C.P.Lond., Resident Obstetric Officer to the Royal Infirmary, Bristol.

Births.

BERRYMAN.—On March 17th, at Windsor, the wife of Captain H. A. Berryman, Royal Army Medical Corps, of a son.

DOWDEN.—On December 24, 1903, at Gopeng, Perak, Federated Malay States, the wife of Richard Dowden, M.D., of a daughter.

DARKER.—On March 20th, at 5, Croft Villas, Forest Hill, London, S.E., to George FitzJames Darker, M.R.C.S., L.R.C.P., barrister-at-law, D.M.O., Southern Nigeria, and Mrs. Darker, a daughter.

ELWIN.—On March 17th, at 186 Blackfriars Road, London, S.E., the wife of G. R. Elwin, M.D., of a son (Kingsley Graves).

GREGORY.—On March 17th, at Englefield House, Highgate, London, N., the wife of H. L. Gregory, M.B., B.C., of a son.

Deaths.

CALEY.—On March 19th, at Leavesden, Weybridge, Deputy Surgeon General Henry Caley, C.M.G., I.M.S., retired. Honorary Surgeon to the King, in his 70th year.

COBBETT.—On March 18, at Ashton, Bournemouth, Laura Louisa Cobbett, widow of the late R. N. Cobbett, Surgeon, and youngest daughter of the late Captain W. Slark, J.P., of Herne Bay, Kent.

FERRAND.—On March 9th, at Peshawur, India, Lt.-Colonel Edward Ferrand, M.D., F.R.C.S., Indian Medical Service, 66th Punjabs, aged 53.

HUNTER HUGHES.—On March 17th, at Penmaen, Pwllheli, Thomas Hunter Hughes, M.R.C.S. (E.), &c., &c., a Coroner for the county of Carnarvon, aged 67 years.

SMITH.—On March 5th at Bridger, Montana, United States, of pneumonia, Henry Murray Stanley, only son of E. Stanley Smith, M.D., of 68, Wimpole Street, London.

SMYTH.—On March 19th, at Castle Acre, Adelaide Road, Brockley, London, S.E., Charles Stanley Abbott Smyth, aged 14 years, son of F. Sydney Smyth, F.R.C.S.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, MARCH 30, 1904. No. 13.

Original Communications.

ON A NEW RETENTION SPLINT FOR CONGENITAL TALIPES EQUINO-VARUS: WITH SOME NOTES ON THE TREATMENT OF THE DEFORMITY. (a)

By DENIS KENNEDY, F.R.C.S.,
Surgeon to the Children's Hospital, Temple Street, Dublin.

My principal object in bringing the subject of congenital talipes equino-varus under discussion is to introduce to you a new retention splint, as well as to offer some practical suggestions in the treatment of the deformity, and to criticise some of the methods at present in use. In order to do this satisfactorily, it is necessary to understand thoroughly what the deformity really consists in; in other words, the pathological anatomy. With the equinus part of the deformity I need not trouble you. You are all aware that it consists in the posterior part of the os calcis being drawn upwards by the tendo Achillis, its anterior part being depressed, while the astragalus is tilted forward between the malleoli, so that its superior articular facet is placed more posteriorly than normal. The varus part of the deformity is not, however, so simple. Instead of this deformity existing at the ankle-joint, it exists principally at the medio-tarsal joint. Whatever the cause, the cupoid and scaphoid, with the foot in front of them, are partially dislocated inwards from the os calcis and astragalus, and kept in this abnormal position by shortened tendons, ligaments and fasciæ. As well as this, the os calcis and astragalus have a direction from behind, forwards and outwards, which increases the medio-tarsal displacement, and renders the deformity more difficult to rectify. In consequence of this displacement of the bones the facets for articulation with each other and with the malleoli are placed in abnormal positions, and it is well to remember that a cure is not complete until the bones are in their normal position without any tendency to displacement, their facets developed in the proper situations, and the muscles and ligaments have accommodated themselves to the new condition of things.

In treating the deformity the presence of the medio-tarsal dislocation seems to be frequently forgotten, and the efforts of the surgeon seem to be principally directed to rectify the varus deformity from the ankle-joint. The retention splints in use seem to be constructed on the same principle. To my mind this accounts very often for the prolonged treatment necessary, for relapses that often occur, and for the unsatisfactory results that we sometimes see. In the hope of remedying this state of things I have introduced this retention splint, which I have used for a considerable time, and which has given me a great deal of satisfaction. The advantages which I believe this splint to possess are: First, eversion and abduction of the foot are produced principally from the medio-tarsal joint; secondly, while this eversion is being produced on the anterior part of the foot the os calcis and astragalus are pressed inwards, and thus the tarsal bones are kept as nearly as possible in a normal position; thirdly, a powerful leverage is obtained which materially aids in correcting the deformity; fourthly, on account of the ratchet arrangement, rectification of the deformity can be increased if necessary from day to day, and thus the ill effects of pressure are completely avoided. As well, the splint is simple, easily applied, and, what is equally as important, very cheap. The points to be attended to in making the splint are, first, the os calcis must be well gripped by the heel part; secondly, the ratchet arrangement must be immediately behind the medio-tarsal joint; thirdly, the heel part must not be too high on the outside to allow for eversion of the anterior part of the foot. The splint must fit accurately. The appliance can be used as a retention splint after operation, either immediately or after removal of plaster of Paris. It can also be used in the treatment of cases before operation, or where no operation seems necessary. In these cases it may take the place of plaster of Paris, and this I consider to be of great service, because the application of plaster of Paris to the club-foot of a young infant for any length of time has two great disadvantages. While it is applied no massage nor manipulation of the foot can be carried out, and not alone will development of the muscles not take place, but actual wasting occurs. The splint is not intended for a walking appliance. It has been made for me by Messrs. Smith and Sheppard, who have spared neither time nor trouble in carrying out my idea in every detail.

With regard to the operations carried out for the cure of congenital club-foot, there seems to be practically no limit to the number, and when one begins to work at orthopædic surgery the

(a) Paper read at the Surgical Section of the Royal Academy of Medicine in Ireland, January 20th, 1904.

difficulty is to choose between them. I know that was my trouble some five years ago. I believe that, in dealing with children, at all events, many of these operations are quite unnecessary, and some are positively productive of great mischief. Consequently, you will pardon me if I briefly detail to you the steps that I usually carry out for the cure of this deformity, and which in my hands have been productive of very good results. When I consider it necessary to operate, I first do tenotomy of the tendo Achillis, and if necessary the anterior and posterior tibial tendons. Then, if I cannot bring the foot easily into position, I insert a tenotome between the internal malleolus and the tubercle of the scaphoid, and cut subcutaneously the plantar fascia and some of the short muscles of the great toe. In the large majority of cases I can then bring the foot readily into normal position, and over correct the deformity if necessary. I then apply plaster of Paris to the foot in the corrected position and leave it for three or four weeks, and then use the

Showing usual manner of holding club-foot for application of plaster of Paris, and for manipulation. One hand being above the ankle.

retention splint, and have massage and passive motion of the foot carried out a couple of times daily. When the child is fit to walk I get him fitted with a walking appliance. I believe there is no case in a child up to ten or twelve years that cannot be made perfectly well in this fashion, provided after-treatment is carried out by the parents for a requisite time.

Although, since the advent of asepsis there is not the same necessity for subcutaneous surgery in operating for talipes as formerly, still it has the following advantages over the open method: First, when plaster is applied after the operation, it can be done with much greater ease and satisfaction, and there is less danger of sepsis; secondly, the necessity for changing the dressing does not exist, and consequently the bones will be left undisturbed in their new position; thirdly, it is said by some that where open tenotomies are done there is danger of the tendon ends becoming engaged in the cutaneous cicatrix; and lastly, where there is extensive cutting of the plantar fascia, or of the short muscles on the inside of the foot, there is much less danger of cicatricial contraction following when the skin is left unbroken. But I may add that I have no hesitation whatever in cutting a tendon openly if there is any difficulty or danger in doing it subcutaneously.

I am perfectly aware that many good authorities hold that section of the tendo Achillis should not be done until the varus deformity has been rectified for some weeks, to allow, as they say, for the "unfolding of the foot to take place." Now, unless where pes cavus exists to a marked degree, I see nothing to warrant this procedure either clinically or anatomically. On the contrary, I consider this tendon should be cut first, and for the following reasons:—In some cases section of this tendon at once enables us to rectify the varus as well as the equinus deformity, and a lot of unnecessary cutting is thus avoided. Secondly, it is impossible in almost all cases to rectify the varus deformity fully until the tendo Achillis is cut, because in those cases the tendo Achillis is inserted

Showing proper manner of holding club-foot for application of plaster of Paris, and for manipulation. One hand gripping the os calcis.

into the inner aspect of the tuberosity of the os calcis, and this tilts the anterior extremity of the os calcis outwards, and so long as the tendon remains uncut the os calcis cannot be brought into position. Lastly, it saves time. What is, however, all important to produce the necessary unfolding of the inside of the foot in those cases is that the plaster of Paris be applied properly after operation. To do this an assistant grasps the anterior part of the foot with one hand, flexes it to a right angle, abducts and everts it, while with the other he grips the heel-bone and presses it inwards. In this way, and in this way only, can the medio-tarsal displacement be reduced, at the same time that the structures uncut on the inside of the foot are stretched to their utmost. The foot should be held in this position while the plaster is being applied and while it is setting. This retention splint of mine keeps the foot in the same position afterwards.

The necessity for operating on the tarsal bones, and the operations to be carried out, are points that have given rise to a good deal of discussion in text-books, and to a good deal of anxiety in operators. After a fairly good experience, I am fairly convinced of the following facts: First, that all cases in children under twelve years of age can be cured perfectly without any operation whatever on the tarsal bones; secondly, that many older cases can be cured without it; thirdly, that tarsectomy is dangerous, and usually does more harm than good to the foot as regards utility; fourthly, that the only operations on these bones that give good results are Bradford's, namely—osteotomy of the neck of the astragalus and removal of a wedge-shaped piece of the os calcis on its outer and anterior part.

When we remember that the tarsal bones in children are nearly altogether cartilaginous, and that consequently, with a little perseverance, they can be moulded into any shape we wish, it is at once apparent that removal of any of these

bones is quite unnecessary. And when we see the after-results of the operation, the shortened, stiffened feet, without a trace of elasticity or movement at the tarsal joints, or sometimes even at the ankle-joint, I consider the procedure little short of criminal. Nevertheless, I frequently see the astragalus removed, or a wedge-shaped piece of the tarsal bones taken from the outside of the foot for an ordinary case of varus in a child. The great arguments put forward in its favour are that it saves time in the cure, and that relapses will not occur. The answer to these is, where the bones are removed no cure is, or can be, effected, and the same arguments could be put forward in favour of amputating straight off. The two great points to be remembered in treating this deformity are, that we must make the foot as useful as possible, and give it a good appearance, the latter being secondary to the utility.

The best workers of the present day at orthopædic surgery condemn tarsectomy. Mr. Keetley quotes the case of a man with double congenital talipes equino-varus: one foot had been subject to tarsectomy and the other left untreated. The patient found the untreated foot more useful than the other. Tubby says that "tarsectomy should only be done when orthopædic treatment has been tried and failed, when progression is impossible, owing to severe pain, and the pressure of inflamed corns, and bursa, and ulcerated skin."

Sometimes I am asked what is the proper age to operate on infants with club-feet. While we cannot make any hard and fast rule as to the age, because a great deal depends on the progress that can be made by manipulation and retention appliances, still, if operation has to be done I think the earlier it is carried out the better, because cure can be effected with greater ease, the time taken will be shorter, and the more perfect will be the result.

If the milder treatment is not satisfactory, tenotomy need not be delayed after the infant is three months old.

In treating talipes we must remember that half cures are no cures, and that no matter what operation we do, or how fully we rectify the deformity, the tendency to relapse remains for a considerable time. Consequently, the after-treatment is all essential. It consists in massage and passive motion of the foot daily, and in providing the patient with a good retention splint, and, later, a walking appliance. I find this occasionally the most difficult part of the treatment. As a rule, the majority of the parents when told what to do, shown how to do it, and impressed with the necessity of having it carried out, are very willing to co-operate. The great difficulty is with the instrument-makers. The appliances for walking are expensive, complicated, get out of order frequently, and the child out-grows them. Besides, a good many of them are not entirely satisfactory in keeping the foot in good position. The best in the market is undoubtedly Bradford's.

Some of you may possibly think that a discussion on the treatment of congenital club-foot is unnecessary, and anyone who takes the recorded results as gospel will agree with you. But, while fully convinced that every case of congenital talipes in a child can be cured perfectly, nevertheless we frequently meet cases who go from one surgeon to another, from one hospital to another, and even from one country to another, and are still uncured. At the present time I have under my care a boy, æt. 9, who was twice operated on in a London orthopædic hospital. Quite recently I had another boy, æt. 10, who was operated on several times in Johannesburg. I occasionally even get cases which have been previously operated on in Dublin. And as an excuse for my communication to you to-night, I cannot do better than quote for you the remarks of Bradford, of Boston, on the treatment of club-foot: "The literature of the treatment of club-foot is, as a rule, that of unvarying success; it is often brilliant, and yet in practice there is no lack of half-cured or relapsed cases—sufficient evidence that the methods of cure are not universally understood."

Dr. Herbert Williams, medical officer of health for the Port of London, is continuing the crusade against rats. In his monthly report he mentions that within the period covered 5,599 rats had been destroyed, making a total of 273,819 since the work had been commenced.

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THE DIAGNOSIS OF CHRONIC VALVULAR DISEASE OF THE HEART. (a)

By WALTER CARR, M.D., F.R.C.P.,
Physician to the Royal Free Hospital.

THE first point, said the lecturer, in any case of heart disease was to decide whether the lesion was valvular or myocardial in nature. Dealing with the former only, disease of the pulmonary valve might be safely set down as congenital in origin, and in the tricuspid valve as commonly secondary to a lesion of the left heart, so that present consideration might be limited to a morbid condition of the aortic or mitral valves.

The first thing was to discover the valve affected and the nature of the lesion (obstruction or incompetence); these points are settled by the murmur heard, in what area it is most audible, along what lines it is conducted, and its relation to the heart sounds. These observations will lead to a safe conclusion as to the nature of the lesion. In some cases diagnosis is helped by the presence of a thrill; a presystolic thrill at the apex may be relied upon as indicating mitral obstruction. The pulse often is of great assistance, sometimes from its character alone it is possible to diagnose the lesion; for example, in the case of aortic regurgitation, when the typical water-hammer pulse is present along with visible pulsation in the vessels; here are two lesions which may be diagnosed apart from the murmur. The next point to consider: Is the murmur produced by any condition except disease of the valve in question? In the case of a diastolic murmur heard over the aortic area the diagnosis can only be aortic regurgitation, and similarly with a presystolic murmur at the apex, it is nearly always mitral obstruction, though in this case it is not quite so absolute, as a similar murmur is occasionally heard in aortic regurgitation. This bruit is produced by a backward flow of blood impinging on the mitral valves, and is called Flint's murmur.

A systolic murmur, heard best in the aortic area, is commonly due to other causes than aortic stenosis; it is mostly due to a mere roughening of the valves, not sufficient to cause obstruction, but it may also be hæmic or aneurysmal. It is important to realise that this systolic murmur does not as a rule mean aortic obstruction, and to diagnose this lesion there must be some evidence of hypertrophy of the left ventricle, and also some change in the pulse. A systolic aortic thrill (if not due to an aneurysm) is probably diagnostic of obstruction, but it is not always present.

A systolic murmur, heard over the apex and conducted out into the axilla, may be present when there is no valvular disease; it is then due either to dilatation of the left ventricle or to imperfect contraction, and merely indicates there is regurgitation through the mitral orifice. It is, therefore, evident that a murmur may be heard when no valvular lesion is present. The converse is also true, for in some cases of advanced mitral disease, obstructive or regurgitant, there is no murmur, because the heart is too feeble to drive the blood through the orifices with sufficient force to produce one. It is rare to have aortic disease without a murmur.

Secondly, having discovered what the lesion is, and where it is, the *cause* must be ascertained. Is it rheumatic? Is it degenerative? This distinction is important, as the prognosis largely turns on it. In rheumatic endocarditis the disease is stationary if the patient is beyond the age of puberty, but a degenerative lesion is by its very nature progressive, and the prognosis, therefore, should be guarded. In later life degenerative changes may supervene on old rheumatic endocarditis, and syphilitic lesions may be classed among degenerative ones, except that they are more amenable to treatment in the early stages.

Under thirty years of age an acquired heart lesion is almost certainly rheumatic in origin, and this may be the case in the absence of any history of rheumatic fever, which, on account of its insidious character, is frequently overlooked. A history of chorea or of rheumatism in the family will sometimes settle the cause. After thirty years of age the cause is not so obvious, but after fifty or sixty years of age the lesion is probably degenerative, if no history of rheumatic fever is obtained.

The third point to consider is the severity of the lesion; this is independent of the loudness of the murmur, and there is practically no relation between the two. A gradual disappearance of a murmur is always of grave significance, as it denotes increasing feebleness of the heart. The severity of the lesion is estimated mainly by the enlargement of the heart, for the graver the lesion the greater is the degree of cardiac enlargement. In cases of aortic regurgitation the pulse is an important guide to the severity of the lesion; in double aortic disease the pulse will have the characters of the predominant lesion (usually regurgitant). In cases of aortic and mitral lesions combined, the severity of the lesion is gauged by the degree of enlargement of the ventricles, for disease of the mitral valve throws extra strain on the right ventricle, which is consequently enlarged, and dulness is obtained to the right of the sternum, with more or less epigastric pulsation. In the same way disease of the aortic valves manifests itself by enlargement of the left ventricle, with displacement of the apex-beat downwards and outwards. In rheumatic endocarditis it is impossible to be sure of the severity of the lesion till at least six months have elapsed since the attack of acute rheumatism, for it takes this time for the attack of valvular inflammation to become developed, and for the consequent compensatory changes to occur in the ventricle, and therefore for the first few months it is not advisable to give a definite prognosis.

The fourth question to settle is, whether the cardiac lesion is compensated or not; this is important because the treatment varies accordingly. If the compensation is good no treatment is required beyond the avoidance of over-exertion and anything that may cause the compensation to break down. A severe lesion may be present, and compensation be quite good, and, on the other hand, compensation may fail with very slight lesions; it is then generally brought about by deterioration of the general health, *viz.*, anæmia, mental worry, senile changes, &c.

The symptoms of failing compensation are different in mitral and aortic disease; in the latter pain, palpitation and dyspnœa are usually the chief features; the pain may assume a true anginal character. Failing compensation in mitral disease is denoted mainly by lung sym-

(a) Abstract of Lecture delivered at the Royal Free Hospital, February 11th, 1904.

ptoms, such as dyspnœa, cough and hæmoptysis, the latter being especially marked in mitral stenosis, by irregularity of the pulse, and later on by œdema of the legs, enlargement of the liver, increasing weakness of cardiac impulse. In children the symptoms are different; the pulse in them seldom becomes irregular, dropsy is uncommon, and, in fact, the symptoms of back pressure through the tricuspid orifice are mostly absent; there is generally marked pallor, wasting and failure of general nutrition, death taking place from syncope. While compensation is maintained there is a well-marked accentuation of the pulmonary second sound, which gradually disappears as compensation fails.

A FURTHER EXPERIENCE OF THE OPERATION FOR EXCISION OF THE GASSERIAN GANGLION.

By T. E. GORDON, F.R.C.S.,
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Last year, at one of the surgical meetings of the Academy, I gave an account of a case of trigeminal neuralgia, for which I performed the operation of excision of the Gasserian ganglion. The removal was not complete, for I left the ophthalmic division and the inner parts of the ganglion, as well as the sensory root. Up to the present there has, in this case, been no return of the neuralgia.

Some surgeons consider this partial excision sufficient, and therefore to be preferred to the complete operation, which is more difficult and dangerous. It is, however, obvious that recurrence of the neuralgia is possible where any part of the ganglion with the sensory root remains intact. Moreover, if one aims at such partial excision one runs a chance of leaving behind the entire ganglion, or, at all events, much more of it than that belonging to the ophthalmic division. In the present case I made a determined effort to remove the ganglion in its entirety, with what measure of success I will narrate when I have given the clinical history.

The patient is a man, æt. 31. He was in good health until his present illness began. In June, 1902, he had his first attacks of facial neuralgia. The pain had then a darting character, "not like ordinary toothache," and was referred to his chin and to the front of the left ear. It began one day whilst he was taking his breakfast, continued for about three weeks, and was relieved by the extraction of two teeth. He remained free from pain until Christmas of the same year. It is worth noting that the pain continued for two weeks after the extraction of the teeth, and during this time occurred as sudden single darts, which caused his head to jerk to the opposite side.

The pain returned on Christmas Day, 1902, but was not very severe till May, 1903; thus, he could sleep and was able to continue his work.

In May it became more severe. In June he had several decayed stumps removed from the left upper jaw. This operation only gave relief for a couple of days. He saw Dr. James Little in October. The pain had continued since May, and would often occur every hour, and even every half hour. Eating, speaking, and anything causing movement in his face might induce an attack. He would sometimes rush away from his work when the pain suddenly seized him. His face would become flushed during the paroxysms, but there was no overflow of tears, nor did the face sweat or become swollen.

He was admitted to the Adelaide Hospital in November, 1903, and remained there till December 20th. During his stay in hospital he was given gr. ¼ morphia occasionally, and this was effective. He was also given the usual drugs for the cure of neuralgia, but these only gave temporary relief.

He went home for Christmas, but returned on January 1st. The pain was constant whilst at home, and had become more severe than at any time before.

The following is the note taken at the time of his re-admission to hospital:—"Since admission on January 1st, has had bad pain each night, beginning at about 7.30. The pain is 'much worse' than when here before. The act of swallowing appears to cause most pain. The pain is referred to two places in particular. (1) Just in front of the ear above the root of the zygoma, and (2) the chin about the mental foramen, and a short distance along the lower jaw. The pain in front of the ear has a boring character. At times he gets a flash of pain along the gum of the upper jaw: He had running from both eyes for a couple of days before coming here. The only tender point is about the lower lip, and this is inconstant: There is no anæsthesia anywhere."

Such is the history of the case. There are two points to which I draw special attention. The first is the age of the patient; he is much younger than the large majority of cases of trigeminal neuralgia; the second concerns the distribution of the pain; as is usual, the third division of the nerve is that principally involved, but there was also, at times, pain in the area of the second division. I do not think there was, at any time, pain in the branches of the ophthalmic nerve.

Seeing that this patient was, so far from improving under drug treatment, gradually becoming worse, Dr. Little placed him under my care, and I operated on January 7th.

As in the last case, so now, I performed the Hartley-Krause operation. Last year I gave full details of this method, so that I may now only point out the general features. I turned down a temporal flap, and opened the skull with a ¾-in. trephine in the upper and back part of the exposed area of bone. This opening I then enlarged to the requisite extent with suitable forceps. Next I retracted the dura as far as the openings in the skull for the passage of the two lower nerve divisions and the middle meningeal artery. All this was accomplished easily and quickly, but the remainder of the operation proved difficult. This difficulty arose from hæmorrhage. This can usually be controlled by plugging the foramina, and tends to stop of itself as a result of the lowered blood-pressure, which is caused by the shocks of the operation, but in the present case the bleeding was not thus controllable. I think this was in great part due to the age and vigour of the patient. However, I succeeded eventually in thoroughly opening up Meckel's space, and exposing the nerves and ganglion. I also succeeded in evulsing much of the sensory root, after dividing at their foramina the second and third divisions of the nerve.

I thought I had removed the whole of the sensory root, but in this I was mistaken, for the patient retains sensation over the entire ophthalmic area.

The patient's recovery is so far complete, and seeing that pain was probably at no time felt in the area of the first division one may hope that the neuralgia has been permanently cured. For some days after the operation there was a partial loss of memory for words, and also a diplopia, which Mr. Swanzy, who kindly examined him for me, found to depend on a loss of power in the inferior rectus.

Now, although this case is so far successful and may be permanently so, it can scarcely be claimed as a complete success from the operator's standpoint. I intended to remove the ganglion completely, and I left behind the ophthalmic part of it, with its central and peripheral connections.

I have now something to suggest, which I think I have learnt from this operation, and from an operation on the cadaver which I have done since. Let me again insist on the importance of complete excision of the ganglion. The cause of the neuralgia is a neuritis—a neuritis ascending from the periphery—and when the pain extends to the area of other divisions of the nerve such extension is due to a spread of the chronic inflammation to this other division by way of the Gasserian ganglion. Now, if these statements are true, and I have the very best authority for them, then it follows that if any part of the ganglion remain, inflammatory change may continue and spread to the remaining ophthalmic division. As further argument against partial removal let me again say that if the operator aims at removing only the outer part of the ganglion, he may fail to remove any of it. This is not imaginary; it has, as I think I said last year, actually happened in operations performed by good surgeons. But, without supposing so extreme a case, if any of the cells remain which belong to the lower divisions of the nerve, from them fibres may grow outwards, and with a restoration of function there may be, indeed probably will be, a return of the neuralgia. I have so far spoken of the relation of the ganglion to the nerve divisions; its relation to the great sensory root is different.

If the entire sensory root has been successfully torn from its attachment to the pons, nothing is more improbable than that the ganglionic cell should ever again establish a central connection. It seems then to me that the chief aim which the surgeon should have before him in performing this operation is the isolation and complete evulsion of the sensory root. You will remember that in the operation, as usually performed, the space of Meckel is opened by splitting the dura between the foramen rotundum and foramen ovale, and the dissection of the ganglion is carried out mainly from before backwards. Thus, it happens that the operator reaches the sensory root as a final step in the operation, and when his mind is much fatigued if, as in this case of mine, the dissection has been difficult owing to hæmorrhage. My suggestion is that Meckel's space should be opened from the foramen ovale in a backward instead of a forward direction. The middle meningeal artery must, of course, be divided, but this is a matter of no importance. Having opened the space in which the ganglion lies in this way, I propose, in my next operation, to at once proceed to the identification and separation of the sensory roots. If, then, the evulsion is well done, I think one might leave both the ganglion and the nerve divisions untouched.

Having put forward this suggestion, the main purpose of my paper is accomplished. The suggestion is briefly this:—A complete evulsion of the sensory root will produce the same effect as removal of the ganglion, and the effect will be permanent. This being so the operator should, from the first, aim at the isolation and evulsion of this sensory root, and it might simplify the operation to open the space of Meckel behind the foramen ovale and third division of the fifth nerve, instead of in front of it.

Foreign Clinical Lectures.

THE SCOPE AND VALUE OF SURGICAL INTERVENTION IN CANCER.

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[*Specially translated for* THE MEDICAL PRESS AND CIRCULAR.]

ACCORDING to Professor Kosinski, of Varsovia, once cancer has gained a footing in the human organism no treatment, surgical or other, can arrest its progress.(a) In this view I cannot acquiesce. It is true that the therapeutical measures upon which we rely in the treatment of the general run of maladies are not intended so much to fight the disease as to fortify the organism with the object of enabling it to hold its own in the struggle, and in this we are greatly aided by the *vis medicatrix naturæ*, whereas in cancer the organism is absolutely unable to resist the disease, and a spontaneous cure is quite unknown. It follows that we can only hope to attack it successfully by surgical means. I am aware that the professor's views are shared by a number of experienced observers, but it is worth while studying the question from the point of view of the results. We do not despair of the discovery, sooner or later, of a therapeutical means of combating this disease other than by ablation, but for the time being no procedure other than surgical can be taken into account. The problem may be subdivided into three—*viz.*, (1) In what proportion of cases is ablation followed by permanent cure? (2) What are the "operative conditions" under which such results may be hoped for, and, failing which, our intervention must be futile? and (3) What are the principles that must guide us in palliative but beneficial intervention in inoperable cases?

There was a time, not so far removed, when the removal of malignant growths was in itself so risky that operative success often masked therapeutica failure. Now that operative success is much easier of achievement, we are left at liberty to consider the ultimate results of an operation, and behind the operation which has proved successful we have acquired the habit of distinguishing the patient who has not been cured.

There is no lack of statistics of the results in the ordinary forms of cancer—of the breast, skin, lip, tongue, stomach, rectum, and uterus. If we add them up we get large numbers yielding percentages which really teach us very little. The most trustworthy idea may, perhaps, be obtained from the results of a particular operator whose experience comprises a very large number of cases extending back over a considerable period; but even then we must only attach comparative importance to the figures.

Cancer of the breast is reputed to be the form in which permanent cure is obtained with least difficulty, and the results have appeared to improve as the *technique* was perfected. Let us take, however, two recent series of results, those of Mr. Bryant and Professor Le Dentu. Of fifty-three patients operated upon by the latter, down to July, 1901, thirty-six are dead—twenty of them within three years of the operation

(a) *Arch. Internationale de Chirurgie*, 1903, p. 231.

and sixteen after three years. In five, death was due to some intercurrent disease, in thirty-one to recurrence or mestastasis, and seventeen are still alive—seven of them operated upon less than three years ago, ten upwards of three years, with an average survival period for the latter of 9·4 years. Mr. Bryant's observations bear on forty-six cases; seventeen of his patients remained free from recurrence till death, occurring from five to sixteen years after the operation, in nine between three and seven years, seven between ten and thirty years, while in ten the disease made its appearance in the other breast in periods varying from two to twenty-four years after. A point that calls for particular attention in these figures is the comparatively large number of instances of delayed recurrence, an element of disquietude to which we shall have occasion to refer later, since it cannot but modify the meaning we attach to the term cure. Nevertheless, the long periods of immunity testify in favour of the utility of surgical intervention in these cases.

Cancer of the extremities, primary skin cancer, cancer the outcome of chronic ulceration, &c., justify a very favourable distant prognosis. In 205 operations on patients belonging to this class, Dr. von Brunn gives 35 per cent. of permanent cures over four years of age. In cancer of the lip the prognosis is also favourable, for Dr. Loos, having analysed the returns of the Tubingen Hospital between the years 1843 and 1885, gives 51 per cent. of cures, and between 1885 and 1898 the proportion of successes rises to 66 per cent. These figures, however, bear on a special variety of cancer which, in the event of recurrence, admits of repeated operation, and this remark applies up to a certain point to cancer of the skin and breast.

The results are very different when we turn to cancer of the cavities of the body. In respect of cancer of the tongue, von Mickulicz operated in thirty-two cases between 1881 and 1901. He had three operative deaths, four incomplete operations followed by death within a few months, twenty-five successful operations, in nineteen of which the subsequent history was ascertained. Of these nineteen, fourteen died at varying intervals before the end of the second year, while in five no recurrence had taken place more than two and a half years after the operation (including several female patients). Between 1888 and 1900, Professor Czerny operated in thirty-one cases, with four operative deaths, eight in which the subsequent history is unknown, and nineteen who were kept under observation. Of the latter twelve succumbed to recurrence, and seven were still free three and a half, four and a half, five and a half, and eleven years after. The average gain of life in the recurring cases was a little over five months. Here, again, one is struck by the fact of recurrence after a long period of apparent cure.

Now, for cancer of the stomach. Of 144 cases operated upon at the Hamburg-Eppindorf Hospital since 1889, and analysed by Ringel, resection was performed in sixty-four and gastro-enterostomy in eighty-one. Of the sixty-four gastrectomies, thirty-eight died from the effects of the operation, and of the twenty-six who survived five could not be traced, two others were lost sight of after the first year, eleven died of recurrence or metastasis, with an average survival period of thirteen months, eight are still living, having been operated upon four months, eight months, fifteen months, seventeen months, two and a half years, 3·75 years, and 5·25 years. It is recorded that the patient operated upon three years and eight months ago now has a recurrence. In Professor Krönlein's clinic fifty gastrectomies (1881-1902) gave fourteen operative deaths, twenty-four subsequent deaths, twenty-two of which were due to recurrence with an average survival period of seventeen and a half months; twelve still living, two, possibly three, with actual recurrence, seven in whom the operation was performed from five months to two years since, and two in which the patient has remained free, one for eight and the other for four years. We may compare with these the results of seventy-four gastro-enterostomies—*viz.*, eighteen operative deaths, three still living, two lost sight of, fifty-one subsequent deaths, with an average survival of six months and a half. Dr. Schönhauser concludes that resection of the stomach for cancer prolongs life by one year, and gastro-enterostomy, on an average, by a hundred days.

In cancer of the large intestine and rectum, Hochenegg performed the radical operation in 94 out of 283 cases, with 87·6 "successful operations" and 16·2 cures, in which there was no recurrence in three years and upwards. These comprise 174 cases of cancer of the rectum, of whom thirty-five remained free from recurrence for upwards of three years, though five of them ultimately succumbed to the disease. The proportion of permanent cures, therefore, is 17·2.

Cancer of the kidney is notoriously of grave prognosis. Of 324 cases collected by Albarran and Imbert of renal cancer in adults, 254 survived operation. Of 184 whose subsequent history was ascertained, in eighty-five there was fatal recurrence (of which sixty-four occurred during the first year), nine died from other causes (seven before two years), and ninety have remained in good health, having been seen, nineteen six months after, sixteen between six and twelve months, twenty-two between one and two years, ten between two and three years, and twenty-three between four and sixteen years.

Probably no variety of cancer has been the subject of so much observation, research and statistical treatment as that of the uterus. The compilations of statistics almost invariably wind up with a precise summary of the operative mortality, less than before, and of permanent cures, which are more numerous. The former may be conceded, but with regard to the latter, some authors manifest an optimism which daily experience renders it impossible to endorse. Placing on one side the statistics brought before the Roman Congress in 1902, I will deal only with the summarised figures of Professor Zweifel, of Leipsig, which comprise all the cases of uterine cancer for nearly fifteen years that came under his care in private and hospital practice. They number 974, and of these only 260 were held to justify operative intervention (26·69 per cent.). There were twenty-two deaths from operative shock (8·46 per cent.). For statistical purposes cognisance is taken only of patients operated upon since January 1st, 1897, the term "cure" being restricted to patients free from recurrence for at least *five* years. Under this head we have 610 cases, of which 153 were operated upon (25·08 per cent.). Deducting the patients who succumbed to shock or who were lost sight of, there remain 132 cases with eighty-five subsequent deaths from recurrence, and forty-seven survivals free from recurrence, verified by inspection five years after operation. This gives a proportion of 35·6 per cent. permanent cures, but if we calculate the proportion of the total number of cases obseved, operated or not, the percentage of cures falls to 7·7, which represents the curability of the disease.

This is the only proper way to make these calculations if we wish to obtain a true representation of the curability of uterine cancer. If this method be applied to the statistics of other kinds of cancer—breast, stomach, rectum, &c.—the proportion of permanent cures will undergo a very material depreciation. By making use of results bearing only on the operable cases, we are apt to convey a very false and misleading idea of the mortality due to the disease.

It is a step in the right direction to have substituted a period of five for that of three years as evidence of the permanence of the cure. And recurrence after three years, and even after five years, is by no means rare; this, indeed, is one of the most troublesome and disturbing factors in such estimates. Labhardt has collected 112 cases of recurrence or metastasis after three years as follows:—

	Tardy recurrences.	Tardy metastases.
Breast	44	10
Rectum	14	1
Tongue	5	—
Lips	26	1
Other organs	11	—

Most of these repetitions of the morbid process take

place between the sixth and fourth year after operation; then they become rare, regaining a certain frequency after twenty years. It is claimed, of course, that the latter are the new tumours, yet the fact remains that the fresh growth takes place in most instances in the cicatrix. Moreover, the very cancers which display most markedly the tendency to tardy recurrence are precisely those which are known to be of moderate malignancy and of slow evolution—*viz.*, scirrhous growths. We are almost constrained to admit with Labhardt that "once cancerous, always cancerous, although the danger of recurrence diminishes in all probability with the lapse of years." We may, however, affirm that cancer is capable of cure by ablation under certain conditions, not all of which are known to us, but only in a small proportion. Apart from these there is unquestionable evidence of a more or less considerable gain of life, which must not be passed over as of no importance. It is better to look at the question from this modest standpoint rather than to incur the discouragement into which some surgeons have fallen, or the unjustifiable optimism of others. We have only to reflect upon the enormous number of those who yearly succumb to cancer in one form or another, and to bear in mind the infinitesimal proportion of operative survivals and permanent cures, to be constrained to admit that there is, properly speaking, no true therapeusis of cancer, and that, be the benefit small or great, the benefit, such as it is, is obtainable only by surgical means.

What is the use of removing a cancerous growth, however skilfully, if the operation is to be followed in a comparatively short time by fatal recurrence? We have done with brilliant operations which have no morrow. We can only justify ablation of a cancerous growth if the tumour presents itself in certain conditions, and if the operation be carried out in a certain manner, above all, it must be possible to remove the tumour *en bloc*.

Be it admitted, then, that we know nothing of the pathogeny of cancer, of its determining factor. Let us beware of using terms and expressions implying assumptions outside and beyond our actual knowledge, for they are worse than useless. Whatever be the factor, the *primum movens*, the disease commences and was the cause of an inoculable disease. In practice it is useful to consider it as such, and even to consider it as a very virulent and most tenacious disease against which the cells are unarmed. When we scrape away a tuberculous growth the removal in most instances is by no means complete, but, having taken away the major part, Nature does the rest. Nothing of the kind is to be anticipated in cancer. An incomplete operation in cancer is not only useless, but is supremely injurious, in that it helps to disseminate the disease and to hasten its generalisation. And the term incomplete applies not only to the tumour itself and its outlying parts, but to the isolated foci of malignancy embedded in the neighbouring lymphatic glands and vessels.

Consequently, early intervention affords the best guarantee of successful intervention, and it is in this direction that we must labour if we wish to increase the proportion of survivals, and not in an illusory extension of the indications for ablation. No one will deny that in regard to affections of an innocent or inflammatory type we are justified in carrying surgical intervention to its extreme limits, but radical operations have no significance, for they often have absolutely the opposite effect to that aimed at. What is the use of tediously separating adhesions over a tumour and removing this and that chain of glands when we know all the time that our operation must of necessity be, and remain, incomplete? We only pave the way to a fresh outburst of active neo-formation. In cancer of the breast, if the skin is involved, be it over ever so small a surface, the prognosis is singularly aggravated. Not that there is any difficulty in removing the infected skin, but, once affected, the skin spreads the infection through its vessels over an undeterminable area. Visceral neoplasms show this even more plainly. Why is it that epithelioma of the body or cavity of the uterus, and limited thereto, gives a proportion of permanent cures far in excess of cancer of the cervix? Why is it that even large tumours of the kidney, if freely movable, well encapsuled and not involving the ureter, are often recovered from for periods long enough to justify the assumption of actual cure, while much smaller, but adherent, tumours "exteriorised" by a small portion of their surface give lamentable results? It would be interesting to draw up a table of the proportion of cases of visceral cancer followed by cure, in which the tumour had contracted adhesions. Albarran and Imbert have done this in respect of the kidney, and they tell us that "in no instance of long survival *quâ* cure was the tumour clinically adherent, and in two instances only were adhesions formed after removal. And "in none of the twenty-six cases of permanent cure is any mention made of the removal of glands." Decidedly it is only by doing our best to operate on "young" cancers that we can hope to effect any material increase in the proportion of survivals—certainly not by more and more extensive removal of glands. In this direction is progress possible, and in this direction only.

Another principle which commands universal assent is that ablation should be wide of the growth. We do not dissect out or seek to isolate a cancer, as we should any other kind of tumour formation; we cut wide of the mark through healthy tissues. All sectioning, all piecemeal removal, is out of the question in cancer, and is incompatible with the principles of cancer surgery. We must treat them as potentially infective, highly septic masses, and we cannot push these precautions too far in order to avoid a contamination which is none the less real because we are ignorant of its precise *modus operandi*.

It is wrong, perhaps, to speak of operative inoculation, because such an expression begs the question of pathogenesis, but, apart from growths in the immediate neighbourhood due to portions of infected tissue left behind, we must allow the existence of foci of implantation due to minute *débris* conveyed hither and thither by the surgeon's fingers or instruments. Hahn long since called attention to these instances of operative implantation, and my late house surgeon, M. Levesque, dealt with this question as a whole in his thesis, in which he brought together a number of instances which militate in favour of this view: cancer round the puncture performed for ascites, cancer of the abdominal cicatrix after laparotomy for the removal of a pelvic cancer, cancer in the vulvo-vaginal scar after removal of epithelioma of the roof the vagina or of the cervix. Moreover, have we not often seen after removal of the breast for cancer, nodules of cancer develop in the suture punctures? It may plausibly be urged that such recurrences may be due to infection conveyed by the lymphatics and vessels, but we cannot altogether ignore the possibility of these formations being really of the nature of operative inoculations. We must bear in mind, too, that the tumour itself is not the only source of danger, for we must be on our guard against effusions of infected lymph and the *débris* of broken-down glands. The moral to be deduced from these considerations is that in cancer, above all, we cannot be too stringent in applying the principles of antisepsis, and the technical details of all operations for cancer must be devised with these considerations fully before us.

Now that we understand the limitation of the curative powers of which we dispose by surgical intervention we may perhaps be more willing to consider what is to be done with the so-called inoperable cases, which constitute some 75 per cent. of the total number of cases. Here, too, surgical intervention, though only palliative, is capable, in certain cases, of procuring a notable prolongation of life, far more than would result from more radical measures. When we see what a number of those who, after successful extirpation, die during the first year, and especially when we reflect *how* they die, the conclusion is forced upon us that by exceeding the rather narrow limits

assigned above, we have not fulfilled our duty to our patient in the light of our present knowledge.

In point of fact there is much that can be done for the inoperables, the incurables, for those whose destiny seems to be limited in two words—morphine and death. I do not admit that the surgeon's whole duty is limited to morphine and expectancy in cases where the seat or the extent of the growth renders removal impossible. I need but mention such operations as entero-anastomosis, gastro-enterostomy, &c., to prove this. These operations, it is true, are only applicable to certain well-defined forms of cancer, but even in uterine cancer something can be done. We can cauterise and apply the curette, taking care to confine the cautery to the neoplasm in order not to set up fresh foci round about. Czerny has employed the following procedure in ninety-five cases of inoperable uterine cancer with marked benefit. He begins by clearing out the tissue with the curette, "*la mise au net*," checking the bleeding with the actual cautery, or by plugging the cavity. The bleeding having been arrested, which usually takes a few days, he plugs the uterine cavity with gauze steeped in a solution of chloride of zinc (20 to 50 per cent.). The vagina is dehydrated by the aid of alcohol, freely vaselined, and plugged with gauze impregnated with a 5 per cent. solution of carbonate of soda. In twenty-four hours the chloride of zinc tampon is withdrawn, and the vagina irrigated with the soda solution. According to this author the pain disappears in two or three hours, and the "neoplastic" scab comes away in from six to twenty days. Secondary hæmorrhage is of very rare occurrence. We may, if we prefer, make use of the actual, or the galvano-cautery, but their action must be deep and prolonged. So promising have been the results of this treatment that one is tempted to accept the view of the optimists who declare that persistent cauterisation may really determine retrogression of the neoplastic growth. Without going that far, we have no hesitation in affirming that this procedure does much to assuage the sufferings of the victims, and is, from every point of view, preferable to the combined "morphia and expectancy" attitude, which is at present the lot of most of them.

Moreover, this method, within certain limits, gives better results than ligature of the arteries. It is, indeed, open to question whether the anæmia thus induced is not likely to prove as injurious to the normal cells in their resistance as to the infected cells in their disordered growth. Nevertheless, experience seems to show that ligature of both linguals, or both hypogastrics, is productive of some measure of relief, notably, in a checking of hæmorrhage, relieving pain and improving the patient's general condition.

In conclusion, we may mention the attempts to delay the evolution of the disease by removal of both ovaries. As Mr. Butlin has pointed out, this procedure does not repose on the shadow of a proof, and he not unreasonably expressed astonishment at the enthusiasm with which Beatson's proposal was received at the Cheltenham meeting of the British Medical Association. Moreover, Mr. Morrison has instanced a case in which he operated for mammary cancer in a patient who twenty-five years before had had both ovaries removed, and another in which the patient died from cancer of the breast five years after double ovariotomy.

As matters stand, no one is in a position to formulate any definite, trustworthy conclusions. At any moment a gleam of light on one or other of the many obscure problems involved may throw down the superstructures which we have raised on hypotheses, and it may be that the *technique* and the general plan of our operations will appear to our successors as strange and unreasonable as certain practices of pre-antiseptic days appear to us. We can only reason with what we know, but it is essential that we should not labour under any delusion as to the scope of the means at our disposal, that we should look the reality straight in the face without flinching and without despairing in our struggle with this elusive problem of cancer formation.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Meeting held Friday, March 25th, 1904.

Dr. Frederick Taylor, President, in the Chair.

Dr. E. W. Goodall communicated a paper upon two cases of

INTESTINAL OBSTRUCTION IMMEDIATELY FOLLOWING AN ATTACK OF TYPHOID FEVER.

The first case was that of a boy, æt. 14, who was admitted to the Eastern Hospital at the end of an attack of typhoid fever, during the latter part of which there had been some abdominal pain. A relapse followed, and at the end of this the patient suffered for three days from vomiting, hiccough, and pain in the abdomen. About three weeks later a second relapse took place, which was again followed by an attack of pain, hiccough and vomiting. During this attack the patient died. At the autopsy the small intestine was found to be partially obstructed about 2½ ft. above the valve by a fibrous band stretching from the mesentery to another part of the gut. Apparently this band had arisen out of a patch of local peritonitis opposite a deep ulcer. There were many healing ulcers in the small intestines.

The second case was that of a young man, æt. 22, who was operated upon for perforation on the twentieth day of an attack of typhoid fever. At that time there was no generalised peritonitis nor any peritoneal bands. The patient did well for about a fortnight, when he began to suffer from vomiting. A week later there were other symptoms of partial obstruction, and the patient died suddenly from a second perforation. At the autopsy a number of small bands were found, kinking and compressing various parts of the small intestine. The second perforation was situated about 6 ft. above the valve, in an ulcer just above the highest band.

Dr. Seymour Taylor inquired if there had been anything in the diet in the first case to account for the relapse, as he believed that such an event could frequently be traced to a change of food. The occurrence of intestinal obstruction as a sequela of enteric fever was of such rarity that no mention of it was made in classical treatises upon the subject.

Dr. Goodall did not consider that a relapse in typhoid fever was necessarily associated with a change in the diet. The clinical history and post-mortem appearances of these cases suggested that the bands were formed out of local patches of peritonitis opposite intestinal ulcers. It was possible that other cases of obstruction by bands might sometimes have been produced from previous attacks of typhoid fever many years ago.

Mr. Walter G. Spencer read notes of a case of

SEVERE AND FATAL HÆMATURIA OF UNKNOWN ORIGIN

in a man, æt. 44, who had first noticed blood in his urine about a fortnight before his death. His previous health was good. The chief symptom had been an increasing hæmaturia, unaccompanied by pain or frequency of micturition. On admission to the Westminster Hospital he was very anæmic, practically pulseless, and dyspnœic. The bladder was distended, but not tense nor tender. The temperature was just below normal. He was infused with salt solution, given repeated enemata of water, and stimulated with alcohol and strychnine. He passed urine containing a large proportion of blood, the temperature became subnormal, and he died within twelve hours of admission. The post-mortem examination failed to throw any light on the cause or source of the hæmorrhage. The urinary tract appeared normal, and no gross lesions were observed. The blood-vessels were not diseased. Microscopic sections of the kidney, bladder-wall, and of the aorta did not show anything abnormal, except that the latter vessel appeared thinner than was usual at this age. A second case of recurrent hæmaturia was also narrated, in a man, æt. 42, in whom the condition was arrested for a time by supra-pubic cysto-

tomy and drainage of the bladder. Cases of hæmaturia unaccompanied by lesions had been referred to by Osler, who mentions Gull's term "renal epistaxis." Klemperer, in discussing the subject, uses the term "angio-neurosis." Some of the cases might be compared to those of post-operative hæmatemesis, where no gastric lesions were found.

Dr. W. P. HERRINGHAM remarked that he had seen varicose veins in the ureter in some cases of fatal hæmaturia. He thought that much stress could not be laid upon the size of the aortic coats, as these were subject to great variation. The age of the patients rather suggested a vascular origin of the condition.

Dr. A. E. RUSSELL referred to a case of fatal hæmatemesis in which a minute ulcer was found post-mortem at the junction of several large vessels.

Dr. WILFRED HARRIS asked if the coagulation-time of the blood had been tested, and also if calcium chloride had been administered.

Mr. C. H. FAGGE inquired if any hæmoglobinuria were present in the cases.

Mr. GEORGE EASTES asked if the clots which the patient had passed had been floated out in water in order to ascertain their shape with a view to determining their origin.

Mr. SPENCER replied.

Mr. CUTHBERT S. WALLACE and Mr. H. J. MARRIAGE described a case in which an attempt had been made to divide the eighth nerve within the skull for the relief of tinnitus. The patient was a girl, æt. 23, who contracted left otitis media in 1898. Several operations followed, and four years afterwards she began to suffer from tinnitus and vertigo, which symptoms increased in intensity to such a degree that her life was rendered well-nigh intolerable. It was therefore decided to attempt to divide the eighth nerve. Numerous experiments were made on the cadaver, with the result that an elaboration of the operation for the exploration of the posterior surface of the petrous bone was finally adopted and practised on September 3rd, 1903. The procedure was rendered very difficult on account of the constant discharge of cerebro-spinal fluid and hæmorrhage, but the auditory nerve was exposed and finally divided with a blunt hook. Noises were present on the following day. There was no facial paralysis. The wound never showed any reaction, and continued to discharge. The patient gradually sank and died on the twenty-first day. At the autopsy it was found that a fine strand of the auditory nerve had escaped division. There was no meningitis, and the internal ear presented a normal appearance.

Dr. E. FARQUHAR BUZZARD, who had made a microscopical examination of the nerve by the anatomical method, said that the vestibular and two-thirds of the cochlear nerves were degenerated as a result of the section. He believed that very little was known with regard to the morbid anatomy of tinnitus, which was not a common symptom in gross organic disease of the brain, except where there were lesions affecting the nerve-roots at the base. What evidence there was, was distinctly against the view that it was of central origin.

Mr. C. H. FAGGE referred to two cases in which he had exposed the eighth nerve, and he had not found it a matter of great difficulty. He considered that tinnitus was more common after operations for chronic mastoid disease than was usually supposed, and that it was probably peripheral in origin.

Dr. PARKES WEBER pointed out that peripheral disease of the nerve had been met with in cases of Menière's disease, in which tinnitus was a prominent symptom, and referred to the observation of Alt, of Vienna, who had found a leukæmic infiltration of the nerve in one case.—Mr. WALLACE replied.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD MARCH 17TH, 1904.

Dr. JAMES BARR, President, in the Chair.

VOTE OF CONDOLENCE.

THE following resolution was proposed by the PRESIDENT, seconded by Mr. CHANCEY PUZEY, and carried unanimously:—"The members of the Liverpool Medical Institution desire to place on record their sincere regret at the great loss which the Institution and the medical profession have suffered by the death of Alexander Davidson, M.D., F.R.C.P. Dr. Davidson was a trustee of this institution, and for many years took an active part in all matters appertaining to the welfare of the medical profession, in which he held a distinguished position. He was a man of sound and mature judgment, in whom his professional brethren had the utmost confidence, and he exercised a great influence for the public weal. He was the soul of honour and a model of integrity, a man who always strove fearlessly to do his duty in a most unselfish manner and without any aim of personal aggrandisement. The members also wish to tender Mrs. Davidson and her son their sincere sympathy in the irreparable loss which they have sustained."

TUBERCULOUS ULCERATION TREATED WITH RADIUM RAYS.

Dr. COLIN CAMPBELL related two cases of tuberculous ulceration of the mouth and of the pharynx which he had treated with radium rays. The first case was that of a young man suffering from advanced phthisis, who also had extensive ulceration of the pharynx and a painful ulcer just inside the mouth. The frequent application of radium rays, which were directed to the ulcerating areas by means of a lead tube, resulted in healing of the ulcers, but the patient ultimately died of phthisis. The second case was that of a lady suffering from disease of the frontal sinus and nostril, who also had a tuberculous ulcer between the pillars of the fauces. Radium rays applied for twenty minutes twice daily had been followed by sound healing of the ulcer.

THE VALUE OF X-RAYS IN THE TREATMENT OF MALIGNANT DISEASE.

Dr. THURSTON HOLLAND read a note on this subject, his remarks being based on a case of recurrence of mammary carcinoma, involving the skin of the whole of the left breast. Under prolonged X-ray treatment a large spreading ulcer healed entirely, and numerous outlying cancerous nodules disappeared. Enlarged glands have since appeared in the axilla and neck, but have not appreciably increased in size for some weeks. Dr. Holland said the results obtained must largely depend upon the efficient application of the rays. It was difficult to say which class of case will derive most benefit from the treatment, but he had obtained the best results in cases of cutaneous cancer; deeply-seated growths had not responded to the treatment. He suggested, as a preventive measure, that all cases after operation for malignant disease should be treated with X-rays.

INFANT MORTALITY AND THE SUPPLY OF HUMANISED STERILISED MILK.

Dr. E. W. HOPE read a paper on the above subject. He described the investigation into the causes of infant mortality, which had been undertaken by himself and other members of the Medical Institution for many years, and which established the fact that among artificially-fed children below three months of age, the mortality in the summer and autumn months from digestive disorders was fifteen times as great as it was among breast-fed infants, *viz.*, approximately 300 per 1,000 instead of 20 per 1,000. Dr. Hope detailed the close and rigorous attention given to the milk supply, not only that from cows within the city, but, under a special Act of Parliament, to milk brought into the city from country cowsheds, and he described the methods of sterilising and preparing the milk, the food being distributed in baskets of nine bottles, containing a sufficient supply for twenty-four hours, no bottle being used twice. He strongly emphasised that the milk is intended solely for the use of those infants whose mothers are unable to suckle them, or who can only partially suckle them. This fact is stamped upon every card of instructions, and is brought into prominence on every opportunity. There must be no misunderstanding on this point. The problem of finding a complete substitute for the milk of a healthy mother has not been solved, and probably never will be solved.

As the infant grows there may no doubt be some variation in the quality of the mother's milk, which specially adapts it to the infant's need—niceties in Nature which cannot be approached artificially. It must be remembered that milk, as Nature intended it to be given, is never exposed to the air; it passes directly from the gland to the stomach; its composition, temperature, and mixture adapt it to the needs of the infant; it has neither abstractions, adulterations, preservatives, nor uncleanliness; it is, moreover, bacteriologically clean and pure. Nothing the municipality can do can equal this. Dr. Hope expressed the thanks due to the staff of the Children's Infirmary and to the medical profession generally for the care taken in assisting in the supervision of the work. The results have been that 6,295 infants have been fed upon this milk up to December 31st, 1903. A study of the case books in which the particulars of each case are entered, and the progress of the child, as far as it can be ascertained, recorded, shows that over 50 per cent. were ill when the milk was first issued to them. The careful records relating to 4,453 of the total, which had been easier to keep under observation than the remainder who had been supplied through dairies, showed a mortality-rate of 78 per 1,000. The causes of death showed no peculiarity, being certified to be due to bronchitis, pneumonia, whooping-cough, convulsions, &c. Comparing this rate with the ordinary infantile mortality of the city, it is extremely favourable, more especially when the large number of children who were already sick is taken into account. The value of the substitution of pure, clean, and suitable food for the contents of the foul-smelling feeding-bottles and the promiscuous food given to infants is beyond the slightest doubt, and the educational value of the method will be considerable. The large number of infants has rendered almost impossible as close a medical observation as that, for example, referred to by Professor Budin, at the Clinique Tarnier. There, the infants, all of whom had been born in the Institution, were under constant medical supervision. In 712 cases quoted by Professor Budin, extending over a period of two years, the mortality-rate was reduced to 36·5. These, of course, were selected infants, and large numbers of them were only very partially fed on sterilised, humanised milk; whereas in the case of those fed from the Liverpool depôts there was no selection, and a large proportion were ill to commence with.

Dr. Peter Davidson remarked that milk from country dairies was apt to be stale before delivery, and suggested that, if possible, the milk should be obtained from town dairies. He also said the strength of the milk should be modified to suit infants of different ages, for rickets and scurvy were likely to follow the prolonged use of humanised milk.

Dr. Mussen referred to the educational value of the system, and spoke of the excellent work done in this respect by the lady sanitary inspectors.

Dr. Macalister suggested that measures might be employed whereby milk prescriptions could be made up at the depôts on forms supplied to the hospitals and to medical men working in the districts.

Dr. Hubert Armstrong took exception to the term "humanised," for he considered it an incentive to mothers to utilise what was after all only modified cow's milk, in place of suckling their infants.

Drs. F. W. Inman, A. C. Rendle, Littler Jones, A. G. Gallan, and F. H. Barendt also made remarks.

Dr. Hope, in replying to the various criticisms and observations which had been made, said that the Committee quite realised the necessity for obtaining the milk fresh to start with, and he doubted whether that problem would be solved until cows were specially kept by the Committee for the purpose, and he hoped that would be done. It was not claimed that the system was perfect, or even as perfect as it might be, and nothing the Corporation could do would ever relieve the mother from the obligations incidental to maternity; but the gratifying feature was that the care and pains taken had been of so much benefit to the community, and would certainly encourage the Committee to persevere.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Section of Pathology.

Meeting held Friday, March 18th, 1904.

Mr. E. H. Taylor and Dr. O'Sullivan exhibited a tumour from the leg of a man, æt. 42, which had originated a year previously in a mole. The tumour, which was attached by a pedicle, was pigmented, and had grown very rapidly. The glands in the inguinal region and in the iliac fossa were large and hard. Dr. O'Sullivan demonstrated microscopic preparations from various portions of the tumour. It showed near the periphery spaces lined by a single layer of high cubical cells separated from blood-vessels by hyaline connective tissue. In a deeper portion the cells, several layers deep, had encroached on this connective tissue and formed a sort of outside sheath to the vessels. The main part of the growth consisted of solid columns of cells separated from one another by a fine fibrous stroma. These cells showed very numerous mitoses. The pigment was confined to the stroma.

Dr. O'Sullivan considered the tumour to be an endothelioma growing from the lymph spaces in the subcutaneous tissue.

The President discussed the paper.

Mr. L. G. Gunn showed two tumours from kidneys of different subjects. One he called a sarcoma, showed large round-cells invading the kidney substance. He discussed the possibility of the tumours being a carcinoma of the suprarenal capsule. The second tumour showed a firm cystic structure with a papillary growth extending into and dilating the ureter.

The President and Dr. O'Sullivan spoke.

OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

Meeting held March 7th, 1904.

The President, Dr. Thomas Barr, in the Chair.

Resumed discussion on Dr. Milligan's paper, "The Etiology and Treatment of Labyrinthine Suppuration."

Mr. Cheatle thought vertigo was not to be relied on as an indication for operation, nor did erosion of the inner walls of the antrum and tympanum always imply fistular communication between those cavities and the labyrinth. Cases often recovered from these conditions after the complete post-aural operation, and without exploration of the labyrinth, and without the total loss of hearing caused by such exploration. On these and other grounds he recommended operating by stages. He thought the posterior limb of the external semicircular canal a better way of approaching the labyrinth than either the anterior limb or the fenestræ, on account of the proximity of the latter to the facial nerve and bulb of the jugular vein.

Mr. Whitehead gave an analysis of 691 cases of acute and chronic mastoid disease dealt with by himself and colleagues at the General Infirmary, Leeds. Of these, 27 had suppuration of the labyrinth, of which 14 had facial palsy, 5 vertigo, 11 no special symptoms; 11 cases died, 6 from cerebellar abscess, 3 from meningitis, and 2 from marasmus. Mr. Whitehead remarked on the danger of tearing the dura mater in attempting to remove large sequestra before they were thoroughly loosened.

Prof. Urban Pritchard supported the views expressed by Mr. Cheatle, and suggested the use of a 1 per cent. solution of nitric acid—as practised by himself for many years—for the decalcification of sequestra.

Dr. Dundas Grant also discussed the difficulty of exploring supposed fistulæ in the labyrinthine walls without producing the very disease whose existence was feared. The diagnosis of latent labyrinthitis was extremely difficult.

Mr. Fagge thought the posterior limb of the external semicircular canal was the best route for exploration of the labyrinth.

Mr. Lake referred to the frequent causation of deaf-mutism by necrosis of the labyrinth, especially in scarlet fever.

The PRESIDENT spoke of the intimate relations of the cerebellar fossa and the labyrinth, and the consequent frequency of intracranial lesions in labyrinthine suppurations. He also referred to the fallacies of Weber's test for nerve deafness, instancing a case in which the sound of the tuning-fork was referred exclusively to the affected ear, although it was proved by the autopsy that the labyrinth had been destroyed.

Dr. MILLIGAN replied.

Dr. DUNDAS GRANT reported a case of thrombophlebitis of the sigmoid sinus in which recovery took place after removal of the suppurating clot from the sinus and *without* ligation of the internal jugular vein.

Mr. LAKE showed four patients, with drawings of the membrana tympani. One case had herpetic vesicles on the lip, concha, and membrane. The other three had aural pain and papules on the membrane, which were "nearly allied to, if not actually, herpes."

Dr. POTTER showed a patient with signs of hereditary syphilis, in whom appreciable improvement of hearing had occurred, apparently as the result of treatment by pilocarpine injections (subcutaneous).

Mr. CHEATLE, Prof. PRITCHARD, and Dr. HORNE thought pilocarpine was of less value than repeated blistering behind the ear.

Dr. MCBRIDE considered pilocarpine to be by far the best remedy yet introduced for labyrinthine deafness.

Mr. LAKE was of the same opinion.

Dr. DUNDAS GRANT thought it was of value in cases where there was increased vascularity of the labyrinth and tympanum, but strongly contra-indicated in anæmia of the labyrinth.

Mr. HUGH E. JONES exhibited a specimen of abnormally small antrum, and another in which the antrum was replaced by diploë.

Dr. PEGLER exhibited a sclerosed temporal bone in which no antrum could be found.

These specimens were shown in response to Dr. TILLEY'S suggestion at the last meeting that the antrum might be absent in rare cases. Dr. Tilley now exhibited a bone with a very small antrum.

Mr. CHEATLE exhibited temporal bones showing some fallacies of Macewen's triangle as a guide to the antrum.

Dr. JOHN HORNE: Preparations illustrating the surgical and morbid anatomy of labyrinthine suppuration.

It was announced that the next summer provincial meeting of the Society would be held at Glasgow.

Special Articles.

ALGIERS AS A WINTER RESORT.

[FROM OUR SPECIAL CORRESPONDENT.]

SINCE penning my first letter (*a*) I have had an opportunity of ascertaining for myself what the climate is like, and if this communication has been delayed it is largely due to the fact that I was awaiting a time when I could conscientiously speak in praise of it. That occasion, however, did not present itself until about a few weeks since, and so I held my hand. The early part of November was warm and bright, and Mustapha Supérieur seemed a paradise after autumnal London. Towards the end of the month, however, it began to rain, not the gentle rain from Heaven that falls upon the place beneath, but waterspouts; two or three inches of rain fell in the twenty-four hours, and this continued off and on for quite six weeks. At times, in fact on most days, we had two or three hours sunshine, and then down came the rain again. Even when it rained it was bright, but the rare visitors were loud in their lamentations over what they regarded as a breach of contract. At first they were pacified with the assurance that it would not last more than a week or two; then the hotel proprietors fell back on the assertion that such weather was phenomenal, unheard of, un-Algerian, quite an infamously record year. By-and-by, even the natives failed to excuse, still less to justify, the climatic vicissitudes. Discontented visitors scraped the mud off their boots on the hotel steps and betook themselves to Biskra, Tunis, and Hammam R'Irha, hoping for better things; but the weather was that of the whole Mediterranean basin, and was not to be evaded. Anything more dreary than to be cooped up in a palatial hotel with a fiftieth part of the usual complement of visitors, at such a place as Biskra, with dripping shivering Arabs and washed-out palm trees for spectacle, it would be difficult to imagine. And it was cold, *i.e.*, the maximum temperature did not rise above 65°, while the minimum fell to 45° or thereabouts. When the thermometer marks less than 60° F. here, people shiver, complain of the cold, and don winter clothing.

About the middle of January matters began to mend, and with the advent of February the sun resumed its sway, the roads dried up, wayside vegetation began to thrive, and oranges became a drug in the market. Now one lives with the windows wide open, and heavy garments are oppressive—nay, the straw hat is beginning to come into fashion. The barometer traces a monotonous straight line, and we are in for a prolonged spell of fine weather. This is the Algerian climate as it is described and as visitors expect it, and when one gets it life is shorn of its gloom.

I have collected the meteorological reports throughout the winter, and certain facts stand out prominently. Apart from the prevalence of heavy rains, which have been as phenomenally in excess here as they were last year in Europe generally, the winter is surprisingly mild. Never the slightest trace of snow, except on the distant Atlas mountains; never, indeed, did the thermometer get within ten degrees of freezing point at night, while during the daytime it was almost always comfortably warm. The humidity of the air renders it desirable to have fires, which, however, are not a necessity for persons of active habits, in the daytime, although for invalids they are, of course, indispensable. There is also a noteworthy absence of marked oscillations of temperature, the greatest variations not exceeding ten degrees in the twenty-four hours. During the month of January, for instance, the average maximum was 59°, and the minimum 49·8°, being 19·3° above the maximum for Paris, and 6·6° above that of Nice. No leaden skies; even at the worst of our pluvious misery on only three occasions was the day really dark and dreary; indeed, for persons strong and energetic enough to go out clad for the fray the rain offers little impediment to exercise in the open air.

The rain does not always fall in December, sometimes that month is delightful; but the rain has to fall at one time or another, so if it be not in December it must be later. Considering that they get practically no rain for eight months, we must not grudge the inhabitants their few weeks steady pour, though it would admittedly be an advantage if one could know exactly when it was coming.

But how for the invalid? Well, it is much to have a climate with limited thermometric oscillations, where the air is pure, and never, even in the depth of winter, decidedly cold; where it is very exceptional not to see the sun for at least two or three hours during the day; one, too, in which, when the sun does come out, we are transported in a few minutes into scenes so bright, so cheerful, of such tremulous beauty as to be almost fairylike. At the worst the rainy season is measured by weeks, and, outside that, life here is perfection, or will be so soon as they have discovered a means of preventing the dust which has developed into a nuisance since the advent of automobilism.

Such as it is, the climate seems well suited for persons with "weak lungs," especially those who are strong enough to enjoy life in the open air; for the subjects of chronic bronchitis who, in England, would be compelled to remain indoors for months together, and also for cardiac patients whether suffering from the effects of valvular disease or from cardiac neurosis. It is doubtful whether the more advanced lung cases derive any benefit beyond that to be obtained from

(*a*) *Vide* THE MEDICAL PRESS AND CIRCULAR, December 23rd, 1903.

the vivifying influence of direct sunlight and cheerful surroundings. The climate is said to be stimulating, but what most people notice is that one requires more sleep than north of the Mediterranean. This tendency to sleep is in a sense recuperative, and persons of irritable nervous constitution derive benefit from this quasi-enforced repose.

Then, too, those the subjects of chronic renal disease, who require warmth and equality of temperature, do very well in Algiers. High up the slopes in Mustapha Supérieur and in the neighbourhood of El Biar, the air is very bracing, and visitors who prefer the warmth of the less elevated parts to live in can drive or walk there, when climatic conditions are favourable, returning at least an hour before sunset.

In my next letter I shall deal with the local circumstances as they affect those who come to spend the whole winter here as distinguished from those who only propose to spend a few weeks.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, March 26th, 1904.

TREATMENT OF COLD ABSCESS.

PROF. LANNELONGUE, an authority on tuberculous diseases, says that cold abscesses are in reality tuberculomes of which the centre is softened, liquefied, and the walls constituted by an active membrane containing tuberculous nodules of increasing proliferation. These cold abscesses are aseptic, the bacilli of Koch are alone the cause. No matter what their origin—seated in the ganglions, articulations, or the bones—cold abscesses give rise to more or less pronounced general phenomena. Locally, fistulæ are formed rapidly. Profuse suppuration follows amyloid degeneration of the viscera, frequently ending in fatal complications.

The treatment of such abscesses should be at first addressed to the general condition of the patient: cod-liver oil, strengthening food, sea air. Locally, the best treatment is tapping followed by a modifying injection. Large incisions should be proscribed; they do not suppress the walls of the abscess and frequently expose to secondary infection. Modifying injections, on the contrary, have for aim the destruction of the bacilli of Koch, and above all to determine in the walls of the cavity a fibrous reaction necessary to every tuberculous lesion. These injections are antiseptic and sclérogène. Different liquids have been employed; tincture of iodine, chloride of zinc, chloride of silver, camphorated naphthol, and iodoform in ether. The most used are the last two.

The tapping is practised with an ordinary trocar, the largest of Potain's aspirators. The parts should be carefully washed with soap and water, and finally with alcohol, while particular attention must be paid to the hands of the operator, to render them absolutely aseptic. According to Kinisson, this operation requires as much preliminary precaution as laparotomy. The point at which the trocar is to be inserted is of considerable importance; it should be selected a little beyond the limits of the abscess, so that before penetrating into the cavity the instrument should pass through a section of healthy tissue. This point should be situated at the highest part of the abscess, and not in the lowest as in ordinary inflammatory suppurations. These precautions are necessary to avoid secondary fistulæ. After anæsthetising the point chosen with chloride of methyl or a solution of cocaine (1-100), the trocar is inserted slowly until the cavity is reached, when it is withdrawn, leaving the cannula *in situ*. The liquid flows out generally without difficulty; however, it sometimes happens that none appears—in such case the tube has got blocked up by fungosities. These can be easily removed by passing down a blunt stilette.

The amount of liquid to be injected varies with its nature. If camphorated naphthol be used, it must be remembered that it is not an inoffensive substance, and that it provokes sometimes very serious if not mortal accidents; the dose should not exceed half a drachm. If iodoform in ether be employed, one drachm may be injected, but unless care be taken, it determines violent pains and sphacelus of the skin by exaggerated distension of the cavity.

To obviate these accidents, the cannula should be left a few minutes *in situ*; the ether vapours escape and the powdered iodoform alone remains in the cavity. A small piece of sterilised gauze held in position with collodion terminates the operation.

PSORIASIS OF THE SCALP.

The following will be found useful in the treatment of this, at times, intractable disease:—

Pyrogallic acid	gr. xv.
Salicylic acid	gr. xv.
Resorcin	gr. xv.
Chrysophanic acid	gr. vj.
Ichthyol	gr. xv.
Oil of Cade	ʒiv.
Lanoline	ʒiv.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, March 26th, 1904.

AT the Hufeland Society Hr. A. Fraenkel gave some demonstrations of

CASES OF TUBERCULOSIS.

In a previous address he had divided pulmonary tuberculosis into three groups. (1) The circumscribed. This was the best-known form, and it showed itself after hæmoptysis. Shortly after a catarrh of the apex could be determined. There was generally fever, that passed off after a time, but a demonstrable catarrh of the apex remained. (2) and (3) The diffuse and the disseminated forms. The first was represented by tuberculous pneumonia. The most characteristic clinical feature was that in a patient who had previously had manifest symptoms of a variously extended tuberculosis, a lobar dulness developed, as in pneumonia, with rusty sputum, but resolution did not take place, and when it did, in the great majority of cases, it took place *en bloc*. In the disseminated form there were various disseminated patches, with portions of lung containing air lying in between. In this three subsidiary forms were to be distinguished—the hæmoptoic, in which numberless patches were met with of a reddish-brown colour, and, later, caseations, the peribronchitic, with numberless patches, which closed up the smaller bronchi; and the ulcerating form, which, in a narrower sense, had been called galloping consumption. This was characterised by rapid melting away of the lung tissues, dependant on mixed infection. We observed this form principally when, in a case of tuberculosis, a sudden extension of the disease took place under the influence of an acute infective disease, or when diabetes was present or in childbed. During the past few months the question, How did human tuberculosis arise? had moved the medical world. v. Behring was of opinion that it spread to the lungs from the intestines along the lymphatics. The notion was not new. It had been generally assumed that the virus first entered the bronchial glands through the air passages, and from there infected the lungs, either by the blood or the lymph

tract. v. Behring had shown that up to the present there was not a single proof that tuberculosis of the adult was an inhalation tuberculosis; we saw the patient first, however, after he had passed through a latent stage. A greater part of mankind had small tuberculous patches in the lungs without being candidates for tuberculosis. An acute tuberculosis could, therefore, come through a hæmorrhage. By this the bacilli slipped into the alveoli. The circumscribed tuberculosis proceeded from the bronchi (Virchow). It might be lighted up by childbed. It might be observed that the immediate factor must be sought in the preceding struggle during the labour. The speaker showed a preparation from a woman, æt. 30, who was healthy at the time of her confinement. She came into hospital with copious fœtid expectoration and quantities of bacilli that lay together in thick heaps. No constant dulnesses could be made out, so that it was clear that there were no cavities that were at times emptied of their contents. This assumption was found at the necropsy to be correct. The patient shown, a young man, presented the rare combination of a pulmonary arterio-sclerosis with tuberculosis, to which Tranbri had drawn attention.

At the Medical Society Hr. Oppenheim showed a case of

CONGENITAL MYATONY.

The patient, a child, æt. 19 months, was of healthy parentage, and had come into the world in a normal manner. Soon after its birth, it was remarked that it could not move its extremities. It was not until t was nine months old that it began to move its arms a little, and it only began to move its legs a few weeks ago. Its development otherwise was normal. The volume of the muscles was not reduced, the bones were, however, diminished, and the tendon reflexes were absent. The leg muscles did not react to any stimulus, either mechanical or electrical. Sensibility was normal.

The speaker had observed five cases of the like affection, which, however, differ in the extent of the disease; in no case was the region of the central nerves implicated. It was typical that the muscles were not atrophied. It was distinguished from poliomyelitis by being congenital; the kind of paralysis was also different. There might be an incomplete development of the muscular system, or possibly an atrophy of the anterior horn of the spinal cord.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March 29th, 1904.

FACIAL PARALYSIS AND OTITIS.

AT the Gesellschaft der Aerzte, Alexander demonstrated the case of a patient who had suffered from facial paralysis for five years after a running from the left ear. The diagnosis was an embolic condition of the trunk of the vessel supplying the hypoglossus. For this an operation was undertaken and the embolus removed, which had the effect of relieving in a great measure the paralysis of the tongue and associated atrophy, but the facial paralysis still persisted and is none the better for the operation.

GASTRIC VOLVULUS.

Pendl next showed a case of volvulus of the stomach to the members of the institution, which he said was the second on record. The patient was a male, æt. 62, who experienced a severe pain one night in the left side of the body when turning over in bed, associated with vomiting and retching. After his arrival at hospital a large swelling about the size of a man's fist and tympanitis were easily discovered on the left side of the abdomen. The patient seemed to be collapsed, having no eructations or flatus. It was immediately resolved to perform laparotomy, and after opening the abdomen the stomach was found blown up with gas which could not escape owing to the organ having been turned on its axis between the cardia and pylorus, thus preventing escape either upwards or downwards. After puncture, the organ was reversed and placed in its normal position.

The cause of this accident Pendl attributed to a slight form of gastroptosy associated with a long, transverse mesocolon, which would be hastened by the sudden movement of the body, causing the organ to revolve, throwing it under the diaphragm, where it seems to have become fixed.

HERNIA EPIGASTRICA LIBERA.

Weinlechner exhibited a patient on whom he had performed the radical operation for hernia epigastrica libera, with the best results. He had operated on the same subject for varicocele seventeen years ago.

RÖNTGEN RAY TABLE.

Some difficulty has been experienced by surgeons in operating under the Röntgen rays owing to the position of the light and limitation of space, particularly in those foreign bodies that move about among the tissues when they begin to follow them with the knife. Grunfeld showed a table so arranged for operation that any part of the body can be illuminated by the rays for the surgeon to cut down on at once.

Gersuny thought the best method for operating on these bodies by any light was first to take a hypodermic syringe of methylene blue, and with the assistance of the Röntgen rays drive the needle into the foreign body, where a little of the fluid may be left, and when gradually withdrawing the needle allow a small portion to escape along the line of the needle insertion. This line will guide the operator with daylight to cut down exactly on the foreign body and have it removed at once.

TUBERCULOSIS IN THE DIAPHYSIS OF LONG BONES.

In the so-called primary form of tubercle in the diaphysis three groups may be easily separated—(1) The progressive cheesy infiltration; (2) the cheesy infiltration with the formation of sequestra; and (3) the granulating centre.

These three forms are not always rays of separation as one is apt to run into the other without any distinguishing barrier. The first must be distinguished from periosteal hyperostosis and extreme eccentric atrophy of the affected diaphysis, where the osteophytal covering rapidly dies, leaving the bone with a normal appearance without any sequestra. In this case the new formation of bone is destroyed internally, thus increasing the bony cavity.

The second passes on to a cheesy infiltration of the marrow tissue of the bone, although a sort of mixed progression is often observed where an outer and inner hyperostosis exists with necrosis and final separation of sequestra. These morbid changes are sometimes so far advanced that no evidence of pus or fistula is present to establish the true state of affairs. The sequestra in this stage differ from those of purulent osteomyelitis, in so much as they are not only sclerotic in character, but that they contain tubercle in addition.

The third form has a similar cheesy infiltration without the tendency to solution, although no power to form large sequestra. Here, also, we have internal and external hyperostosis, which, in common with the second group, differs from purulent osteo-myelitis by the areal extent and intensity of the disease.

The cause usually contributing to this diaphyseal

club is the rapid increase in the length of bone, which should always be marked as a phenomenon of the disease which occurs mostly in children, or when the bones are extending. Any destruction in the soft tissues does not provoke the disease until it becomes protracted and capsuled, when transmission to a joint may become possible.

This disease has the advantage over many others that it can be early diagnosed by means of the Röntgen rays.

Treatment should be operative when the centre is solitary, but when it becomes multiple judgment is required to secure success. In many cases of multiple centres it often arises for consideration whether an important joint should not be operated on, although it may be impossible to attack all the other centres that have presented themselves. The method pursued by Mosetig of using iodoform plugging is recommended.

Phthisiogenesis and Anti-Tubercle.

Behring has contributed a very interesting and important article on the genesis and suppression of tuberculosis. Disposition is necessary for infantile infection, which is probably imported by air, as anti-tuberculin is found in milk as a soluble colloid incorporated in the protoplasmic element, which is derived from the endothelium of the secreting gland. This anti-tuberculin is destroyed by boiling milk and conserved by one in 10,000 of formalin. This dictum revolutionises the whole of our elaborate sterilising and disinfecting of milk.

The Operating Theatres.

GUY'S HOSPITAL.

Operation for Obstructive Jaundice in the Last Stage.—Mr. R. Clement Lucas operated, as a last chance, on a patient whose complexion was deep olive green from obstructive jaundice, and who had been condemned with good reason as dying from cancer of the head of pancreas and secondary deposits. Her symptoms commenced four months before, after exposure to cold when driving in an open wagonette. In the evening she felt cold round the waist and unwell. She then began to suffer from severe indigestion, vomiting all her food, and was reduced to taking peptonised milk and beef-tea. A week or two after her drive she became deeply jaundiced and about the same time a swelling was noticed in the abdomen near the umbilicus, which gradually increased in size. She has had no great pain, but since the swelling appeared she experiences a sense of weight in the abdomen when sitting erect. The swelling, which is movable, is somewhat tender when handled, and for four months she has had to take medicine every night to keep her bowels open. She has lost a great deal of flesh, and her vomit is dark green. She has never passed blood in her motions, and has never had any attack of colic. She had had the best advice in the country town where she resided, and as it was decided there that no operation would be likely to give relief, her husband requested that she might be placed under Mr. Lucas' care in Guy's Hospital. She was intensely jaundiced and very feeble on admission, and there were a number of dark brown spots under the skin of the abdomen. The swelling opposite the umbilicus was very hard and about the size of a large orange, but movable on the deeper parts. It had been thought to be a secondary deposit in the omentum. Mr. Lucas determined to explore in the region of the gall-bladder, and made an incision four inches in length over the right linea semilunaris, which was cut through and the peritoneum opened. A little omentum protruded, which was pushed back and the liver exposed. It was extremely nodular and irregular on the surface, with yellowish masses showing through the liver-coloured tissues, and at one place there seemed to be a distinct scar; but whether this appearance was due to secondary deposits, cirrhosis, or syphilis could not be determined, Mr. Lucas pointed out, through the limited area exposed. The whole liver was intensely hard and irregular, and below it a large cyst was reached lying over the kidney, apparently the much-distended gall-bladder. This was tapped, and at first a thin, lightly-coloured brown fluid escaped, which gradually became darker and more viscid, till fifteen ounces were collected. Towards the end a distinctly slimy discoloured mucus escaped. The whole cyst was then drawn into the wound, and it was found that the tumour opposite the umbilicus had then disappeared. This swelling had evidently been caused by a pouched end of the gall-bladder, which, on the left side, was thickened, opaque, yellow in appearance, and hard; but whether due to growth in the wall or to inflammatory thickening as the result of ulceration within Mr. Lucas could not say; but he said he could distinctly feel several large gall-stones within the bladder. He would have liked to have gone on and excised the gall-bladder and cleared out its contents, but owing to their viscidity the tapping had taken some time, and, the patient's condition becoming critical, the anæsthetist thought she would bear no more on that day. The peritoneum was therefore sewn all round to a portion of the gall-bladder, which was left exposed for further operation, and antiseptic packing was applied over it. The patient was somewhat relieved as the result of the emptying of the fluid contents of her gall-bladder, and two days later, on March 17th, Mr. Lucas proposed to operate again; but the patient, who had suffered a good deal of discomfort as the result of the ether administered on the previous occasion, absolutely refused to take an anæsthetic a second time. She, after some persuasion, consented to have the gall-bladder opened under eucaine. The gall-bladder was again tapped preliminary to incising it, and ten ounces of bile-stained fluid were drawn off. It was then opened with scissors and the edges sewn to the margin of the skin. Gall-stones immediately made their appearance in the opening, and by means of various forceps two hundred and seventy-eight stones were removed. Two of these were of large size, in the form of cubes, measuring half to three-quarters of an inch in diameter; seven were of medium size, about a quarter of an inch in diameter, and the rest small facetted stones. The opening in the gall-bladder was plugged with gauze, as it was doubted whether all had been extracted. Mr. Lucas remarked that the occurrence of so distended a gall-bladder and the presence of so many stones does not exclude the possibility of the diagnosis of cancer being correct, as such conditions are frequently associated with cancer. The patient's condition, he said, had improved since the first operation, and her jaundice, though still intense, is somewhat less marked, so that the exploration at this late stage has been justified. If her condition would admit of it and her consent could be gained to submit a second time to an anæsthetic, Mr. Lucas said he would open the abdomen in the median line with a view of exploring and, if possible, of clearing the common bile-duct.

When dressed on the following day the house surgeon extracted two more half-inch cubic stones that were presenting, and twenty-five smaller ones. Five days afterwards the dresser secured two other small stones, making the total extracted up to three hundred and seven.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 30, 1904.

RADIUM AND CANCER.

DURING the past week an announcement, with every semblance of an official origin, has been made to the effect that the use of radium in the treatment of cancer has been abandoned at the Brompton Cancer Hospital. That news, whether true or fallacious, having been published in some of the leading London newspapers, has since gone the round of the provincial press. At a moment when the popular mind has become fascinated with the question of cancer and its possible cure, a bald and abrupt announcement of that sort is liable to do a great deal of harm. We have no hesitation in saying that a communication of the kind should be made only through the medium of a scientific medical journal. At present it is impossible to know in what way the journalist has obtained the information that has led him to proclaim the failure of the radium treatment of cancer. Perhaps his busy pen has been set going on the strength of some partially understood statement made by someone or other attached to the Cancer Hospital. In the present stage of investigation he would indeed be a bold man who would deliberately say that radium is of no use in cancer, and, moreover, is not likely to be of any future value in the treatment of that baffling and mysterious malady. Rodent ulcer is a disease of carcinomatous type, and there is no surgical fact more clearly and definitely proved than the cure of many cases of rodent ulcer by the application of radium. This reflection will at once occur to the cautious investigator of the phenomena of cancer, and the cautious man alone—it may be added—is likely to advance our scientific knowledge in a highly technical investigation of the kind involved. We decline to believe, therefore, that a responsible body of surgeons, having a special knowledge and experience of cancer, could have given utterance to any such sweeping rejection of radium, past, present or future, as the lay journalists would have us believe. The undesirability of the public newspaper dabbling in such subjects could hardly be more pointedly illustrated than in the instance under discussion. From the facts of the case it is impossible to examine the evidence on which the conclusion has been founded, for the simple reason that no such evidence has been furnished. A formal article in a medical journal, on the other hand, would have dealt with the matter systematically, and enabled the trained medical man either to detect fallacies of fact or of reasoning, or to confirm the matter from terms to conclusion. What may be the future place of radium in therapeutics it is at present impossible to say with any approach to reasonable accuracy. There can be little doubt that with this mysterious metal a new and potent remedy has been put in the hands of medical science. It may be that radium is merely a precursor of greater marvels, just as at the present moment it stands at the head of a series of radio-active therapeutic agencies that started from the dermatitis due to the Röntgen-ray tube some years ago. The readers of a medical journal need hardly be reminded that a great deal remains to be learnt with regard to the clinical uses of radium. At the same time facts are being rapidly accumulated by the labours of enthusiastic workers in all parts of the civilised globe. Time alone will show whether the failure will be outbalanced by success or *vice versâ*. It is doubtful whether we have yet ascertained the elementary facts as regards the action of radium upon both sound and unsound tissues, both of which are a necessary preliminary to an adequate scientific knowledge of the subject. At the same time it is fortunately possible to arrive at definite therapeutic conclusions on grounds that are purely empirical, although on a similar basis it would be rash to advance theories of negation with anything like the same amount of confidence.

WANING BIRTH-RATES.

IT is customary to refer to French birth-rates whenever it is desired to give an object-lesson in how not to do certain things, but in point of fact the waning fertility of the French nation is only one example of an inhibitory influence which is common to all races under certain social conditions. Precisely the same phenomenon, in an even more aggravated form, is witnessed in respect of the white population of the United States—that is to say, of individuals who really form part thereof in the sense of having been born under the flag. Even more remarkable, from many points of view, is the fact that the same waning fertility is the subject of anxious comment in Australia, where fertile marriages are becoming rarer, and the birth-rate of fertile marriages much reduced. As in the United States, the fertility of Australian born women is markedly less than that of women emigrants. Looking at these facts in the aggregate it is obvious that the diminution of the various birth-rates is not due to any physical deterioration on the part of the populations, but rather to certain social conditions, foremost among which is a comparatively high standard of physical

well-being. Physiologists teach us that the fertility of the individual increases in proportion to the abundance of nourishment, and sociologists have familiarised us with the theory of "limits of subsistence." Doubtless these arguments are physiologically true, but here, however, we have to deal with another set of influences, social and ethical. In support of the view that the change is due to social and not to physiological influences may be instanced the observation that where the marriage birth-rate is lowest, the illegitimate birth-rate is highest. One explanation of the stationary birth-rate in France is suggested in the artificial difficulties placed in the way of marriage by the ineligibility of undowered women and exaggerated administrative hindrances to lawful union. These considerations do not, however, apply either to the United States or to Australia, since in both these countries the pre-marital formalities are simple and pecuniary considerations are of quite secondary importance. The whole explanation, indeed, must be sought in the social rather than in the physiological domain. Given a high standard of living, the units of which the population is composed are indisposed to assume responsibilities entailing a redistribution of the means to that comfort, and deliberately curtail their reproductive ability. The State, which is primarily interested in securing a progressively increasing population, does nothing to bring that about. From the tax and ratepaying point of view the parents of large families are treated on exactly the same footing as the unmarried and infertile, the service they have rendered to the State being ignored. A small concession to the perception of this crying injustice has been made in France, where the parents of six children and upwards are exempted from certain payments to the State, but nothing of the kind has been attempted elsewhere. Yet a man who, by the sweat of his brow, rears six or more children to maturity, and provides them with an education suited to their social position, has in reality done far more for the State than his fellows who have been enabled to lead a life of potential self-indulgence by limiting their expenses to themselves. When a once prolific nation becomes wealthy, the one idea is to restrict its enjoyment of that wealth to the minimum number of citizens, and the production of citizens *in embryo* is curtailed. This may be in virtue of a natural law whereby the weak producing powers of nations are kept within comparatively narrow limits, and if so it is useless to repine. Education is certainly no remedy for such a state of things; on the contrary, the most highly-educated classes of the community are the least fertile, education, indeed, being one item in the high standard of comfort which we have referred to as the real cause of this voluntary infertility. The tendency is the same everywhere, everywhere the marriage age tends to increase, and the proportion of children per marriage diminishes, it is everywhere only a question of degree—and of time. The Nemesis of over-population, the spectre evoked by Malthus, is probably a mere bogey, since Nature seems to have provided an automatic check on over-population which we can see in operation on every hand. The lesson to be learned is that a reduction of fertility is not *per se* a sign of actual physical degeneracy, nor even of national decrepitude, but it is an indication that a period has been reached in the history of a race which corresponds to obesity in the individual, and this, as we know, is a sign of slowed nutrition.

SCARLET FEVER AND ISOLATION HOSPITALS.

Considering the great importance of scarlet fever from the point of view of public health, it is hardly to be wondered at that the proper public policy in regard to it is a matter of prime interest. For many years it has been the custom to isolate, or segregate, those who are suffering from any infectious disease, and by preventing communication with others, to attempt to "stamp out" the disease. In the case of many diseases—leprosy, small-pox, typhus fever—there is little doubt that this plan, in conjunction, of course, with other methods, has been successful. With the modern interest in public health, isolation as a public policy has practically become universal. Fever hospitals have been put up by the local health authorities all over the country, the main purpose being not to cure the individual sufferer, but to prevent the spread of infection. The diseases which, for the most part, have filled these hospitals are scarlatina, typhoid, diphtheria, and measles. As regards typhoid and diphtheria, it is obvious that the spread of infection is not the only advantage aimed at; it is but rarely that in a working man's family the requisite nursing and medical attention can be given to a serious case of either of these diseases. With them, then, the benefits of hospital treatment are so great that, apart altogether from considerations of public safety, they will continue to be treated in hospitals rather than in private houses. As regards scarlatina, however, no such argument holds. There is but little difficulty in treating a case of scarlatina in any house where a sick person can have a room to himself, and, consequently, if it can be shown that there is no danger to public health in so treating scarlatina patients, there will be little excuse for further expense in the maintenance of public institutions for them. The economic importance of this contention, if proved, is very great, for at the lowest computation the expenditure on the isolation of scarlet fever is at least equal to the expenditure on isolation of all other diseases taken together. There need hardly be any question that the isolation policy in regard to scarlet fever has not been attended with the success attached to it with other diseases. Though it is difficult to obtain suitable statistics for argument, there is little reason to believe that the disease is diminishing in numbers; and, in the opinion of those who have most experience, it is certainly not diminishing in virulence. Indeed, some good observers

believe that serious complications, such as otitis and rhinitis, are more commonly met with in hospital than in private practice. Many figures, fallacious or pertinent, have recently been put forward to show that the towns where scarlet fever has not been isolated are in no worse case as regards incidence of the disease than those where isolation has been most rigorous, and some well-known sanitarians, such as Dr. Millard, of Leicester, and Dr. Fraser, of Portsmouth, have put forward the view that hospital treatment of scarlet fever has proved a failure. It is maintained by them that infection is spread quite as much if the cases are treated in hospital as out of it, while the type of the disease is usually worst in hospital. In such circumstances they think it unjustifiable to continue spending large sums of public money in keeping up a useless system. We hardly think their case is proved. If hospital treatment is unsuccessful it is a failure in practice, and not an error in theory. And being so, it can be amended. In some cases the construction of the building is bad, in many there is a culpable overcrowding; and the whole question of disinfection of clothes is still in an unsettled condition. In many institutions it has been found that the exit of a patient with nasal or aural discharge is followed immediately by a crop of "return cases," yet it is often the custom to permit patients to leave as soon as peeling is finished, quite regardless of the presence of an infectious discharge. But there still exists much difference of opinion among medical officers of health on the whole subject; many of them have given it most careful consideration, and still hold firmly to the principle of isolation. We believe with Dr. Millard, however, that a searching inquiry into the whole system is advisable, but such inquiry must be undertaken with perfectly open mind, and without predisposition in favour of one conclusion rather than another.

Notes on Current Topics.

Medicine in the Seventeenth Century.

THE present can be understood only by a careful study of the past; and those who would see the pathway into the future must not disregard the footmarks in the road which has been trodden. There is much of arrogance and pride in the spirit of to-day which a proper consideration of history would go far to reduce to proper dimensions of humility, and with a due infusion of reference, knowledge might grow and ignorance and quackery be confounded. The self-opinionated and mentally inflated in medical circles would do wisely to turn to the attractive study of physic in the seventeenth century, as portrayed by the late Sir Walter Besant in the recently published "London in the Time of the Stuarts." The Cockney of these bygone days had as many nostrums and infallible medicines as his successor of the present day. When the Queen was ill in 1663, they shaved her head and applied pigeons to her feet. A dentist had his regular round, and, carrying his dentist's "key" and decorated with drawn dental structures, bawled his calling in the streets. Salt or chloride of gold was taken by noble ladies. Pearls were supposed to have mystic virtues. Coral was a fashionable remedy. Complexion-washes for ladies and fops, love-philtres for the melancholy, and anodynes for the aged were commonly dispensed in every apothecary's establishment. "Tumours" then, as now, were pathological puzzles, but supposed to be curable by stroking with the hand of a dead man. Everyone in those days believed in astrology. "Texts of Scripture, mystic letters, cabalistic rings, and other devices were commonly worn even by the most intelligent." Advance has undoubtedly been made since the days of the Stuarts, and yet it is well for the modern physician to remember that still to the majority of people there is much of mystery surrounding medical procedure, and no little amount of superstition prevailing, even in so-called cultivated society. It is only necessary to scratch the surface of the diseased divine, or uncover the cuticle of the ailing lawyer, and beneath will be found the lingering liking for the quack and the doubting faith which is oftentimes only too willing to adopt the practice of the occult and uncanny. The twentieth century is not far distant from the seventeenth in matters medical.

The Sanatorium Report.

IT is to be regretted, although perhaps not altogether surprising to find, that the optimistic predictions of the advocates of sanatorium treatment for tuberculosis should be beginning to be followed by disappointment to many, now that the system is in full swing. To hear much of the talk that was freely vented three or four years ago, one would have thought that a millennium was about to dawn for the poor consumptive, and yet no discovery had been made that would have warranted any statement of the kind. The most that can be said was, that after many years of stifling the patient in a confined atmosphere, the profession as a body awoke to the fact that it was far better for him to enjoy the natural conditions provided for mankind by Nature than to impose artificial ones on him. Fresh air, sunlight, and plenty of food have always been good for man, and he will always be better with them than without them—even if he is a consumptive. From the application of that fact—already well recognised by many physicians—by the profession generally to the holding out of hopes of cure to all and sundry was a far cry, and an unjustifiable one. Consumptives got well and died long before sanatoria were thought of, and they will continue to do so long after sanatoria have found their way into the limbo of obsolete appliances—a formidable list—for the cure of consumption. Our sanitarians seem to be what Lord Rosebery calls "whole-hoggers"; in order to induce people to take up a reform the most lurid attractions must be held out. The Leeds Association for the Prevention and Cure of Con-

sumption have lately issued their annual report since the opening of their sanatorium at Gateforth. In this they admit that though in incipient cases hope may be held out, in advanced cases temporary improvement only can be looked for, and in active febrile cases sanatorium treatment does no good. In their experience, too, relapses frequently occur, and leave the patient much as he was before, and these relapses are particularly frequent in the class for which they cater. They fall back on the old argument of "educating" the patient as evidence of the good they may unconsciously be doing, but they admit that the diminishing tuberculosis mortality in Leeds may not be attributable directly to the sanatorium. In order that advanced cases among the poor may not be left at home to infect others, they have taken a house where they can be placed. Finally, they appeal for further subscriptions. The Leeds Association, although disappointed, seem to feel themselves entitled to say, with Lord Campbell, *militavi non sine gloria*, but they certainly are not dazzled with the brilliancy of their achievements up to the present.

A Medical Provost of Trinity College, Dublin.

The vacancy which has existed for the past two months in the Provostship of Trinity College, Dublin, has been filled by the nomination of Dr. Anthony Traill, Senior Fellow of the College. We think this is the first time that this important educational post has been filled by a medical man, at any rate, during the past century there has been no such incumbent; nor since the death of the famous Hely Hutchinson has there been a lay provost. The association of the office with science has, however, been very close, for we find that out of the eight provosts who held office during the nineteenth century, no less than four had, like Dr. Traill himself, occupied the Chair of Natural Philosophy. Dr. Traill obtained his Fellowship in 1865, and immediately devoted himself to the study of medicine, taking his doctorate in 1870. He never practised, and some years later he studied engineering, while he had previously gone through the Law School. His contributions to the literature of science have not been many, and he is eminently a man of affairs rather than a scholar. His business capacity is great, and his reputation as a financier is high. In public affairs in Ireland he has taken a prominent part as an Ulster landlord; and so strenuously did he oppose the scheme put forward last year by Mr. Wyndham for the settlement of the University question, that his appointment as Provost is taken to signify the entire withdrawal of that scheme by the Government. Since the death of the late Dr. Houghton, Dr. Traill has been chairman of the Medical School Committee, and he has been energetic in helping progress in that department of the University. It is hoped that with the increased influence he obtains as Provost that he will be able to further still more the interests of science.

Death in Suicidal Hanging.

It is not so long since it was taught that the cause of death in all cases of hanging was asphyxia, due to constriction of the larynx or trachea. Several well-observed cases have, however, shown during recent years that this doctrine requires considerable modification. We do not make reference here, of course, to the cause of death in judicial hanging, which under the "drop" system, now for many years in use, is fracture of the vertebral column, but simply to the causes operating in suicidal hanging. In one case recently reported on the Continent the absence of the effect of any laryngeal obstruction was made quite clear, as the victim was at the moment of suicide wearing a tracheotomy tube, and death was apparently due to constriction of the great vessels of the neck. In three instances recently occurring in India (*a*) death did not take place till after intervals varying from twenty-four hours to nine days. In two of these cases, pulmonary and cerebral congestion were noticed, but there were no distinct lesions found sufficient to cause death. One can only suppose that although obstruction to breathing was not immediately fatal, yet depressing effects of a serious nature were produced on the nervous and muscular systems by the circulation of venous blood. In the third case the immediate cause of death was cerebral meningitis, which was probably originated by the venous stasis at the time of hanging, nine days earlier. In all the cases unconsciousness seems to have taken place at the moment of suspension, and respiration ceased before the heart-beat.

The Effects of Typhoid Fever upon the Heart.

Among the numerous complications of the acute specific fevers the cardiac are, perhaps, the most to be feared. The poison of certain of the exanthemata, notably of rheumatic and scarlet fever, seems to fasten upon the heart in a large proportion of cases with a fatal persistence in spite of prolonged rest in bed and medicinal treatment. If actual structural changes are not produced, there is always a risk of a sudden heart failure, this being particularly liable to occur, sometimes without any previous warning, in diphtheria. Quite early in the course of an attack of enteric fever the physician will be on the look-out for signs of cardiac failure, as evidenced by a greatly enfeebled or almost inaudible first sound, a prompt exhibition of cardiac stimulants being then indicated, especially if the pulse be at the same time markedly dicrotic. The rarity of endocarditis in such cases is generally recognised, neither is it usually considered common to meet with cardiac lesions later, or after convalescence has been well established. In order to ascertain if such effects upon the heart frequently occur as a sequela to enteric, Dr. W. S. Thayer, (*b*) of the Johns Hopkins University, has examined 183 patients who had been previously admitted to the hospital

(*a*) *Indian Med Gaz.*, December, 1903.
(*b*) *Amer. Journ. Med. Sci.*, March, 1904.

suffering from typhoid fever during the last thirteen years. The results of his examinations go to show that the disease leaves its mark upon the heart with greater frequency than is generally supposed. Thus, the average blood pressure was higher than that observed in normal individuals of the same age under the same conditions, and that the radial arteries were palpable with greater ease. A considerable number also presented some evidence of cardiac hypertrophy. In eight cases, where on the patient's discharge from the hospital the heart was judged to be normal, the after-examination revealed mitral regurgitation and cardiac hypertrophy. Those cases in which a systolic murmur was heard during the attack, showed afterwards an increase of general blood-pressure and of the size of the heart. Typhoid fever would therefore appear to play by no means an unimportant part in the development of cardiac lesions, endocarditic or otherwise.

A Surgical Competition.

MEN have vied with each other in every form of contest—from duelling with pistols to seeing who could eat the most biscuits in an hour—since the world began, but although every medical man is striving to show his worth by doing his best for his patients, it surely is an unprecedented occurrence for two surgeons to engage in an open competition to decide whose method and skill is the superior. This, however, is what is announced to take place at Jefferson Medical College on June 6th, the contending gladiators being Dr. Adolf Lorenz and Dr. Albert Hoffa. Many of our readers will remember the name of the former, who attracted some little attention a few months ago by giving demonstrations of his "bloodless surgery," and who was reported to have received some very large fees for his wonderful cures. Dr. Hoffa, who does not appear to be advocating any particular method, is to demonstrate that he can do better than Dr. Lorenz, and he is proposing to start on some of the patients whom Dr. Lorenz failed to rehabilitate by bloodless surgery. Of course, the American reporter is all agog for the "copy" which he expects the contest will furnish, and which one may be sure he will supply whether the contest furnishes it or not. At present one has to rest content with the assurance that the Titanic combat will take place before the eyes of the world's representatives, for he is already announcing the names of prominent orthopædic surgeons who are to foregather for the purpose. A little healthy rivalry is all very well in every profession, but it will be a bad day for the respect in which medical men are held when we have open competitions as to who can amputate a leg with the greatest celerity, or handicaps, at weight for age, for the extraction of cataracts. In this country one may safely postpone the possibility of such occurrences beyond our own lifetime and that of our children's children, whilst as for America, the country of "etwas neues," its inhabitants can be trusted to look after themselves.

Motorpathia Cerebralis.

THIS affection is not to be found in the official nomenclature of diseases issued by the College of Physicians, and yet there are a good many patients who have suffered from it during the last few years. Every innovation that appears in our midst brings its own drawbacks with it, and since motoring came into fashion a number of its devotees have found out that even the joy of spinning through the air at twenty or thirty miles an hour has to be paid for in some shape or form. The yachtsman suffers from mal-de-mer, the mountaineer from mal-de-montagne, and automobilists from motorpathia cerebralis. The vibration of the car, especially at high rates of speed, produces in some the same temporary disorganisation of function in the semicircular canals, and their nervous supplies, that the motion of the ship does in the sea-sick passenger, and nausea, giddiness, and headache are the result of a fast journey over a rough road. Fortunately, the art of the car-builder is able to reduce this disadvantage to a great extent by providing large and powerful springs, but some people, especially ladies, suffer considerably from the jolting and swinging of the car. The frequent use of the car in every-day practice in a district in which the roads are bad seems to tend to upset the normal equilibrium of the nervous system, and unsteadiness of gait and shakiness of the hand result. In fact, one sees similar effects produced on some constitutions to those manifested by men whose occupation leads them to pass much of their time in trains, a general unrestfulness that must lead to serious nervous trouble in time. Horse-exercise does not tend to set up these disturbances, and the motion conveyed to the rider is well known to act beneficially on the torpid viscera. "The best place for the inside of a man is the outside of a horse," Lord Palmerston used to say, and it is certainly a better place than the inside of a rapidly-driven motor-car.

Professor Marmorek's Serum.

IN his paper read at St. George's Hospital on the 23rd inst., Professor Marmorek described his serum, and detailed the results which, if supported by further investigations, must largely affect the future curative treatment of tuberculous disease. He dealt with those cases in which the natural individual resistance towards tuberculosis was either imperfect or absent. He was convinced that tubercle was not the primary cause of the pathogenic symptoms of tuberculosis, but that it was merely a reactive which caused the bacilli to secrete another and hitherto unknown toxin, the toxin, in short, by which the bacilli attacked and undermined the organism. The therapeutic use of this reactive serum was an attempt to produce an active immunisation, but it commonly failed to be of use because the reaction was so great that there was no time for the formation of anti-toxins. It was therefore passive immunisation which must be sought, and his aim had been the production of a serum in which ready-made anti-

toxins already existed. Having discovered this serum and ascertained that even in large doses it did no harm to healthy animals, and that it cured diseased ones, he had put himself into a position to try it on the human subject. In practice it was found that a few patients could not support the serum. As a general proposition, however, Professor Marmorek claimed that in the great majority of persons the serum not only produced no unpleasant effects, but proved a distinctly curative agent, the prompt effect and efficacy of which varied directly with the acuteness of the disease and the earliness of the attack.

An Anti-vivisectionist Town Council.

If there be one scientific dogma clearly established beyond reach of dispute it is that hydrophobia can be banished from a country by the strict supervision of stray dogs and the universal muzzling for a certain period of those that are provided with homes. By some strange freak in the legislative mind, Parliament has determined that owners of cattle and other domestic animals worried by dogs shall receive compensation, whereas the human individual injured by a dog shall not be entitled to receive damages unless the injured party can prove the dog has previously bitten someone else. However, the crusade against stray dogs has resulted in practically removing a great danger from our midst. During the past few years it has succeeded in destroying an enormous aggregate of dogs in the United Kingdom. In Manchester alone over 4,000 stray dogs were captured last year. Of that number 3,000 were killed, and 1,000 provided with new masters. All purchasers of these dogs were required to sign a declaration stating for what purpose the dog was required, and that it would not be used for physiological, pathological and toxicological experiments. We are thus furnished with the strange spectacle of a town that, on the one hand, is pushing on schemes of University education with might and main, while on the other it is doing its best to check the progress of precise scientific research upon subjects that cannot fail to yield rich results to the bodily comfort, safety and preservation of its citizens. It is the old conflict between sentiment and reason.

The "Medical Register" for 1904.

The annual appearance of our old friend, the *Medical Register*, reminds us at times somewhat sharply of the rapid lapse of the years of our professional lifetime. The first volume appeared, we believe, in 1859, the year after the foundation of the General Medical Council by the Medical Act of 1858. That measure contained the fatal defect of not rendering registration of legally qualified medical men compulsory. It is likely that few practitioners realise the amount of legislation that has taken place in medical matters since 1858. For all that, the necessity for drastic reforms in the Medical Act was probably never more generally recognised than at the present moment in the interests of the public, not less than of the medical profession. Those who wish to be enlightened on many facts affecting the inner life and history of the medical profession will find a mine of useful and accurate information in the pages of the *Register*. To take one point, let the reader carefully peruse the long list of registrable degrees and diplomas in the United Kingdom, and he will grasp the groundwork of the pros and cons of the famous one-portal system advocated by many strenuous reformers in face of a multitude of conflicting interests. The total number of persons on the *Register* for 1904 in England (including Wales), Scotland, and Ireland was 37,878. The moderate price of the *Register* brings it within the reach of every purse.

The London and Counties Medical Protection Society.

The annual general meeting of this most excellent Institution took place on the 11th inst., under the presidency of Mr. Jonathan Hutchinson. The total membership at the end of the year under report (1903) was 2,682, with the addition of 470 new members, and the loss of fifteen by death and eighty-two by resignation. The affairs of the Society are in a flourishing condition, as will be seen from the statement that although the expenditure of the Society during the year left the comparatively small balance of £121 1s. 6d. over income, yet, on the other hand, there was a substantial reserve fund of £2,282 19s. 8d. At the present moment the medical world is full of rumours of associated and amalgamated defence movements. Notwithstanding the desirability of the collective strength, wisdom and economy that would be derived from amalgamation, each body concerned appears to be agreed *una voce* that it is at present out of the question. In the words of Dr. Heron, the chairman of the Council, amalgamation with the Medical Defence Union is just as impossible now as it was three years ago, when a determined effort was made in that direction. The fact is none the less to be regretted. Meanwhile, amalgamation or no amalgamation, it is the bounden duty of every medical man to join one of the defence societies.

A New Dietary Disease.

Some of our American contemporaries report the occurrence in large districts of the Western States of an epidemic hitherto unobserved, but with a very definite group of clinical symptoms. As will be seen, the etiology and therapeutics of the disease are simple enough, but the pathology presents a wide field for investigation. "The first deviation from the normal is a dilatation of the pupil, and a peculiar and marked effacement of all expression from the countenance of the victim." This is followed by "an erection and cropping out of the ears, and, in the male patient, by a twitching of the moustache hairs, while the female seems to be possessed of an increased mobility of the muscles of the lips, which, in the more advanced stages, leads to a perpetual labial

quivering. Finally, a characteristic movement appears, and the patient seems unable to avoid making sudden bounds into the air, which is particularly marked when the sufferer is making unusual haste." We do not know what feature in this group of sufficiently surprising clinical phenomena directed the attention of the observers towards the food-supply of the district. It seems, however, that the high price this year of beef, mutton, and "hog-meat" has rendered them somewhat inaccessible to the common people, and as far as flesh was concerned, the sole diet was perforce jack-rabbit. The symptoms subside rapidly on the substitution of other foods. Our imaginative contemporary, from whom we have quoted, suggests that the course of this curious "leporism" is possibly that the jack-rabbit lives to a great extent on a diet of belladonna leaves, and that those who use his meat as food are affected by a chronic atropinism. This seems to us, however, an unnecessarily far-fetched explanation. We think the phenomena rather explicable on the same principles as the curious case in surgery of a patient who, at the hands of a skilful surgeon, received a sheep's stomach instead of his own; he would eat nothing but grass. We cannot help rejoicing that it is the flesh of such an amiable and harmless animal as the jack-rabbit that has this peculiar power of conveying its own properties to the consumer. If it had been beef, for instance, or, still worse, bacon, how unpleasant social life might have been rendered in the Mississippi Valley!

Anti-rabic Treatment in Chicago.

IT is curious that it is in the case of a disease whose germs are still unknown that measures of artificial immunisation have been most effective. The most notable instances are small-pox and hydrophobia. In the case of the latter disease, before Pasteur introduced his method of treatment, inoculation with the virus was almost invariably fatal. Nowadays, unless the patient neglects himself for some time, death is practically always averted. From the report of the Pasteur Institute at Chicago recently issued, it appears that in the thirteen years since it was established, 2,026 patients have received anti-rabic treatment. Nearly half of these had been bitten by animals proved either by laboratory experiments or other conclusive tests to have been rabid. Out of the total number but seven deaths occurred, giving a mortality of 0·34 per cent. Truly figures such as these show that this most dreaded of all diseases has been robbed of its terrors. It is well known that bites received on exposed parts are much more likely to cause dangerous results than those occurring on parts covered with clothes, since in the latter case but little of the saliva of the animal reaches the wound. Turning, then, to the Chicago returns as to the sites of the lesions, we find that 279 had occurred on the head and face, and 1,008 on the hands and wrists. The remainder occurred on parts probably protected by clothes. It will be seen, then, that about three-fifths of the wounds treated were of most menacing character. The report gives also an interesting table of the animals by which the bites had been inflicted. As one would expect, dogs are by far the most numerous in the list, but we find other domestic animals implicated—cats, horses, cows, mules, pigs, sheep. Among wild animals are skunks, wolves, burros and coyotes. Curiously enough, no less than twenty-two patients were bitten by human beings, themselves victims of hydrophobia.

The Early Diagnosis of Cirrhosis of the Liver.

MANY grave and incurable conditions are characterised by their gradual and insidious onset. Except in a few well-defined instances, such as the acute specific fevers, it is impossible to state exactly the time when a given disease first made its appearance. It is certainly not comforting to be informed that a malady has been "in the system" for some time, weeks or months, before the first manifestations of anything wrong. Nevertheless, the phrase is commonly used because it is conceived to be an impossibility that wide-spread pathological changes could occur in an organ or tissue without an appreciable space of time being consumed in their production. Hepatic cirrhosis is one of these conditions. When fully established, the clinical picture is most definite, the attacks of hæmatemesis or melæna, the presence of dilated venules in various parts of the body, the jaundiced complexion, and the enlarged liver with, perhaps, associated ascites, leaving no doubt as to the actual state of the organ. And yet, all these morbid features have not appeared suddenly, they have taken considerable time to develop, and, in common with many other disorders of the viscera, it is felt that if only the condition could be recognised in its early stages the patient would stand a much better chance of recovery. The association of cirrhosis of the liver with over-indulgence in alcoholic liquor is well known, and this fact, of itself, is doubtless responsible for the masking of the earliest symptoms of hepatic disease. Dr. Charles G. Stockton, (*a*) of Buffalo, New York, has endeavoured to ascertain the first signs of cirrhosis of the liver, and he points out that it is the non-alcoholic cases which should be the most instructive. It is suggested that many cases of "biliousness," accompanied by pain in the right hypochondrium and gastro-intestinal disturbances may constitute the early stage of this affection. The idea of hepatic incompetence due to auto-intoxication from the alimentary canal is put forward as a possible explanation of the manner in which the disease begins.

PERSONAL.

THE new Provost of Trinity College, Dublin, holds the degrees of M.D., M.Ch., although he has never been engaged in the active practice of the medical profession.

(*a*) *Univ. Penn. Med. Bull.* February 1904.

At a meeting of the Royal College of Physicians of London held on Monday last, being the day after Palm Sunday, Sir William Selby Church, Bart., K.C.B., M.D., was re-elected President by a substantial majority. Votes were recorded in favour of Sir William Broadbent, Sir Richard Douglas-Powell, and Dr. Pye-Smith. There was an unusually large attendance of Fellows, and the election excited much interest.

Her Majesty the Queen has presented £100 to the fund for the removal of King's College Hospital to South London.

Mr. H. T. Hillis has succeeded Mr. H. H. Brodribb as Accountant of the Medical Department of Western Australia.

Among medical marriages announced for April we note that of Dr. T. N. Kelynack and Miss Violet McLaren, M.B., Ch.B.

The retirement is announced of Dr. P. F. MacLeod, who for twenty-three years has been connected with the Medical Department of Grenada, West Indies.

Dr. George Oliver will deliver the Oliver-Sharpey Lectures on April 12th and 14th, at 5 p.m., at the Royal College of Physicians of London, on "Recent Studies in the Tissue Lymph Circulation."

We understand that the War Office has officially appointed Lieutenant-Colonel W. C. Macpherson, C.M.G., R.A.M.C., to report upon the medical arrangements of the Japanese in the present war.

The Fellowship (Honors Cause) of the Royal College of Surgeons of Edinburgh has been conferred on Dr. J. Cunningham, D.C.I., LL.D., Professor of Anatomy in the University of Edinburgh.

The directors of the Edinburgh Royal Infirmary have elected Dr. F. W. N. Haultain to the post of Assistant Gynæcologist, vacant through the death of Dr. Milne Murray. There were numerous applicants for the post.

Surgeon-General J. A. Clery, the Principal Medical Officer of the 2nd Army Corps, is investigating the outbreak of enteric fever at Bulford Camp, on Salisbury Plain, assisted by Lieutenant-Colonel A. M. Daves, R.A.M.C.

Dr. Percival Wright has resigned the Chair of Botany in the University of Dublin, and the Board intend shortly to appoint a successor. Dr. Wright, however, has consented to continue to act as Keeper of the Herbarium.

Volunteer medical officers may be reminded that the annual dinner of their Association takes place on Friday, April 15th, at the Imperial Restaurant, Regent Street, London, under the Presidency of Lieutenant General Lord Grenfell, G.C.B., G.C.M.G.

It is announced that Mr. Gilbert Barling, Professor of Surgery in the University of Birmingham, intends to offer himself as a candidate at the next election of the Council of the Royal College of Surgeons of England. Mr. Barling became a Member of the College in 1879, and a Fellow in 1881.

Dr. R. U. Moffat, who for some time past has occupied the position of Principal Medical Officer of the East Africa and Uganda Protectorates, has resigned the appointment so far as it relates to the East Africa Protectorate, and will retain that of Principal Medical Officer of the Uganda Protectorate.

The medal and set of books forming the Bathgate Memorial Prize, presented to the Royal College of Surgeons of Edinburgh by Colonel William Lorimer Bathgate, in memory of his late father, William McPhune Bathgate, F.R.C.S.Ed., has been awarded to Miss Helen Neldrum McMillan, for the highest marks obtained in competitive examination in materia medica and therapeutics.

Special Correspondence.

[FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

Inebriate Retreats.—In his first Report on Inebriate Retreats, Dr. J. C. Dunlop, Inspector for Scotland under the Inebriates Acts, draws attention in a covering letter to the desirability of abolishing the present tax on retreats, to the great need of retreats for the poorer class, and to the want of sufficient inebriate reformatory accommodation in Scotland. The Legislature, by giving power to local authorities to contribute to retreats, evidently anticipated that these would be of two classes, one for patients with means, the other for the poor; but so far none of the second class have been instituted either by charity or by Town or County Councils. Only two retreats have been licensed, and as these are under the same management they may for practical purposes be considered as one institution—both being for male inebriates of the better class. The licence for one of these has now lapsed and the inmates transferred to the second—Lathallan House, Fifeshire—which has ample and good accommodation for twenty-two inmates. From 1901 to 1904 seventy private cases and twenty-two under the Act of 1879 have been treated, all having been genuine cases of habitual inebriety, as defined by the Act. The intoxicant was not always alcohol, six being cases of morphinism, and four of cocaine habit. A marked feature in nearly all cases was the neurotic diathesis, of which, indeed, inebriety is a strong presumptive evidence. The amount of actual lunacy was, however, small. The close association of the neurotic temperament with habitual inebriety is of practical importance in treatment; were inebriety a vice pure and simple it would be readily amenable—much more so than is the case. The treatment adopted in the retreats was abstinence from the drug, a healthy outdoor life, and symptomatic treatment by drugs—the last especially in cocainism and morphinism. The abstention from intoxicants is secured by prohibiting patients carrying money, and by avoiding places where they can be procured. While supervision is very strict at the beginning of treatment it is relaxed before discharge, so as to accustom the patient to liberty. The results of treatment are shown by the following figures:—Alcoholic cases admitted to date, 82; of these 17 are still under treatment, 13 have had no recurrence within a year of discharge, 11 are doing well, and have not relapsed, but have not been away from retreat for complete year; 19 have relapsed, 21 have not been heard of, and 1 is absent on leave. Of 23 alcoholic cases treated for less than six months, 8 did well, and 15 relapsed; while of 20 cases treated for from six months to one year, 16 did well, and 4 relapsed. "Cured" inebriates are not, of course, brought into the condition of a normal, temperate individual, because, though the habit may be checked, the neurotic diathesis remains; they cannot, therefore, be trusted to use stimulants in moderation. It has been estimated that there are about 2,000 inebriates in Scotland urgently requiring treatment; there is no licensed retreat for anyone who cannot pay £150 per annum, and none at all for female inebriates. There are a considerable number of unlicensed homes, some good, some conducted by charlatans, and it is a pity that well-conducted institutions should not apply for a licence, which would improve their position by (1) conferring power of detention, (2) making the approved rules statutory, (3) guaranteeing the *bona fides* of the institution, and (4) making the institution one to which local authorities may subscribe from the rates. It also safeguards the patient's liberty, and gives him a means of appeal. The only disadvantage is the tax of 5s. per inmate per annum, which might be a consideration in the case of institutions dependent on voluntary subscriptions, and might well be abolished.

BELFAST.

Royal Victoria Hospital.—The annual meeting

of this hospital was held on the 22nd inst., and was of interest as being the first meeting since the opening of the new hospital. Though only open since last July, the reports showed a marked increase in the work done, but there are still ninety-six beds unused on account of lack of funds. An increase of £4,000 in the income will be necessary to maintain these. The Plenum system of ventilation, to suit which the hospital was designed, was announced to be a great success, the hospital being an object-lesson to all interested in such institutions.

ULSTER HOSPITAL FOR WOMEN AND CHILDREN, BELFAST.—The annual meeting of this hospital was held on the 25th inst., Sir Wm. Whitla, M.D., presiding. The reports showed that while the year began with a debt of nearly £2,000, it closed with a credit balance of over £500, thanks to the very successful bazaar opened by his Excellency the Lord Lieutenant, last November.

GIFT OF RADIUM.—Part of the sixty milligrammes of radium presented to the Queen's College by the Lord Mayor of Belfast, Sir Otto Jaffe, has just been received. It is to be placed at the disposal of the hospitals for therapeutic purposes when so desired.

Correspondence.

[We do not hold ourselves responsible for the opinion of the correspondents.]

ALOPECIA AND DENTAL CARIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is comforting to learn that the silence of "M.R.C.S." was simply due to holiday-making in the sunny Mediterranean. At the same time, a gentleman who strikes with so much energy might surely arrange to have his letters forwarded. He has placed himself in the situation of a duellist, who has to deliver or receive a shot once a week by the terms of his duel, but who suddenly fails to put in an appearance for several weeks.

Of course I may not be—as "M.R.C.S." deems—a "foeman worthy of his steel." He, certainly, so far has not thought fit to meet me with the precise weapons of reason, but has contented himself by general statements and assertions, for which he has advanced no proof, and in answer to points raised by me, accuses me of gross ignorance. That is hardly the way either to lighten my darkness or to settle the point at issue. Your readers may well ask to be reminded what that issue is. My original remark was, I doubted if so scientific a man as Tomes ever stated that the hard dental tissues, once deposited, underwent no further change. "M.R.C.S." has never given his quotation in proof of Tomes having taken up that dogmatic position, but has since abused me roundly and raised various side issues.

As it was impossble to get any justification of his statement from "M.R.C.S." I ventured, not as a dental expert, but as a medical man of average education, to suggest certain points in which it seemed to me possible that change might occur in the hard dental tissues.

Generally, I pointed out that:—(1) In the more or less analogous instance of bone it was not established that the earthy tissues did not undergo changes (*e.g.*, absorption, hypertrophy, repair, etc.).

(2) That both enamel and dentine—not to mention crusta petrosa—contain a certain amount of living organic material (What is its relation to the earthy constituents?)

Particularly, I pointed out of hard dental tissues that:—

(*a*) Some teeth are more prone to decay and atrophy than others. (This variation may be acquired, and then surely points to inters titial changes.)

(*b*) That absorption takes place in fangs of milk teeth. (I am aware—pace "M.R.C.S."—of the histological changes that occur during that process.)

(*c*) That repair can take place in a fractured tooth. (This fact alone I take to be conclusive disproof of the statements that changes cannot take place in hard dental tissues when once deposited. The repair of dental fracture I supported by a quotation from a leading dental authority, and from an observation of my own.)

Now here, sir, are surely considerations enough to make one question the sweeping assertion of "M.R.C.S." that no further changes take place in the hard dental tissues when once deposited. Having committed himself to a universal negative proposition of that kind, the onus of proof when challenged lies upon "M.R.C.S.," and not upon me. If, as I take it, a fractured tooth is capable of self-repair, I have refuted him by producing a particular positive instance which is directly contradictory to his statement.

It is impossible, however, for me to teach "M.R.C.S." logic, nor can I argue with him except with logical weapons. As he has expressed himself so freely with regard to my assumed ignorance, I may perhaps be excused remarking that he seems to be so stuffed with dogmatic learning that he cannot spare the time for logical analysis of his statements. Knowledge comes, but wisdom—scientific wisdom—lingers. In other words, he cannot see the wood for the leaves. Why so erudite an opponent should meet criticism by abuse worthy of an oyster-wench surpasses the wit of

Yours truly,

March 26th, 1904 MEDICUS SENEX.

A DISCLAIMER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have just received by post a circular, entitled "Fruitless Experiment," edited by Stephen Smith, M.R.C.S., and published by the London Anti-Vivisection Society. In it I find reproduced an article of mine on the treatment of phthisis, published some three years ago. Will you kindly allow me to state that I know nothing of Mr. Smith, that I have had no communication with any anti-vivisection society, and that the use of my name and work in this connection is entirely unauthorised and is extremely distasteful to me.

I am, Sir, yours truly,

WILLIAM MURRELL.

17, Welbeck Street, W., March 26th, 1904.

BRITISH SANATORIA FOR CONSUMPTION.

By the courtesy of Dr. Haydn Brown we are enabled to supply illustrations of the novel convertible chalet-shelter inspected by our special commissioner at Moorcote Sanatorium, and referred to by him in the MEDICAL PRESS AND CIRCULAR of March 16th. It is an entirely new departure from the ordinary chalet, as the name implies, and is a structure which is particularly suitable for those wishing to continue open-air treatment in their own private grounds, when long continuance at a sanatorium is not convenient or possible, while being also a most practicable, serviceable and cheap form of building suitable for erection in colony numbers, to meet the desire of advocates of the separate hut system. It is a sleeping chalet by night and a shelter by day, being readily and almost entirely automatically convertible. Some of the advantages will be seen from the following illustrations.

Convertible Chalet-Shelter. Open during daytime for use as Shelter.

Its manufacturers (Messrs. Brown and Lilly, of Reading) claim for it, having been instructed by Dr. Hadyn Brown, who designed it, the fullest efficiency and scientific arrangement according to modern methods of treatment. Abundance of window air is provided.

without draughts or discomfort. The windows are so arranged as to afford complete protection in case of rain or wind. The same window can be adapted to

Convertible Chalet-Shelter. Closed as for sleeping, windows open, weather blinds in position. No rain can enter open windows.

existing chalets or sanatoria. They open and close just as ordinary casements do, and the awnings on top of them are made detachable so that when the windows are closed for dressing or undressing they can be used as inner blinds. On warm spring or summer nights the chalet-shelter may remain entirely

Convertible Chalet - Shelter, Open, with curtains drawn for sleeping on hot nights.

open, while curtains are provided to cover the entrance. The price of the complete chalet, with curtains, is, we are informed, £27 10s. complete. This form of hut may also be recommended for colonial use as a temporary living hut for travellers.

Obituary.

DEPUTY-SURGEON-GENERAL H. CAYLEY, F.R.C.S.Eng.

We regret to announce the death at his residence, Leavesden, Weybridge, of Deputy-Surgeon-General Henry Cayley, retired, honorary surgeon to the King, in his seventieth year. The fourth son of the late Edward Cayley, of Stamford, Lincolnshire, he received his professional training at King's College Medical School, and became a member of the Royal College of Surgeons in 1855, receiving the fellowship in 1886. In the Indian Medical Service he rendered useful service during the Indian Mutiny, and ultimately rose to the position of deputy-surgeon-general. Though he retired in 1887 he again placed his knowledge and skill at the disposal of his country when the late war broke out, and served with the Scottish National Hospital in South Africa. He received a Companionship of the Order of St. Michael and St. George in 1900, and in the following year was appointed honorary surgeon to his Majesty.

ROBERT COLGATE, F.R.C.S.Eng.

Another aged member has been lost to the medical profession in the person of Robert Colgate, F.R.C.S., who died last week at Eastbourne, at the age of eighty-eight. Deceased took the diploma of membership of the English College of Surgeons in 1842, and the Fellowship of the same body as 1860. He was a well-known and prominent citizen of Eastbourne, and was at one time a director of the local Gas Company, and interested in many public and philanthropic undertakings. His son, Dr. Henry Colgate, is engaged in practice in Eastbourne. Mr. Colgate's funeral was the occasion of a large private and official gathering. Among other tributes a beautiful wreath was sent by members of the Eastbourne Medical Society, with the inscription—"In affectionate remembrance of our first President."

HERBERT ARTHUR KENT, M.R.C.S.Eng., L.R.C.P.

With much regret we note the death of Mr. H. A. Kent, of Ringwood, Hants, in the early part of the present month. The son of the late Rector of Stratford Tony, Salisbury; he was educated at Cheltenham College, and St. George's Hospital, whence he qualified in 1884. His death was due to malignant disease of the tongue. Although Mr. Kent was of a somewhat retiring disposition, and kept aloof from local politics, his loss will none the less be widely felt in the district in which he lived and worked.

Medical News.

Central Midwives Board.

At a meeting of the Central Midwives Board, held on March 24th, Dr. F. H. Champneys in the chair, the following business was transacted:—

The Certificate of the National Maternity Hospital, Dublin, was approved; and the following institutions were approved for the training of midwives under Section C. of the Rules, subject to an undertaking to comply with the requirements of Section E.: Birmingham Workhouse Infirmary, Bristol Royal Infirmary, Brownlow Hill Workhouse Hospital (Liverpool), Essex County Cottage Nursing Society, Gloucester District Nursing Society, Hull Lying-in Charity, and Ipswich Nurses' Home.

The following registered medical practitioners were approved as teachers under Section C1 (3) of the Rules: A. B. Batley, M.R.C.S., A. B. Calder, M.R.C.S., John Gutch, M.D., E. S. Hoare, M.R.C.S., Wilfrid Kingdon, M.B., E. J. Maclean, M.D., Thomas Pimley, M.B., Penrose L. W. Williams, M.R.C.S.

After consideration of applications for certificates, the names of 849 women were passed under Section 2 of the Act, and ordered for entry on the Roll. The following table shows the separate numbers of the various qualifications at present entered on the Roll: Royal College of Physicians of Ireland, 1; Obstetrical Society of London, 953; Rotunda Hospital, 43; Coombe Hospital, 12; Queen Charlotte's Hospital, 52; Liverpool Lying-in Hospital, 15; British Lying-in Hospital, 2; Glasgow Maternity Hospital, 32; St. Mary's Hospital, Manchester, 53; City of London Lying-in Hospital, 6; Royal Maternity Hospital, Edinburgh, 5; Salvation Army Maternity Hospital, 3; Women in *bona fide* practice, July, 1901, 2,238. Total enrolled, 3,415.

The Plague at Johannesburg.

On March 26th, eight fresh cases of suspected plague were notified. Four of the sufferers are whites. There has been one native death from plague; and on March 27th, six cases of suspected plague were reported, including one white. The total number of cases up to date is 96, of which 13 have been whites. Seven whites and 54 coloured men have died of the disease.

The Dublin University Biological Association.

The members of this society made a commendable move last week in instituting an annual dinner in connection with the end of the session. Some seventy members and guests sat down in the Dolphin Hotel, under the Presidency of Mr. Charles Maunsell. The Association is, we are glad to know, in a most vigorous condition, its membership having quadrupled in the last ten years. Among those who spoke to the various toasts were Sir Arthur Macan, President of the Royal College of Physicians; Dr. James Little, Dr. Walter Smith, Professor Francis Dixon, Mr. G. M. Miller, and the President. A very pleasant evening was spent.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

J G, M. (Lowestoft).—The question of the liability of persons who let lodgings has been often raised. In the event of the place so let being infected with vermin, it appears that the hirer may cry off his bargain So far as infectious disease is concerned, liability would probably rest with the owner only if it could be shown that reasonable precautions had not been taken to exclude infected persons or to secure thorough disinfection after the stay in the house of any person suffering from an infectious malady. It would be best to lay the facts before a solicitor. Litigation, it need hardly be remarked, is no less tedious and uncertain in cases of this kind than in others of everyday occurrence.

THE SLAUGHTER OF SONG-BIRDS.

A correspondent who has just returned from a tour in the Pyrenees, writes us:—"Although the scenery is delightful and the travel health-giving, I am not sorry to come back to a land where birds can be both seen and heard. They seem to kill anything that flies in France except magpies. I never saw nor heard a thrush or lark, pheasant or partridge, nor heard a singing bird of any kind during my journeys through roads or woods except a blackbird on one occasion. To me, as a lover of the feathered tribe, the silence became quite depressing." We, too, have noticed the same oppressive silence when travelling in forest districts, have deplored the fact, and wondered why.

W. A. MIRSEN.—Although the subject of hypnotism has long since been removed from the field of quackery and deception, it is nevertheless desirable to exercise the greatest caution in its use for therapeutic purposes. The inexactitude and obscurity of the science still renders it an attractive hunting-ground for the unscrupulous charlatan. Much theory passes for fact in the calculations of not a few investigators of the subconsciousness of the human mind.

COTTAGE SURGEON.—You are fortunate in having such a case under your care. Sarcoma of the fibula is essentially a rare condition, and may be met with only once or twice during the professional lifetime of a busy operative surgeon. The radiograms are excellent. We should be pleased to publish the cases you refer to.

COUNTRY SURGEON (Bucks).—Write and lay the facts before Dr. Bateman, Secretary, Medical Defence Union, 4 Trafalgar Square, London, W C. Even if you are not a member of that body you are sure of a prompt and courteous reply.

DR. F. H. F. (Australia).—The closing of abdominal incision by suturing in layers is now almost universally employed. The method, however, can hardly be considered established, as time will be required to show the ultimate results of years of muscular traction upon the resulting scar. Dr. Arthur Wallace, Liverpool, has well remarked that hitherto too much attention has been devoted to the closure of abdominal wounds, and too little to the method of making them. There appears to be a distinct future for the extra-median (or muscular) line of abdominal incision.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MARCH 30th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.)—4 p.m. Mr. J. Smith: Clinique. (Surgical.) 5.15 p.m. Dr. L. Sambon: Ticks and Tick Fevers.

THURSDAY, APRIL 7th.

RONTGEN SOCIETY (20 Hanover Square, W.).—8.30 p.m. Ordinary General Meeting. Exhibition Evening: a large and varied Exhibition of Novel Apparatus is promised. Tea and Coffee will be provided. Smoking will be permitted.

FRIDAY, APRIL 8th.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8 p.m. Clinical Evening:—Cases will be shown by Dr. Seymour Taylor, Dr. Ball, Dr. Saunders, Mr. Lunn, Mr. Paton, Mr. Pardoe and others.

Vacancies.

Royal South Hants and Southampton Hospital.—House Physician. Salary £100 per annum, with rooms, board, and washing found. Applications immediately to T. A. Fisher-Hall, Secretary.

Chorlton Union Workhouse Infirmary, Withington, near Manchester.—Hospital Matron and Superintendent of Nurses. Salary £100 per annum, with board and furnished apartments in the Nurses Home. Applications to David S. Bloomfield, Clerk to the Guardians, Union Offices, All Saints, Manchester

Liverpool Stanley Hospital.—Senior House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to the Chairman of the Medical Board.

Bristol Dispensary.—Assistant Dispenser. Salary £80 per annum. Applications to H. Merrett Stock.

Liverpool Eye and Ear Infirmary.—House Surgeon. Salary £80, with residence, maintenance, and laundry. Applications to Hon Secretary, The Infirmary, Myrtle Street Liverpool.

Chorlton-upon-Medlock Dispensary, Manchester.—Resident House Surgeon. Salary £120 per annum, with furnished rooms and attendance. Applications immediately to the Hon. Secretary.

Bedford County Hospital.—House Surgeon. Salary £100 per annum with apartments, board, and laundress. Application to W. F. Morley, Secretary.

Chester County Asylum.—Third Assistant Medical Officer. Salary £160 per annum, with board, lodging, and washing. Applications to Dr. Lawrence, County Asylum, Chester.

London County Asylum, Claybury, Woodford Bridge, Essex.—Junior Assistant Medical Officer. Salary £150 per annum, with board, furnished apartments, and washing. Applications to R. W. Partridge, Clerk of the Asylums Committee, Asylums Committee Office, 6 Waterloo Place, S W.

Lincoln General Dispensary.—Resident Medical Officer. Salary £170 per annum, with furnished apartments, fire, and gas Applications to William Dean, Secretary, Board Room. Lincoln.

St. Mary's Hospital for Sick Children, Plaistow, E.—Assistant Resident Medical Officer. Salary £80 per annum, with board, residence, and laundry. Applications to Percy J. Glenton, Secretary.

Devonshire Hospital, Buxton, Derbyshire.—House Surgeon. Salary £100 per annum, with furnished apartments, board and laundry. Applications to William Stevenson, Secretary.

Bridgnorth and South Shropshire Infirmary.—House Surgeon. Salary £100 with board and lodgings in the Infirmary. Applications to the Hon. Secretary, Infirmary.

Somerset and Bath Asylum, Cotford, Taunton.—Assistant Medical Officer. Salary £160 per annum, with furnished apartments, board, fuel, lighting and washing. Applications to the Medical Superintendent.

Roscommon Union.—Medical Officer. In addition to Salary, Vaccination Fees about £8; also to act as Medical Officer of Health at a salary of £15 per annum. Immediate application to T. J. O'Keeffe, Clerk of Union. (See Advt.)

Ballinasloe District Lunatic Asylum.—Resident Medical Superintendent Salary £250 per annum, with allowances valued at £120 per annum. Applications to John Mills, Acting Resident Medical Superintendent (See Advt.)

Torquay.—Medical House for sale with Turkish, Russian, Medical and Electric Baths. (See Advt.)

Appointments.

BARWELL, HAROLD, M.B. Lond., F.R C.S. Eng., Honorary Surgeon for Diseases of the Throat and Ear to the Cripples' Home for Girls, Northumberland House, Marylebone.

BRISCOE, WILLIAM THOMAS, A B., M.D., M.Ch.Dub., Medical Officer for the Pewsham District by the Chippenham Board of Guardians

BULLMORE, CHARLES CECIL, L.R.C.P. & S. Edin., L.F P.S. Glasg., Medical Officer to the Falmouth Lodge of Oddfellows. Certifying Surgeon under the Factory Act for the Falmouth District of the County of Devon.

CLEARY, M. E., L.R.C.S.I., L.K Q.C.P.I., Certifying Surgeon under the Factory Act for the Hospital District of the County of Limerick.

DEVINE, HENRY, M.R.C.S., L.R.C.P.Lond., Clinical Assistant to the Chelsea Hospital for Women.

GOODMAN, T. H., M.R C.S., L.S A., Certifying Surgeon under the Factory Act for the Haverhill District of the county of Suffolk.

SHIPMAN, G. A. C., M.A., M.B, B.C. Cantab., M.R.C.S, L.R.C.P., Surgeon to the Grantham Hospital, Lincolnshire.

SHIPMAN, G. W., L.R.C P., M.R.C.S., an Honorary Consulting Medical Officer to the Grantham Hospital.

Births.

DEANESLY.—On March 23th, at 7 Waterloo Road, Wolverhampton, the wife of Edward Deanesly, M D., F.R.C.S., of a son.

FAIRRIE.—On March 24th, at Oswald House, Cleveland Road, South Woodford, London, N E, the wife of Capt. S. H. Fairrie, M.B., B.A.M.C., of a son.

LANDER.—On March 22nd, at Hathersage, Derbyshire, the wife of H. W. G. Lander, M.B., of a son.

ROBERTS.—On March 23rd, at 13 South Eaton Place, S.W., the wife of Edward A. Roberts, M.D., of a daughter.

RUSBY.—On March 26th, at 269 Coldharbour Lane, Brixton, Katharine (neé Wright), wife of E. L. M. Rusby, M.B. Lond., of a son.

STAUNTON.—On March 20th, at 22 North Frederick Street, Dublin, the wife of M. C. Staunton, M.D., of a son.

Marriages.

BURNSIDE—RADFORD.—On March 24th, at New College Chapel, Upper Avenue Road, London, N.W., Ernest John Crawshaw, M.R.C.S. Eng., L.R.C.P. Lond., Tregunter, Burnham Somerset, third son of S. C. Burnside, Ilkley, to Cicely Kate, third daughter of George Radford, M.A., 38 St. John's Wood Park, N.W.

MAURICE—CREYKE.—On March 23rd, at Durban, Natal, Charles James Kindersley Maurice, Government Works, Pretoria, son of D. J. Blake Maurice, Marlboro', Wilts, to Sylvia, daughter of the late Walter Pennington Creyke, Esq., and Mrs. Creyke, of 3 Seamore Place, Mayfair.

ROPER—WATTS.—On March 23rd, at the Parish Church, Bishopston, George, eldest son of the late Alfred George Roper, F.R.C.S, to Alma, second daughter of the late Alfred Watts.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, APRIL 6, 1904. No. 14.

Original Communications.

APPENDICITIS. (a)

By RUTHERFORD MORISON, F.R.C.S.,

Surgeon to the Royal Infirmary, Newcastle-on-Tyne, Consulting Surgeon to the Dental Hospital.

AFTER thanking the members for their kind invitation to give an address, he said: The subject I have chosen is that of appendicitis, a disease of the greatest interest because of its frequent occurrence, its grave risks, and the consequent responsibilities its treatment involves. Little remains to be said of the technique of operations for appendicitis; it will be difficult to make any advance on our present methods, and to this aspect of the subject I do not intend to devote any of the limited time at my disposal to-night.

The point I especially want to impress upon everyone here is the importance of early diagnosis. The fate of the patient more often depends upon the judgment of the practitioner first in attendance than upon the skill or care of anyone else, and it is to him that we must look for any marked improvement in the results of cases of appendicitis.

Before dealing with the more practical questions of diagnosis, prognosis, and treatment, it is necessary that I should shortly consider

PATHOLOGY.

Inflammation of the appendix possesses no special peculiarity in its cause, progress or termination, and may be thought of on the same lines as any other instance of acute or chronic inflammation. The four possible results of acute inflammation are all represented in appendicitis.

1. The disease may undergo resolution. Evidence of this is difficult to procure, but it can scarcely be open to reasonable doubt than an appendix which has been inflamed may recover so entirely that no trace of mischief remains.

2. Fibroid thickening may result. I have a specimen removed from a young male adult who had had many attacks. The whole organ was thickened and rigid. Just after removal it felt hard and resilient. On section, it showed great thickening of all the walls, without any stricture, ulceration, or enterolith. A specimen from a young female who had had many attacks showed the whole appendix converted into a thick, fibrous cord without a lumen. Another, removed from a boy who had had several abscesses, which had burst into the bowel, and one of which had been opened by a surgeon, showed the cæcal end much thickened and completely obliterated, the distal end thickened, but still retaining its lumen. In similar cases the distal end has been found dilated and forming a cyst or an empyema. A large number of specimens show one or more fibrous strictures at different parts of the appendix.

3. Local destruction may result in ulceration and perforation. In many instances where such lesions were found, one or more enteroliths were discovered on opening the appendix. In many the cæcal end of the appendix appears to be normal, or only a little congested, while the distal end is red and swollen. On section, the mucous membrane is seen to be swollen, and about the centre or nearer the tip, an enterolith may be impacted. The site of the enterolith is ulcerated, or it may frequently happen that an enterolith has escaped into an abscess through a perforation. The explanation which I offer of the course of events and the perforation is, that given the inflammation, perforation results from pressure necrosis at the site of the enterolith. The swollen mucous membrane of the appendix occupies the lumen, except where the enterolith prevents it from doing so, and at this spot the vascular supply is arrested by its presence. The same sequence of events occurs as in the formation of a bed-sore. A second type of perforation shows the formation of a follicular abscess (as in the tonsil) and its discharge into the peritoneal cavity. A third form of perforation is due to tension from inflammation and pent-up secretion. If intra-appendicular tension is serious, but not sufficiently suddenly increased to cause total gangrene, spots of gangrene may appear on the wall of the appendix, usually at parts most defective in blood supply, and through these perforation ultimately occurs. A large number of my specimens, I believe, illustrate this variety. The same explanation holds good for perforations in other hollow viscera. I have observed it more than once in the cæcum of cases of obstruction in the large intestine, and in the distended gall-bladder of obstructed cystic duct, and once in the urinary bladder of a young man who had retention of urine from acute prostatic abscess and alcoholism. Perforation and gangrene are explained in all recent text-books by assuming vicious virulence of the attacking organisms, but there is not much evidence of the truth of this. The mechanical view offered here receives strong support from examination of specimens of perforated appendix, and still stronger from an examination of the larger hollow viscera, where the effects of tension can be more easily studied, and to which the same principles are applicable. Stricture, the consequence of a previous attack, would thus be expected to predispose to perforation in a subsequent attack, and there is in my collection abundant evidence of the fact that many appendixes perforated towards the distal end are strictured nearer the cæcum. In one example of strictured appendix in my possession there are three perforations. I have also observed multiple perforations in an over-distended tense cæcum. In another specimen an enterolith and a stricture co-exist. The stricture is at about the middle of the appendix; the enterolith is impacted near the end of it. Perforation had occurred immediately distal to the stricture. At the tip of the appendix there is a patch of gangrene. The portion of the wall against which the enterolith rested is ulcerated, and so soft that it looks as if it would soon have ruptured. The sequence of events here was probably: first, stricture with distension by secretion distal to it; next, infection of the mucous membrane by bacteria growing vigorously in the retained secretion; and, finally, threatened gangrene of the whole appendix.

(a) An Address delivered before the Halifax Medical Society, October 7th, 1903.

distal to the stricture, averted and made partial by the occurrence of perforation and relief of tension.

Enteroliths found in the appendix vary in size and somewhat in shape, though for the majority of them the old comparison with a date-stone in colour, shape and size is very near the mark. They look as if composed of hardened fæces, but Mr. Lockwood ("Surgical Diseases of the Appendix") is convinced that they consist of a conglomerated mass of bacteria, and are, consequently, of considerable pathological importance. That they may remain in its lumen without causing disease or changes in the appendix observable by the naked eye is certain, for it requires no extended acquaintance with the post-mortem room to prove it; but that they nevertheless possess some pathological importance is made still more certain by operations performed on cases of appendicitis. It is difficult to fix the exact *rôle* played by enteroliths in appendicitis, but on general surgical principles it may be said that, like stone in the gall-bladder or kidney or urinary bladder, they are not likely to cause serious symptoms until inflammation supervenes. Once inflammation is started, the enterolith often determines the site of perforation. The enterolith may also, by blocking the lumen of the appendix, produce the same consequences as a stricture. In one of my specimens the perforation was at the tip of the appendix, the concretion being impacted close to the cæcum.

Most of the appendixes removed during an acute attack are firm, reddened and much enlarged, with their walls presenting œdema and more or less ulceration of the mucous membrane. At a later stage they present small patches of gangrene with or without perforation, according to the length of time that has elapsed since the attack commenced, or the virulence of the attacking organisms.

In abscess cases where there have been many attacks, I have found fibroid thickening of the appendix, with obliteration at parts, and the unobliterated portion inflamed and perforated. In a few abscess cases the appendix is very much destroyed, and only fragments of it are found at the operation. Part of this destruction is doubtless the result of maceration in pus, and not wholly a consequence of the primary lesion.

4. Gangrene of the appendix is the final result of inflammation. It is difficult in some instances to say whether a given example should be included in the last group or this, and doubtless the time of operation, and the strength of the peritoneal coat of the appendix, are circumstances that respectively have some influence in deciding whether the gangrene shall be partial or total. When the gangrene is total, the cases form a very distinct group, and are clinically of a severe type. The appearance of the appendix is very characteristic. It looks like a tense, yellow sausage, and on section contains from a few drops to as many drachms of fœtid, dark fluid, together with its gangrenous loosened inner coats. The vessels of the meso-appendix exhibit thrombosis, but this is probably never the primary cause of the lesion, as has been suggested by eminent authorities, for thrombosis of these vessels would not cause gangrene of the cæcal end of the appendix, which receives a blood supply from the cæcum itself. The result, I believe, depends chiefly upon the strength of the peritoneal coat of the appendix. With its cæcal end blocked by inflamed and swollen mucous membrane, the cavity of the appendix is converted into a closed sac, and the increasing tension of its contents, unless relieved by a discharge into the cæcum—this sometimes occurs when the distended appendix is laid hold of during operation—or by perforation through a weak spot, ends in total gangrene. Specimens of mine show such appendixes, like a glove finger, and consisting only of a thin peritoneal coat. I have seen total gangrene of the cæcum and ascending colon follow enormous distension due to malignant stricture of the splenic flexure of the colon, and the patient was so little disturbed by the pathological processes occurring in his abdomen that a few hours before operation he underwent treatment by vigorous massage, in the endeavour to empty his bowel. The ordinary result of such extreme distension of the cæcum is a patchy gangrene, and the bowel perforates before total gangrene can occur. If a mechanical explanation, which can be readily understood, suffices to explain these processes, why resort to a theory impossible to verify or confute, based upon the virulence of bacteria? Everyone will admit that bacterial infection starts the inflammation, and that the more active the bacteria are the more acute the resulting inflammation will be; but the importance of the mechanical factor has been too much forgotten in studying results.

Interesting as is the whole study of the diseased appendix, one of the most important details in it is the form of peritonitis always associated with it when the case is of sufficient importance to require a surgical operation. The peritoneal reaction and resulting plastic peritonitis may be terminated by the formation of adhesions and the production of a strong barrier against further peritoneal infection. Or it may be that with a more virulent infection and less resistance the peritoneum has been unable to deal in a wholly satisfactory way with the invading organisms, and an abscess has resulted.

Finally, a diffuse septic infection generally results from the sudden escape through a perforation of a large quantity or virulent quality of poisonous material from the interior of the appendix. There are, therefore, for practical purposes, three forms of peritonitis resulting from infective appendicitis, and each form associates itself in the main with a special type of appendix and a particular clinical history.

1. A localised and dry peritonitis, usually associated with fibroid changes and stricture in the appendix, with a history of recurring attacks.

2. A localised collection of pus or inflammatory products shut in by adhesions, a perforated appendix, and an enterolith, with a history of sudden severe onset followed by a tender iliac tumour.

3. Septic infection of the peritoneal cavity, with a gangrenous appendix, a large perforation, and a history of sudden, overwhelming pain, and illness following a day or two of bearable aching in the right iliac fossa.

These three types of appendicitis may be used as a means of classification, but a study of individual cases does not always lead to any such easy classification on hard and fast lines. Both abscesses and diffuse peritonitis, according to trustworthy observers—and I have myself seen such cases—may result from infection through the walls of the appendix. Also a totally gangrenous appendix surrounded by a localised collection of pus is not infrequently found in the subcæcal fossa. And a perforation, an enterolith, and a localised collection of pus may be found associated with a diffuse peritonitis; indeed, no classification can be made which can cover every case, and which is free from all serious objections.

DIAGNOSIS.

A careful study of the history of the case, and of the symptoms and signs present, will establish a correct diagnosis in the great majority of instances. In a small minority it is impossible to form any reasonable opinion. In more, a definite diagnosis is difficult. The symptoms and signs in all cases may be alike in the commencement.

Pain.—This at first cannot be localised, and does not confine itself to definite anatomical landmarks. It is referred indefinitely to the whole abdomen, most frequently, so far as my observations go, when it can be defined, to the epigastrium, occasionally to the neighbourhood of the umbilicus. More than once, to my knowledge, the epigastric pain of early appendicitis has led to a suspicion of ruptured gastric ulcer; hence, it is of some importance to recognise this. By the second or third day, if not earlier, the pain has become localised on the right side. In the great majority of healthy young adults attacked by a sudden, severe abdominal pain, appendicitis has been found to be the cause, an important fact to remember in making a diagnosis. Many authorities teach that pain does not result from disease limited to the appendix, that

appendicitis itself is painless, and that pain only comes with the consequent peritonitis. This is true of the more severe type of pain, but early operation proves that the pain of an inflamed and distended appendix is severe enough to prevent sleep.

Tenderness.—McBurney has described a point in the right iliac fossa two inches from the anterior superior iliac spine, on a line drawn from it to the umbilicus, pressure over which with the finger-tip marks the cæcal attachment of the appendix, and elicits tenderness in every case of appendicitis. Though not able to make so definite a statement as to the point or its anatomical meaning, I regard this as the most important sign of appendicitis. It occurs early in the illness and lasts longer than any other evidence of the attack, often being the only guide to a knowledge of the fact that perfect recovery has not yet occurred.

Palpation of the Appendix.—During the first hours of an attack it is possible by careful effort to feel the swollen tender appendix, and if this can be done no sign is of equal value.

Rigidity.—Early in the most acute cases, the abdominal muscles of the right side, either wholly or in part—and it is surprising how partial the hardening may be—become hard and resisting, and though rigidity is not always present, especially in the later stages, it must be rare to have rigidity absent during the whole course of the illness. I have found localised rigidity over a swollen tender appendix five hours after the commencement of an attack, and though the appendix removed then by operation was acutely inflamed, there was no evidence that the rigidity was the result of peritonitis, as has always been assumed. A localised rigidity can closely simulate a tumour, and the deepest surgical anæsthesia may not suffice to dissipate t. Attending the rigidity there is, of course, more or less interference with the respiratory movements of the abdominal wall. Extending rigidity is of prognostic value, for an extension of the rigid area means the spreading of an underlying peritonitis.

Vomiting.—This is a frequent occurrence at the onset of the illness, and, if repeated, points to a severe attack. In robust men, with abundant will power, it may be long deferred and even absent in serious cases. The vomited matter consists mostly of what has been swallowed by the patient, whose craving for fluids in this, as in all conditions involving peritoneal traumatism, is irresistible. Bile-staining of the vomited matter, or an intestinal character of it, may occur in serious attacks. The vomiting is usually readily arrested by abstinence from food and drink, and the administration of opium. Early coffee-ground vomiting is rare, but it occurs rarely in acute cases as the result of "abdominal shock." Regurgitation of coffee-ground liquid occurs later, and is in this, as in other conditions resulting in peritonitis, a most unfavourable sign.

Condition of the Bowels.—Either constipation or diarrhœa may be present at first, though constipation with inability to pass flatus is the rule. Borborygmi are often heard in the early stages, and I have seen intestinal obstruction of purely mechanical origin still more closely simulated by the occurrence of visible intestinal peristalsis.

Rigors.—These are uncommon even when pus is present. Early in the illness they denote a serious attack, and are often associated with gangrenous appendix. Later on, if repeated, they are strong evidence in favour of supposing pus to be present.

Distension of the Abdomen.—This is the most serious sign, for it indicates intestinal paresis due to peritonitis. Increasing distension of the abdomen measured round the umbilicus is of grave significance, for it means increasing peritonitis. During the first hours of attack the abdomen is likely to be retracted, distension seldom being marked before the third day. The worst cases have an abdomen which is tense and considerably distended. During convalescence some distension may occur from constipation.

The Presence of a Tumour.—A definite tumour in the right iliac fossa, with a preceding history of sudden abdominal pain followed by an acute illness, is the most trustworthy indication of an attack of appendicitis. A diagnosis based on these grounds is one of the most certain of abdominal diagnoses. During the first two days a firm resistance, depending upon rigidity of the underlying muscles and possibly on the presence of a mass of inflamed œdematous omentum and some pent-up appendix contents, may simulate very closely the iliac tumour; but careful examination—and this is aided by the use of chloroform—will show that there is no definite tumour, but more of what may be described as marked resistance. Over the resistent area the percussion note is likely to be impaired. After the third day a definite iliac tumour may safely be regarded as a collection of pus, for the exceptions to this rule are so few as to be of little practical importance. It is curious to note how long it takes for the profession to realise the importance of such a fact as this, for I first pointed it out in the paper previously referred to (*Edin. Med. Journ.*) in 1893, and again in the *Lancet* of February 23rd, 1901, and still the most recent writers on abscesses in connection with the appendix attach little or no value to it, and suggest entire dependence on a leucocyte count. The prognostic value of this iliac tumour is of the greatest significance; and to surgeons a careful study of it may make the difference between a successful and an unsuccessful operation. An abscess hanging over the brim of the pelvis, for example, is attended by much more danger than one situated behind or on the outer side of the cæcum. By the relations of the abscess, also, the operating surgeon is guided to a knowledge of the position of the appendix, and the operation undertaken with a definite knowledge of its whereabouts is more likely to be followed by success than one requiring an indefinite and therefore prolonged search.

Whilst on the subject of tumour as an aid to diagnosis, it may be well to say that a tender resistance or nodule, left after apparent recovery, indicates the existence in the appendix of changes of a permanent character, the probability of another attack, and the propriety of excising the appendix without further delay.

Pulse and Temperature.—Unless a complete record is presented, these may be unreliable guides to diagnosis and prognosis. A steadily rising pulse points with certainty to an increasing abdominal lesion, and a pulse of 100 usually denotes a serious attack of appendicitis. The temperature in the early stages is rarely other than elevated, and it may rise to 103° or 104° without meaning extreme danger, if the pulse continues to be under 100. Along with a quick pulse, elevation of temperature points still more certainly to a serious attack than quickening of the pulse alone. Exceptionally it is possible to see, as I have seen, a patient with a pulse of 80, of good volume, and with a normal temperature, who has nevertheless only a few hours to live, the abdomen containing so much pus that the ordinary signs of free fluid in the belly are present.

Frequent Micturition or Retention of Urine may be met with as symptoms of appendicitis; and retention has, more than once to my knowledge, led to mistaken diagnosis. Both symptoms are the result of extension of peritonitis to the vesical peritoneum, and may be found in any disease resulting in pelvic peritonitis.

Rectal Tenesmus is occasionally an urgent and typical symptom. It is due to a pelvic abscess pressing upon the anterior wall of the rectum, and causing œdema and bulging of the wall. Associated with it is a spurious mucous diarrhœa and frequently sphincter paresis.

Facial Expression, though mentioned last, is by no means the least faithful recorder of the patient's condition for those who are able to judge from it. The seriousness or otherwise of the illness can often be gauged by a glance; the hollow-eyed, pinched, grey face of general septic peritonitis conveys a message, the meaning of which cannot be mistaken. The ordinary straightforward case with sudden, painful onset, vomiting, tenderness, rigidity, a rise in temperature, and an iliac swelling on the right side, is not likely to be mistaken for anything else than acute

appendicitis. It is in the early stages and in atypical cases that diagnosis is difficult and sometimes impossible. The most frequent cause of acute peritonitis being appendicitis, unless there are definite indications otherwise, this is the diagnosis most frequently made. Every kind of acute abdominal lesion has frequently been mistaken for appendicitis, and the same error will be committed over again. The mistakes that have most impressed me have occurred when some of the chief physical signs were misleading, and I will point out the nature of these mistakes.

THE DIAGNOSIS OF THE FIRST TYPE OF APPENDICITIS, in which there are at intervals sudden, sharp attacks of abdominal pain which quickly pass off and leave no trace, is very difficult. A tender nodule in the right iliac fossa or in the pelvis is the most definite guide; but even that may fail.

DISEASES WITH WHICH IT MAY BE CONFOUNDED.

1. *Gall-stones.*—Gall-stone attacks which pass off and leave no physical signs are readily mistaken for attacks of appendicitis; and conversely, if the appendix has remained under the liver, as in a case of undescended cæcum I operated upon, the attacks of appendicitis may so closely simulate gall-stones as to make correct diagnosis impossible.

2. *Calculus in the Kidney*, unless it cause changes in the urine, gives rise to attacks which are difficult to distinguish from this. A young woman, upon whom I operated for appendicitis, removing an apparently healthy appendix which had some flimsy adhesions attaching it to the parietal peritoneum, returned five years later. She stated that she had continued to suffer from attacks similar to those which the operation had been intended to cure. Her right kidney was enlarged, her urine contained pus, and exploration of the kidney showed it to be converted into a pus sac containing calculi. Nephrectomy cured her.

3. *Temporary Attacks of Hydronephrosis* from other causes besides calculus also occasion similar symptoms and, except during the attack, no enlargement of the kidney may be discoverable—there is merely some increase in its mobility.

4. *A Stone impacted in the Pelvic Portion of the Ureter* on one occasion misled me. The painful attacks, due to temporary hydronephrosis, occasioned symptoms such as would arise from appendicitis. Tenderness in the right iliac fossa was present, and a rounded tender nodule was felt from the rectum and from the vagina below the pelvic brim. Exploration showed the appendix to be normal, and the tender nodule to be a stone impacted in the ureter and fixed in position by exudation due to peri-ureteritis.

IN THE SECOND TYPE OF APPENDICITIS,

that form associated with localised peritonitis and an abscess, the diagnosis may be confounded with:—

1. *Gall-stones.*—A distended and inflamed gall-bladder may be found in the right iliac fossa, surrounded by inflamed peritoneum. A long, narrow, and much-distended gall-bladder may reach there with the liver in its normal position, but the ordinary position is that the liver is dislocated downwards—a more common condition than is generally believed—and has carried the gall-bladder with it. In such cases a recognition of the position and condition of the liver may save from error.

2. *Leaking Ectopic Gestation*, with a swelling in the right iliac fossa, can give rise to error. The sex of the patient and the history of a missed menstrual period may suggest caution.

3. *Calculous and Pyonephrotic Kidney* has frequently been a cause of error, especially if the history alone has been relied upon as a guide to diagnosis. A mistake is not likely to arise when the physical signs are carefully studied, though a movable kidney, containing calculi, and suppurating, may extend so far down into the right iliac fossa as to simulate the iliac tumour of abscess in connection with the vermiform appendix.

4. *Ovarian Cyst with Twisted Pedicle.*—If an ovarian cyst the size of an orange has a twisted pedicle, and is located in the right iliac fossa, the swelling there and the surrounding peritonitis simulate very closely an acute appendicitis. In young unmarried women, and I believe it occurs most frequently in them, the diagnosis may be difficult. The following symptoms have, however, more than once sufficed to guide me to a correct view of the patient's condition, *viz.*, a trifling uterine hæmorrhage at the commencement of the attack, a temporary entire abatement of the symptoms, a more definitely round tumour than is found in appendicitis discovered by bimanual examination, and during the intervals of ease, a normal temperature.

5. *Pelvic Peritonitis*, having in women another origin than in appendicitis, may be mistaken for that due to disease of the appendix. A history of gonorrhœa or sepsis, followed by uterine disturbances and the presence of definite tubal swellings, if an abscess is not sufficiently large to obliterate such landmarks, may aid the making of a correct diagnosis. In many instances, however, the cause of a pelvic abscess is not even cleared up after operation or post-mortem examination, for both the appendix and the tubes are involved, and which has been primarily to blame it may be impossible to guess.

6. *A Definite Tumour* in the right iliac fossa may be found with symptoms suggestive of appendicitis, and this tumour may be due to tubercle or cancer of the cæcum. If an abscess has formed, as I have seen, in connection with either, a diagnosis may be impossible. In tuberculous cases, however, the onset is not usually abrupt or definite; the course is chronic, diarrhœa is a frequent symptom, the appearance of the patient—there is marked pallor—and the history of profuse night-sweats are suggestive, the patient can usually get about without difficulty, and the tumour is firmer and bears handling better than that due to appendicitis. As an exception to this chronic course, I have operated upon a case, that of a young man who was admitted very ill, with high temperature and all the signs of general peritonitis, and whose illness had commenced five days before with sudden, severe, abdominal pain, and have found general tuberculous peritonitis when a diagnosis had been made that his condition was due to acute appendicitis.

In malignant cases the first symptoms have usually been bowel disturbances, constipation alternating with diarrhœa, rumbling pain and forcible intestinal contractions, both increased by purgatives, and all resulting from contraction of the ileo-cæcal valve. Blood may be present in the evacuations, and the course is usually chronic. The age of the patient may suggest caution, but it has to be remembered that an appendix abscess in old people may produce none of the urgent illness it does in the young. If a hard, nodular, well-defined tumour is found along with the symptoms mentioned, a diagnosis of cancer involving the ileo-cæcal valve may be easy.

(*To be concluded in our next.*)

A NON-TOXIC PREPARATION OF IODINE.

By WYATT WINGRAVE, M.D.Dur.,

Physician to the Central London Throat and Ear Hospital.

BEING specially interested in the supplemental treatment of enlarged glands and adenoids with iodine, about seven years ago I made several experiments with preparations of that drug, with the object of finding one which could be given internally in large doses for considerable periods without causing any symptom of iodism, while exercising its specific effects on lymphatic enlargements.

The late Mr. Martindale and the manager of Messrs. Morson and Sons were good enough to try several formulæ for me in their laboratories, and finally succeeded in producing an easily made compound in which iodine was loosely combined with an organic substance, and rendering

it fit for ready absorption without causing any irritation of the digestive canal, and affording a high physiological activity without any evidence of intolerance.

This preparation I have prescribed ever since, both in hospital and private practice, and having watched the effects have come to the conclusion that it has fully confirmed my first estimate of its value.

The formula which I am now using has been perfected for me by Mr. W. H. Martindale, is easily prepared and very palatable. The iodine is in loose chemical combination with tannic acid, since none can be demonstrated as free, yet it is sufficiently free to be readily given up to the tissues after absorption, and consequently there is no fear of any local intestinal or gastric irritation, so often associated with the administration of free iodine. Such combination is of a nature similar to that of oxyhæmoglobin.

Formula—Syr. Iodo-Tannic.

Iodine, 2½ grammes;
Tannic acid, 4 grammes;
Alcohol (90 per cent.), 38 cc.;
Syrup, 95 to 75 cc.

Dissolve the iodine in the alcohol, add the tannic acid and 30 cc. of the syrup; heat to just below boiling-point until the solution affords no evidence of free iodine with the starch reaction (about twenty minutes). Cool and add the remainder of the syrup, with flavouring. Each drachm contains 2 grains of iodine. It may be given in doses of ½ to 2 drachms in water or wine before meals, according to age.

I have found that children tolerate it well, and it has proved specially useful in cases of chronic lymphadenitis, associated with, or independent of, adenoids and enlarged faucial tonsils, particularly when the cervical glands persist after tonsillotomy. It is further indicated in those children who possess but *slightly* enlarged faucial and pharyngeal tonsils, and in whom operation is contra-indicated or objected to.

In atrophic rhinitis it has afforded very gratifying results, especially when combined with arsenic; also in simple bronchocele supplemented with the use of pigment of iodine-oleate (1 in 9 of oleic acid).

Such an organic combination of iodine is by no means new, as it was introduced many years ago in the form of a wine ("vin Nourry"), but so far as I know, no definite or simple formula suitable for prescribing purposes has been available. It is for this reason, and for the very satisfactory results which it has afforded in a prolonged trial, that I venture to recommend it.

THEORIES OF COLOUR VISION.

By F. W. EDRIDGE-GREEN, M.D., F.R.C.S.

In this paper I will review a certain number of the well-known facts of colour vision to prove that a theory which presupposes definite substances of fibres in the retina corresponding to certain colour sensations cannot be true, and that we must, therefore, seek for another explanation of the phenomena of colour.

The limitation of the number of colour sensations was thought to be necessary, because it seemed impossible that a single fibre of the optic nerve could convey impulses corresponding to all waves of light, but exactly the same was said with regard to the transmission of sound by a single wire, and the telephone shows how this can be accomplished through electricity. The theory was also said to agree with what has been called the law of the specific energy of nerves. This so-called law was based on the following experiment:—It was found that when a divided optic nerve was stimulated by heat, electricity, or any mechanical or chemical stimulus, a sensation of light was caused, and the inference was drawn that the nerve fibres could only convey one kind of nervous impulse, the difference in result being due to the central connections of the nerve. Not only has the actual experiment itself been disputed—that is to say, observers have stimulated the cut section of the optic nerve without producing any sensation whatever, but we might just as well say that a telephone wire was incapable of conveying by electricity all waves of sound because, having cut off the transmitter, all stimuli applied to the proximal end were only able to give rise to, if anything, a similar noise at the distal receiver. It seems to me far simpler to assume that each optic nerve fibre is able to convey impulses corresponding to all kinds of light, these impulses differing in quality just as the waves of light differ in wave length. Then, in the impulse itself we have the physiological basis of light, and in the quality of the impulse the physiological basis of colour.

I have assumed that the quality of the impulse is perceived by a special perceptive centre in the brain within the power of perceiving differences possessed by that centre or portions of that centre.

1. *The Facts of Colour-Blindness.*—The facts of colour-blindness are absolutely incompatible with the view that there are definite fundamental colour sensation substances in the retina. Cases of colour-blindness may be divided into two classes which are quite separate and distinct from each other, though both may be present in the same person. In the first class there is light as well as colour loss. In the second class the perception of light is the same as, or better than, the normal-sighted, but there is a defect in the perception of colour. In the first class certain rays are either not perceived at all or very imperfectly. Both these classes are represented by analogous conditions in the perception of sounds. The first class of the colour-blind is represented by those who are unable to hear very high or very low notes. The second class of the colour-blind are represented by those who possess what is commonly called a defective musical ear. Colour-blind individuals belonging to this class can be arranged in a series. At one end of this series are the normal-sighted, and at the other the totally colour-blind. The colours appear at the points of greatest difference, and I have classified the colour-blind in accordance with the number of colours which they see in the spectrum. If the normal-sighted be designated hexachromic, those who see five colours may be called pentachromic, those who see four tetrachromic, those who see three trichromic, those who see two dichromic, and the totally colour-blind monochromic. There are many degrees included in the dichromic class, there may or may not be a neutral band, and this is widest in those cases approaching nearly to total colour-blindness. I have recorded a case of a patient who was colour-blind with one eye. It is an interesting fact that the colour-blind eye

was much the better of the two, and he could recognise fine lines in the spectrum with this eye which were not visible to the other. He saw the two ends of the spectrum (*a*) tinged with colour and the remainder grey. It will be noticed that his colour sensations were limited to the extreme red and the extreme violet, namely, those colours which present the greatest physical contrast to each other. Neither the red nor the violet appeared of the nature of a primary colour, but gave the impression that they were largely diluted with grey. A theory of colour vision must account for a case of this kind, and also for the other varieties and degrees of colour-blindness. The trichromic are a very important class, and any theory must account for the fact that they see yellow as red-green, and blue as violet-green. As we should theoretically expect, when there is a shortening of the spectrum the centres of the colours are moved towards the unshortened side. It is obvious that the facts of colour-blindness cannot be explained by the absence of one or more sets of fibres or substances. This was my primary objection to the Young-Helmholz theory, and Helmholz conceded this point in the second edition of his book.

2. *The Evolution of the Colour Sense.*—All the facts which can be obtained from the examination of museums or literature point to the view that the sense of light was developed first and then the sense of colour, those rays which differ most physically being the first to be differentiated. In the course of evolution all the varieties of psycho-physical colour-blindness have been passed through.

3. *The Class of the Heptachromic.*—Any theory of colour vision must explain why it is that those who possess a very acute colour perception see seven colours in the spectrum, as for example, Newton. In accordance with the theory which I have given, this seventh colour appears at the seventh point of difference.

4. *Contrast.*—(1) *Simultaneous.* These are easily explained on the view that colour being a point of difference, this becomes more marked on comparison, the perceptive centre being in the most favourable position for the detection of any difference. If we contrast a yellow with a greenish-yellow the yellow inclines to orange and the greenish-yellow to yellow-green. This could not be explained by assuming that the colours differ by the addition of the complementary to each. (2) *Successive.* There is one fact which is more quoted than any other as evidence of definite substances in the retina representing fundamental sensations, that is, that after looking at blue-green the red of the spectrum appears a more saturated red than when seen under ordinary circumstances. But the same occurs with all physiological sensations. For instance, warm water feels warmer if we have had our hands previously in cold water, and if one hand be put in cold water and the other in hot, and then both be plunged into lukewarm water, the water feels hot to the one hand and cold to the other. A sweet substance tastes much sweeter if we have previously tasted a sour liquid. A high note is positively disagreeable in its shrillness if the previous part of the tune has been played in the bass. These facts are only evidence of the fatigue which takes place in all parts of the nervous system, and which gives rise to a false standard of comparison. That this is the explanation is proved by Burch's experiments on artificial colour-blindness. He says: "The temporary abolition of any one colour sensation is without effect on the intensity of the remaining colour sensations, neither increasing nor diminishing them unless they also have been to some extent implicated in the light used for producing colour-blindness." (*a*)

5. *After-Images.*—A positive rose-coloured after-image can be obtained after white light or any spectral colour. The ordinary explanation of this, namely, that the hypothetical red and violet fibres are called into action soner than those for green, cannot be true, because it is exceedingly difficult to obtain this after-image after spectral red, and very easy to see it after green. It would be against the whole principle of the theory that the red fibres should be excited most efficiently by green. But if we assume that the visual substance is the visual purple, then we have an easy explanation of the facts.

6. *Pathological Facts.*—Many cases have been reported in which the perception of colour has been abolished, whilst the perception of form and light has not been altered. All objects have appeared of different shades of grey as in a photograph. In each case disease of the brain has been found. A similar condition can be produced by hypnotism.

7. *Colour Fields.*—Abney (*b*) has examined this subject very carefully, and comes to the same conclusion as I had from the consideration of other facts. He says: "These results as they stand do not seem to confirm either one of the two main theories of colour vision. The existence of a colour field at all is difficult to explain on the Young theory, the fact that a colour field for red can be obtained with bright illumination, although the disappearance of this colour and light takes place almost together at the centre of the retina is not easily accounted for on Hering's theory. It appears as if light were the fundamental sensation caused by the main vibration generally, whilst colour is, as it were, an overtone to which the receiving nerves are less susceptible than to light the further away they are situated from the centre, and may be due to the form of the vibration."

8. *Luminosity Curves.*—The fact that certain variations occur with colour-blind persons will not account for the colour-blindness, as the same variations may be found with the normal-sighted, and there are many colour-blind persons who have exactly the same perception of shade as the normal-sighted. It is easy to suppose that a colour may be more absorbed by the media of the eye in the case of one person than another, but that the resultant impulse had the same character in both though the luminosity curves differed in each case.

(*a*) "Colour-blindness and Colour-perception," International Scientific Series.

A CASE OF CANCER OF THE RECTUM AND SIGMOID FLEXURE: REMOVAL AND RECOVERY.

By DR. VINCENT,
Surgeon to the Civil Hospital, Mustapha Supérieur, Professor of Surgery at the School of Medicine, Algiers, &c.

CANCER of the rectum is an affection which calls

(*a*) "Phil. Trans.," 1899. P. 5.
(*b*) "Phil. Trans.," 1897. A. p. 195.

for active surgical intervention. The urgency of the symptoms—pain, hæmorrhage, and more or less marked intestinal obstruction—to which it gives rise and the constitutional impairment which this disease determines as the result of the presence of the malignant growth, constrain the surgeon to speedy intervention, even though the best result to be hoped for may be merely relief of the patient's sufferings.

The palliative operation promptly determines a rapid improvement in the patient's general condition, to such an extent, indeed, that for a time he may persuade himself that he is actually cured. If, on the other hand, we select the radical operation, comprising the removal of the neoplasm *in toto*, we may be successful in obtaining a notable prolongation of life and, in certain cases, permanent cure of the disease. The rectum appears to share with the breast the privilege of yielding more satisfactory and consoling results than we are entitled to expect from operations performed for the relief of visceral cancer, provided always that the operation be undertaken at a sufficiently early period, and that the growth be freely excised.

Early intervention is a *sine quâ non* of success. Many practitioners do not seem to appreciate the extreme importance of this fact, for how many patients come under our notice who have gone on month after month with cancer of the rectum still undiagnosed, simply because the practitioner has contented himself by assuming that the hæmorrhage, &c., were due to piles without taking the trouble to introduce his finger into the anus? How many others, in whom the diagnosis has possibly been made, but who pin their hopes to medical, and therefore necessarily ineffectual, treatment? If those upon whom devolves the responsibility of treating these cases were fully convinced of the efficacy of early surgical intervention, we should be enabled to record a vastly larger number of successful cases than we are at present in a position to do.

The desirability of generalising a knowledge of the possibility of a cure by the removal of rectal cancer must be my excuse for placing on record the case of a patient on whom I recently practised extensive ablation of the rectum for cancer, extending so high up that many surgeons would have considered it inoperable. The growth occupied the upper part of the rectum and involved the sigmoid flexure. Owing to its seat so high up the only way in which it could be got at for the purpose of a radical operation was by an abdominal operation, in association with the perineal or sacral method, a procedure recommended in France by Gaudier and Quénu. This operation so far has not been very frequently resorted to, and the results in every instance deserve to be placed on record, for they peremptorily establish the benefit that can be conferred thereby on even moribund patients who, after the operation, are often restored to a state of health which leaves little to be desired.

I need not dwell upon the details of the operative procedure, for they are strictly in conformity with those set forth by Gaudier and Quénu, the only difference being due to my personal views as to the possibility of pulling down the rectum, after having isolated it, sufficiently to allow of its resection and the suture of the divided end to the anus, the sphincter action whereof I was desirous of retaining. In this particular case the extension of the growth upwards rendered this resection of the rectum impracticable, and I was therefore obliged to alter my plan of action on the spot and to attack the disease through the abdomen. Nevertheless this case taught me the possibility of isolating the lower part of the rectum through the dilated anus. Quénu gets at it through the sacral region, a step which greatly complicates the operation, which is already quite serious enough of itself. Gaudier prefers to attack it through the perineum by Lisfranc's method, but this case has convinced me that we may leave the floor of the pelvis intact by simply dilating the anus. The task, I must admit, is rather more arduous, but it is practicable. It follows that, in addition to the abdomino-perineal method of Gaudier, and the abdomino-sacral method of Quénu, we also have at our disposal an abdomino-anal method.

The patient in question was a government employé, æt. 60, admitted to the Dupuytren Ward of the Civil Hospital of Mustapha on April 22nd, 1903. His personal history presented no points of particular interest beyond the fact that, at the age of 21, he contracted syphilis in Mexico. He underwent a course of mercurial treatment and has since been quite free from any symptoms attributable thereto.

About two years ago the patient noticed blood in his motions, but attached no importance to the fact, which he ascribed to the presence of piles, from which he had previously suffered. Soon, however, the bleeding recurred daily, and his medical adviser, adopting the patient's own view, treated him for piles. He persevered with the treatment for some ten months, not only without benefit, but he steadily got worse in spite of it. His appetite failed and the bleeding had become a serious matter.

At this stage he consulted another practitioner who, in presence of the bleeding, and the glairy, fœtid stools, examined him, diagnosed stricture of the rectum, and recommended the following treatment—*viz.*, quinine, by the mouth, and quinine injections *per rectum*. After eight months of this tonic treatment the patient's general health appears to have improved somewhat, but defæcation had become even more difficult, the bowels being relieved only at intervals of several days and then only after the use of strong purgatives or by the aid of enemata.

In March, 1903, he came to see me, and I at once concluded in favour of immediate operation for the removal of cancer of the rectum, and relief of the obstruction occasioned thereby.

On admission, the patient's general condition was decidedly bad. His complexion was straw-coloured, he was greatly emaciated, indicative of the onset of malignant cachexia, his strength and appetite were markedly diminished, and he was obviously suffering in a marked degree from intoxication due to fæcal retention. He only had a motion every eight days or so, in spite of active purgatives, and then he has acute diarrhœa. The motions were neither grooved nor flattened. They were always glairy and blood-stained, and defæcation was always accompanied by pain.

On rectal examination, at a spot some nine centimetres from the anal margin, I made out a tumour which impinged upon the lumen of the gut in the form of a thick, annular constriction, leaving an aperture about the size of a silver fourpenny piece. The tumour was movable, it could be pushed up with the finger and was apparently free from any adhesion to the pelvic floor. Though carefully

made, the examination was followed by bleeding. The surface of the stricture was fungous and rugous, irregularly hard and very friable. Fragments of tissue came away on the examining finger. The limits of the growth above could not be made out by abdominal palpation, but the inguinal glands were noticed to be enlarged.

I proposed to remove the growth in its entirety, but before doing so, in order to obtain antisepsis, as far as possible, of the field of operation, I created an artificial anus through the descending colon (method of Maydl-Réclos), under rachi-cocainisation. I took advantage of this laparotomy to explore the tumour, which reached up to the level of the first sacral vertebra just below the bifurcation of the left iliac artery. The growth was limited to the gut, it was movable from above downwards, and laterally with the colon. Apparently it had not involved the meso-rectum, and the pelvic glands were not obviously enlarged. I performed colostomy high up in the descending colon, in order to give freer play for pulling down the rectum in the event of rectal extirpation being deemed practicable.

The motions passed through this artificial rectum for a month to the great benefit of the patient, who gained greatly in health and strength. Meanwhile, the lower segment was methodically cleansed by injections of permanganate solution and oxygen water, and I then proceeded to remove the growth, forty days after the preliminary operation.

The operation was done in several stages. First, dilatation of the anus with section of the rectum above the sphincter, dissection of the rectum and plugging of the passage with iodoform gauze right up to the sigmoid flexure. I managed to dissect out the lower part of the growth, but I could not reach its upper part. It proved to be slightly adherent to the pelvic floor. In view of the impossibility of pulling down the segment of intestine just above the cancer I decided forthwith to attack it *vid* the abdomen. The next step was an incision below the umbilicus and section of the pelvic colon on a level with the left psoas-iliacus muscle, between two ligatures, and the intestinal ends, after cauterisation with the thermo-cautery, were wrapped in gauze. The remaining intestinal segment, between the divided colon and the anus, consisted of two parts, one, the upper part near the artificial anus and the lower part far removed from it. The meso of the proximal part was ligatured and divided. By means of a catheter introduced through the anus the freed colon was doubled on itself by Quénu's method and removed.

Then the meso of the distal portion was ligatured in part. A clamp was applied *vid* the dilated anus to the postero-inferior part of the rectum, along the curve, and the growth as a whole was removed by the aid of scissors in dividing the pelvic floor, especially in the prostatic region. The length of gut removed was 45 cc. The abdominal wound was closed and the lower part of the pelvis plugged with gauze *vid* the anus.

In a few days the patient, who was much exhausted after the operation, began to regain strength, thanks to injections of artificial serum. A small abscess formed in the abdominal wound, but the patient was able to sit up in bed within a month, and was able to take ordinary food.

During the vacation, Dr. Goinard removed the enlarged glands. In February, 1904, the patient, eight months after the operation, prefers to make use of his artificial anus, especially as he can compare it with the gluteal anus, also incontinent, but less easy to attend to, of another patient operated on by Kraske's method.

The patient has resumed his post as government officer and appears to be in perfect health. He has gained upwards of 21 lbs. in weight. He was shown at the last meeting of the Medical Society of Algiers, together with the portion of ablated bowel.

The Out-Patient Departments.

ST. MARK'S HOSPITAL.

Surgical Cases under the care of

P. LOCKHART MUMMERY, B.Ch., F.R.C.S.,
Assistant Surgeon to the Hospital.

CASE I. *Pruritus Ani.*—A healthy-looking man, æt. 34. He stated that five months ago he began to suffer from itching round the anus. This itching caused him constant discomfort, and frequently prevented him from sleeping at night. He had tried numerous ointments and other forms of medication, but without obtaining any relief.

Seven weeks ago he began to notice pain after the bowels acted; this pain was never very severe, and his chief complaint was the itching, which had been getting much worse during the last few weeks.

On examining the anus, it was found that the skin for about an inch around the anal margin was thickened, and had the "dead white" appearance so often seen in these cases. On examining the rectum a small ulcer could be felt on the posterior wall, and with a speculum this ulcer was seen to be situated just inside the anal margin. It was about half an inch in length, and the muscular fibres of the sphincter were laid bare in its base. Under eucaine anæsthesia, the base of the ulcer was divided, and the incision carried out through the fibres of the external sphincter, freely dividing them. When seen a week later, the incision was almost healed, and the pruritus much relieved.

Mr. Mummery pointed out that this case illustrates very well the importance of carefully examining the rectum in all cases of pruritus ani, as although a local cause is by no means always present, this is not infrequently the case, and till it is found and treated no amount of general treatment will avail to cure the pruritus. It is also interesting to notice that the ulcer did not give rise to very characteristic symptoms of that affection. It was, no doubt, the continuous slight discharge and irritation caused by the ulcer that started the pruritus.

The next case affords an interesting comparison with this one, as although the condition was almost identical, the symptoms were very different.

CASE II. *Anal Fissure.*—The patient was a married woman, æt. 36. Her history was that she had suffered for three months from "very bad pain" after the bowels acted. She said that the pain came on about ten minutes after the bowels acted, and lasted for about three hours. The pain was so severe at times that she had to lie down after she had relieved the bowels. She said that occasionally she had noticed a little blood after the bowels acted. She also stated that she had been very much constipated.

On examination, a small ulcer or fissure could be felt just within the anal margin, on the posterior wall of the rectum. It was acutely sensitive, and examination was difficult and painful. Under eucaine anæsthesia, however, a speculum was passed, and the ulcer cauterised with the galvano-cautery. She was then told to introduce an iodoform suppository daily. For the first two days after this small operation, the parts were slightly painful, though not sufficient to confine her to bed. The bowels have acted since without causing her any pain, and the ulcer was quite healed in about a fortnight.

Patients, and especially women, often get very anxious and distressed about themselves when suffering.

from this painful complaint, and this, added to the bad effects of the constipation which is almost invariably present, and which is caused by their putting off any action of the bowels for as long as possible, owing to the extreme pain which it causes, often results in their getting into a very bad state of health; and, in fact, the illness of the patient may, and often does, seem out of all proportion to the cause. In some cases of fissure, as in this one, the application of the cautery and suitable medication is all that is needed to effect a cure of the condition. In more chronic cases, and in those where there is much hypertrophy or irritability of the sphincter, dilatation or division of the external sphincter is usually necessary before the fissure can be got to heal.

Case III. *Venous Hæmorrhoids.*—The patient was a dressmaker's assistant, æt. 33. She was a tall woman, and in the course of her work was obliged to do a great deal of standing during the greater part of the day. She complained of pain across the lower part of the back and down the sacrum. The pain came on towards the end of the day and was worst during the evening. She first noticed this about two months ago. There was often a protrusion from the anus after the bowels had acted, but she had never noticed any blood.

On examination, the whole of the lower part of the rectum was seen to be rather congested and swollen, and bluish in colour. There were no individual piles, but the whole of the mucous membrane just inside the anus was in a hæmorrhoidal condition, and on separating the sphincter, a large and bluish mass of pile-like tissue could be seen. The mucous membrane was much thinned, and looked as if it would give way. This patient was given an astringent ointment, she was told to carefully regulate her bowels, and to use a cold water douche daily.

This is one of those cases of piles which is comparable to varix of the legs. The veins of the rectum are in a similar condition, in these cases, to the veins of the leg in a bad case of varix.

They occur in the same type of patient, and from the same predisposing causes, namely, prolonged standing and constipation. In some cases there is a primary congenital cause in the shape of absence or inefficiency of the valves. It not infrequently happens that one finds piles of this nature and varix of the leg associated in the same patient.

The indications for treatment in cases of this nature are towards general, rather than local, treatment. The bowels should be carefully regulated, and, if possible, got to act just previous to retiring to bed. Drastic purges must be avoided. Careful regulation of the habits and dietary are also important, and cold douches or sitz-baths are most useful in relieving the congestion and improving the tone of the parts. Operation is not indicated unless there is much bleeding, or unless the condition fails to react to treatment. Even after operation in these cases there is sometimes a tendency to recurrence unless care is exercised.

Case IV. *Carcinoma of Rectum.*—The next case was a woman, æt. 63. She complained of piles and bleeding when the bowels acted. On examining her, the anus was found to be patulous, and there was a large mass of partially prolapsed piles protruding. On examining the rectum a large carcinomatous growth was discovered on the anterior wall of the rectum, and just above the internal sphincter. On examining the vagina, it was found that the growth did not involve the uterus or cervix, and that the mucous membrane of the posterior fornix was free from the tumour. It was possible to pass the finger well above the growth in the rectum, and the tumour itself was not fixed. In fact, the case was a fairly favourable one for excision, and this was advised.

This case illustrates the great importance of always carefully examining the rectum in all affections of the rectum or anus, especially in elderly people. Without an examination of the rectum, this case might easily have been mistaken for one of ordinary internal hæmorrhoids, and treated with ointment, &c., in which case the true nature of the case would probably not have been discovered until it was too late to have done anything but colotomy.

Transactions of Societies.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

Meeting held at Liverpool, Friday, March 25th, 1904.

Dr. W. J. Sinclair, President, in the Chair.

Dr. Lloyd Roberts (Manchester) related a case of epithelioma of the clitoris. The disease began in the glans, and not, as is usual, in the prepuce, which in this instance could be freely separated from the glans. Stress was laid on the early and persistent occurrence of intolerable itching and smarting in these cases, and on the late appearance of pain. Dr. Roberts had only seen three cases of the disease, and the age of the patients was always over 50.

Dr. Briggs remarked on the rarity of the condition as compared with the frequency of cancer of the penis.

The President said that despite its infrequency, the condition was usually seen in an early stage, but its treatment was unsatisfactory, as speedy recurrence usually took place.

THE TREATMENT OF RUPTURED ECTOPIC GESTATION.

Dr. Nathan Raw read notes of three cases of ruptured tubal pregnancy which had come under his care in the hospital recently. In two of the cases the onset was sudden and alarming, the patient becoming rapidly collapsed and semi-conscious, with all the symptoms of serious internal hæmorrhage. In the third case the onset was mild in its symptoms, and the hæmorrhage was limited and not progressive, but in the course of ten days bleeding recurred with most alarming symptoms of collapse. In all three cases the abdomen was opened and found to be full of fluid and clotted blood. The ruptured tubes were ligatured and removed, recovery following in two cases; the third died two days after from shock. Dr. Raw strongly advocated early operation in all cases where the hæmorrhage was serious and progressive, although in a few cases it was desirable to wait a few hours until the patient had rallied from the state of collapse.

Dr. Briggs (Liverpool) could not realise the meaning of the expression "an abdomen full of blood." He had never seen it, and felt that hurried operations were a mistake. He had never operated upon a patient who was in a state of collapse, although it was easy to be persuaded that the patient was dying.

Dr. Blair Bell (Liverpool) thought that collapse should be treated by transfusion, which was a somewhat neglected method of treatment. Probably the transfusion of four or five pints, together with some adrenalin, would allow of an operation being performed in an hour's time.

Dr. Lloyd Roberts (Manchester) held that operation should be carried out as soon as possible after rupture had occurred. When there were signs of severe loss of blood it was impossible to tell whether the bleeding was persisting or not, therefore it was safer to open the abdomen.

Dr. Favell (Sheffield) suggested that implantation of the ovum in the isthmus of the tube might account for the severe bleeding in Dr. Raw's case.

Dr. Donald (Manchester) said that his experience of ruptured tubal pregnancy amounted to four cases, and he considered that many cases of so-called rupture were instances of tubal abortion or tubal mole formation. If the tube had undoubtedly ruptured, operation should be performed at once. It was possible that the bleeding might cease if the patient became profoundly collapsed, but as soon as she rallied the hæmorrhage would recommence.

Dr. Arnold Lea (Manchester) had had four cases in which the tube was actually bleeding when the abdomen was opened. As a preliminary measure in such cases

he had found benefit from placing a heavy sandbag over the abdomen to diminish the amount of blood passing along the abdominal aorta until preparations for operation were completed. He thought it ought to be possible to make an exact diagnosis as to the continuance or arrest of bleeding.

Dr. WALTER (Manchester) took Dr. Donald's views. A bleeding vessel in the tube ought to be treated on ordinary surgical principles. The difficulty was to know whether the hæmorrhage was progressing. A history of previous collapses was in favour of a waiting policy, but even under such circumstances the responsibility was very great.

Dr. GEMMELL (Liverpool) thought that the symptoms in tubal abortion were due rather to peritoneal irritation than to loss of blood, and considered that these two conditions could be differentiated.

Dr. J. M. C. GIVEN (Liverpool) appealed, from the general practitioner's point of view, for some guidance on this somewhat bewildering matter.

The PRESIDENT remarked that in these cases the difficulties were not apparent to him. He had repeatedly seen the abdomen full of blood, and sometimes actually distended by it.

Dr. Grimsdale (Liverpool) having spoken, Dr. RAW replied.

ULSTER MEDICAL SOCIETY.

MEETING HELD IN THE PHYSIOLOGICAL LABORATORY, QUEEN'S COLLEGE, BELFAST, MARCH 24TH.

The President, Dr. JOHN CAMPBELL, F.R.C.S., in the Chair.

PROFESSOR T. H. MILROY gave a microscopic demonstration of

ASCENDING DEGENERATIONS IN THE SPINAL CORD,

after section of the posterior sacral roots. He showed that while in the lower parts of the cord the posterior columns were full of degenerated fibres, in the higher parts they were only found in the postero-internal zone, owing to healthy fibres entering and filling up the space. The degenerated fibres mostly ended in the funiculus gracilis.

Professor T. H. MILROY also showed a method of demonstrating the

ACTION OF DRUGS UPON THE BLOOD PRESSURE,

and upon the volume of organs. The novelty of this method consisted in the use of moulds made to fit the organs instead of the usual brass oncometers, the moulds being very rapidly constructed from dental wax.

Professor MILROY gave a demonstration of the action of light of different wave lengths upon the retina. In experimenting with the ova of trout, he had found that the pigment cells began to respond to light long before the rod and cone layer is developed.

Dr. J. A. MILROY read a paper on "Some Products of the Action of Reducing Agents on Blood Pigment, considered in their relation to the pigments of urine and bile."

UROLOGY.

Dr. J. A. MILROY gave a demonstration of the methods for the recognition of (*a*) reducing substances other than glucose which may be present in the urine; (*b*) indican and other aromatic substances in the urine. Carbohydrates, such as pentoses, are found in urine in pancreatic diabetes, and the chief distinctive test is as follows:—To a small quantity of urine add an equal quantity of concentrated hydrochloric acid and a few granules of phloro-glucine, and heat to boiling point; if pentoses are present we get a cherry red colour. The pigment precipitate may easily be extracted with amyl alcohol and examined in the spectroscope. To recognise indican, the following method was recommended:—To a small quantity of urine add an equal quantity of hydrochloric acid, and then an equal volume of chloroform; shake well and add calcium hydrochloride drop by drop very slowly. If indican is present an indigo blue colour is produced. If the indican is very abundant the oxygen of the air may suffice to oxydise it without the calcium hydrochloride, and the blue colour may be got merely by heating and shaking well after adding the chloroform. To recognise carbolic acid a considerable quantity of urine must be taken, not less than half a litre, and strong sulphuric acid added to it till it contains 5 per cent. of acid. This is distilled, and the distillate will give the tribromphenol test for carbolic acid if it is present. These tests are rapid and easy, and the recognition of these bodies is of considerable practical value, as showing increased intestinal decomposition.

Professor SYMINGTON and Dr. CARNWATH showed (*a*) an excellent example of flat-foot, got in the anatomical rooms. It illustrated a change found in severe cases; the os calcis rotates so much on its long axis that the fibula articulates with it and forms a large false joint. (*b*) A case of marked disease of both elbow-joints, the other joints being normal. This would probably be called chronic rheumatic arthritis, and the bilateral symmetry was interesting. (*c*) A case of hydrocephalus and spina bifida, in which a dissection had been made to show the parts involved. (*d*) A set of photographs to show the topographical anatomy of the cerebellum.

Professor LORRAIN SMITH read a paper on

THE INFECTIVITY OF TYPHOID FEVER,

in which he criticised the recently expressed views of Koch on the subject, and applied to them as a test the distribution of the disease in Belfast during the years for which figures are available. In the year 1900 there were 1,777 cases notified, occurring in 763 streets, the average in the streets infected being 2·3 cases per street, and the cases where only one occurred in the street numbering 50 per cent. In 1901 there were 2,530 cases in 857 streets, being 2·9 per street, and 40 per cent. being single cases. In 1902 there were 1,044 cases in 581 streets, being 1·8 per street, and 60 per cent. being single cases. About 50 per cent. of these cases are sent to hospital, but on Koch's hypothesis there are nine times as many cases with such mild symptoms that they are never treated and yet act as centres of infection, so that only about 5 per cent. of the persons infected (according to Koch) are isolated. If Koch's theory of direct infection were correct, one would expect to find the cases occurring much more in centres and groups than they do, according to these figures.

Dr. CALWELL expressed the opinion that two or more cases in one house are much commoner than would appear from these figures. He did not, however, believe in this theory of direct infection. He had several times seen groups of cases which seemed to be due to direct infection, but each time it was ultimately found that there was a source of infection outside.

Professor LORRAIN SMITH and Dr. A. L. GRAHAM gave a demonstration of the toxic effects of oxygen at high pressure on nerve cells.

Dr. JOHN M'CAW and Mr. ROBERT CAMPBELL showed a specimen of congenital stricture of the pylorus.

Dr. DEMPSEY made some remarks on the case, which he had seen.

Dr. JOHN M'CAW showed (*a*) the brain from a case of tuberculous meningitis; (*b*) the intestine of a child who died from intussusception.

Dr. THOMAS HOUSTON gave an account of a case of

SEVERE ANÆMIA, DUE TO SEPSIS,

that closely simulated pernicious anæmia, and showed preparations from the case. He said that secondary anæmia could generally be distinguished from pernicious anæmia by the blood, but in this case, in which the patient had been in failing health for nine months, the blood closely simulated that of pernicious anæmia, the only point of difference being a marked leucocytosis. The diagnosis was a matter of doubt, and the case was only explained by the autopsy, when a large, sloughing fibroid was found to have ulcerated into the intestine. He could offer no explanation of the fact that the blood differed so much from that of an ordinary case of severe secondary anæmia.

At the conclusion of the scientific business, Sir WILLIAM WHITLA moved that a letter of condolence be sent to the relatives of the late Dr. Stuart, of Ballymena. This was seconded by Professor BYERS and passed.

Captain M'Clelland, M.B., Bangor; and Dr. Wm.

Burnside, Belfast, were elected members of the Society.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XXXIX.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE MANCHESTER HOSPITAL FOR CONSUMPTION.

The Manchester Hospital for Consumption has its in-patient department at Bowdon, in Cheshire. Out-patients are seen in the city at Hardman Street, off Deansgate. A large sanatorium is in course of erection on the borders of Delamere Forest, some three and a half miles from Frodsham, the entire cost of which is being met by the munificence of the Chairman, Mr. W. J. Crossley. We have recently visited this sanatorium, and hope to describe it in a subsequent communication.

The hospital at Bowdon is as far as possible conducted in accordance with modern hygienic methods; the grounds are, however, limited, and are surrounded by residences, and Bowdon, once a country hillside, is rapidly becoming a little commercial and manufacturing centre. We should imagine that when the new sanatorium is completed on the high lands of Cheshire, the committee would close the establishment at Bowdon, or, at all events, use it for a somewhat different class of case. The establishment consists of the old building, which was originally apparently a private residence, and which is now used principally as an administrative block, although it also contains day rooms and the common dining-room.

The wards are large, airy, well-lit, and, considering the limited space at command, well placed. The wards for women accommodate 26 patients, and are 56 ft. 8 in. by 24 ft. by 14 ft., allowing 1,270 cubic feet per bed; and 42 ft. by 24 ft. by 14 ft., allowing 1,283 cubic feet per bed. The wards for men accommodate twenty-four patients, and are 50 ft. by 24 ft. by 17 ft. each, allowing 1,700 cubic feet per bed, and there are good bath-rooms and lavatory accommodation. There is also a throat room and dispensary.

In front of the male wards are liegehallen where open-air treatment is carried out. The limited extent of the grounds does not allow of much opportunity for the carrying out of systematic walking exercise.

A medical officer resides at the hospital, and there is an honorary visiting staff.

We have studied the diet chart and find it plain, but good and abundant. The day's routine is somewhat too much in keeping with ancient hospital traditions. We consider it undesirable to make female phthisical patients rise at 7.15, when breakfast is not served till 8.30. We also believe it to be desirable to discontinue as far as possible the regular administration of medicines at certain hours, as thereby patients are in danger of depending more on drugs than on the disciplining of their lives in accordance with strict hygienic procedure.

The Manchester Hospital for Consumption, with limited means and in the face of considerable difficulties, is accomplishing excellent work, and deserves a greatly increased support from the community it serves so well. The hospital issues annually a full report which contains much information concerning the medical aspects of the work.

DUTY OF MEDICAL MEN AS WITNESSES.

The opinion of witnesses possessing peculiar skill is admissible in courts of justice whenever the subject-matter of inquiry is such that inexperienced persons are unlikely to prove capable of forming a correct judgment upon it without such assistance; in other words, when it so far partakes of the nature of a science as to require a course of previous habit or study in order to attain to a knowledge of it. Thus, the opinions of medical men are constantly admitted as to the cause of death or of disease, or the consequences of wounds, and as to the sane or insane state of a person's mind, as collected from a number of circumstances, and as to other subjects of professional skill. Nothing more is requisite to entitle anyone to give evidence as a medical witness than that he has been educated in his profession, nor is it necessary that he should be engaged in the practice of his profession. The tribunal must determine the weight due to such testimony in each particular instance, and it is a question of fact to be decided by the court at the trial whether a witness offered as an expert has the necessary qualifications.

Medical men, when called as skilled witnesses, may only say what, in their judgment, would be the result of certain facts submitted to their consideration, and may not give an opinion as to the general merits of the case, or on things with which a jury may be supposed to be equally well acquainted. Thus the opinion of a medical witness was not admitted where the question was whether a physician, in refusing to consult with the plaintiff, had honourably and faithfully discharged his duty to the medical profession, nor was such opinion admitted as to whether the act for which a prisoner was being tried was, taking into consideration the other testimony given, an act of insanity, but the witness was allowed to be asked whether such and such appearances proved by other witnesses were, in his judgment, symptoms of insanity.

Where an accused person is supposed to be insane, a medical man conversant with the disease of insanity, who never saw the prisoner previously to the trial, but who was present during the whole trial and the examination of all the witnesses, may be asked his opinion as to the state of the prisoner's mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious, at the time of doing the act, that he was acting contrary to law, or whether he was labouring under any and what delusions at the time, when the facts are admitted, or not disputed, and the question becomes one of science only. On an indictment for manslaughter by the negligence and ignorance of a medical practitioner, medical witnesses may be called to give their opinion as to the skill of the accused. On a plea of insanity at the time of making a contract the opinion of the medical men who gave certificates on which the defendant was confined as insane, at or about the time, is only evidence for the jury, who must judge of the grounds on which it was formed. In an action against an accoucheur for injury sustained by his want of skill, an eminent member of the medical profession who had been in court and heard all the evidence was asked whether he was of opinion that there had been any want of due care or skill on the part of the defendant; the question in that form was objected to, and the witness was then asked, with the sanction of the court, whether he had heard anything which was improper in the defendant's treatment of the patient, in a medical point of view.

A physician may strengthen his recollection by referring to books which he considers to be works of authority, or may be asked, after such a reference, whether his judgment was or was not thereby confirmed—and this though medical books are not directly admissible in evidence. It does not, however, appear that this latter course has ever been directly sanctioned, though a medical witness has been asked whether, in the course of his reading, he has not found a certain mode of treatment prescribed; and has also been permitted, in explanation of the grounds of his opinion, to state that his judgment was in part founded on the writings of his professional brethren. A counsel, in his address to the jury, has no right to quote the opinions of medical men as given in their works.

A Medical Man has no Privilege.—Communications made to legal advisers are privileged. Medical men and clergymen, on the other hand, are bound to disclose any information which, by acting in their professional character, they have confidentially acquired. The propriety of extending privilege to communications to clergymen admitting criminal conduct has been strongly urged, on the ground that evil-doers

should be enabled with safety to disburden their guilty consciences, and by spiritual instruction and discipline to seek pardon and relief. The Roman Catholic Church adopts this principle in its fullest extent, not only by excepting such confessions from the general rules of evidence, but by punishing the priest who reveals them, and even allows a priest, who has heard a confession as such, when appearing as a witness in his private character, to swear that he knows nothing of the subject. In Scotland, the confession of a prisoner in custody, while preparing for his trial, in order to obtain spiritual advice and comfort, is privileged; but communications made confidentially to clergymen in the ordinary course of their duty are not. By the common law of England, no distinction is recognised between clergymen and laymen, and all confessions and other matters not confided to legal advisers must be disclosed when required for the purposes of justice.

Representations made by a sick person of the nature and effects of the malady under which he is labouring are receivable as original evidence, whether they be made to the medical attendant or to any other person, though the former are, naturally, entitled to greater weight than the latter; but statements in writing by patients to a medical man, describing the symptoms of the illness upon which the medical man has advised the patient, are not admissible in evidence.

A confidential report to an insurance company by its medical officer as to the state of health of a party whose life is proposed to be insured is not of such a confidential character as to entitle it to the privilege of protection, nor is the report made by the medical officer of a railway company as to the injuries sustained by a passenger in an accident on their line, unless such report has been obtained by the company with a view to impending litigation.

Before any confession can be received in evidence in a criminal case, it must be shown that to have been voluntarily made, for "a confession forced from the mind by the flattery of hopes, or by the torture of fear, comes in so questionable a shape when it is to be considered as the evidence of guilt, that no credit ought to be given to it; and therefore it is rejected." Although no definite rule can be framed which shall be an unerring guide in any supposable case, there are some points, both in regard to the person by whom the promise or threat is made, and also in regard to the nature of the inducement itself, on which the judges have pretty generally agreed. It is very clear that if the promise or threat be made by anyone having authority over the prisoner in connection with the prosecution the confession will be rejected as not being voluntary. In "R. *v.* Downing" (1840) a woman was indicted for child-murder, and a confession made by her to an elderly woman, who was her neighbour and nurse, and who told her it was better to confess, was held by Lord Abinger to be inadmissible, and his lordship refused to admit evidence of a confession subsequently made to a surgeon.

Dying Declarations.—Medical men are frequently called upon to give evidence with regard to dying declarations. Such a declaration, it must be remembered, is not admissible in evidence unless the deceased was conscious of approaching death, and made it under a sense of impending death. Any hope of recovery, however slight, renders such a declaration inadmissible, and the question turns rather on the state of mind at the time of making the declaration than upon the interval between it and the death. Thus, where, in a trial for murder by administering poison, a surgeon who was called as a witness said, "I had told the deceased she would not recover, and she was perfectly aware of the danger. I told her I understood she had taken something; she said that she had, and that damned man had poisoned her. I asked her what man, and she said C (the prisoner). She said she hoped I would do what I could for her, for the sake of her family. I told her there was no chance of her recovery"; it was held that this showed such a degree of hope in the mind of the deceased as rendered the declaration inadmissible, and the whole of the evidence was rejected.

Jury of Matrons.—A medical man may be called upon to assist a jury of matrons empannelled to try whether a prisoner is quick with child; but if they require the evidence of a surgeon before they give their verdict they must return into court, and the surgeon must, after he has examined the prisoner, be sworn and examined as a witness in open court.

Evidence of Deceased Medical Men.—An entry made by a medical man, in the course of his profession, is admissible in evidence after his decease, especially if such evidence be against his own interests. Thus, an entry made by a deceased man-midwife, that he had delivered a woman of a child on a particular day, and referring to his ledgers, in which the charge for his attendance was marked paid, was admitted as evidence on the trial of an issue as to the age of the child.

Scotch Law.—By the Scotch law a medical man may read to the jury as part of his evidence a report of any medical facts or appearances made by him at the time, confirming it, at its close, by a declaration on his oath that it is a true report. As a matter of practice, a medical man will find it extremely convenient in any case in regard to which he may be likely to be called upon to give evidence in the future to draw up a report or memorandum of facts and appearances at the time while they are fresh in his recollection, for such facts and appearances are generally so minute and detailed that they cannot with safety be entrusted to the memory, and although the witness may not be allowed to read such a report as part of his evidence, according to English law, yet he will always be at liberty to refer to it, even in the witness-box, for the purpose of refreshing and assisting his memory.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 2nd, 1904.

AT the Society f. innere Medizin, Hr. H. Ury related a case of

CARCINOMA OF THE PANCREAS,

with excessive loss of fat and albumin in the fæces. He showed the intestinal evacuation of a woman, æt. 47, and not jaundiced, who, since the end of December last had parted with fluid fat in large quantities, and which came away distinct from the other fæcal matter. It quickly got solid on cooling. Besides this, although but little albumin was given in the food, numerous well-preserved long muscular fibres were present, with an abnormal amount of albumin. The fæces showed a normal amount of urobiline; the consistence was firm, thick, and pultaceous. The stomach was never depressed, showed normal conditions as regarded motility and secretion, the liver was not enlarged. There was nothing special about the urine. After 1 grm. of salol there was no salicylic reaction in the urine until after four hours; and after 3 grms. iodopin there was no iodine in the urine eight hours after. From the laboratory experiments it was shown that of 102·30 grms. of fat, 72 per cent. passed away in the fæces, and of the nitrogen given 40 per cent. was lost in this way. The fæcal fat consisted mostly of butter; 82 per cent. of the fat was not split up, and only 18 per cent. split up. When 1 grm. of pancreon was given five times daily with the same diet as before, the loss of fat was 58 per cent., and the nitrogen loss 27 per cent. That the pancreon acted favourably was probable from the fact that when the fat ration was reduced to 60 grms. (one-third in the form of emulsion), no visible fat was passed during fourteen days. On the basis of animal experiment and only the slightest clinical experience, the speaker suggested a diagnosis of a more or less perfect shutting off of the pancreatic secretion

from the intestines, probably due to carcinoma of the pancreas. He was the more inclined to this opinion from the fact that two years ago, in conjunction with Dr. Alexander, he had treated an exactly analogous case in the polyclinic in which there was carcinoma of the pancreas. (Preparations shown.)

At the Medical Society, Professor Waldeyer discussed the

ORIGIN OF HERNIA.

During the course of years, he said, he had collected a large amount of material, and from it he had arrived at the conviction that when a hernia formed there had always been a congenital disposition to it. This disposition consisted in a dilatation of all the exit passages in people who had hernias, even if they remained empty. He would not say that the herniæ were congenital, but the disposition to them was so.

If in inguinal hernia bowel and testicle lay in the same sac the hernia must have been congenital. If the tunica vaginalis propria closed close above the testicle and the processus vaginalis remained open, so that rupture could take place, and the covering was attached to the tunica vaginalis propria of the testicle, then it was not a congenital hernia, but the tendency to hernia was congenital.

The anterior abdominal wall showed three depressions on the peritoneal side which were bounded by the projections of three folds. The fold in the middle line was formed by the obliterated urachus; between this and the plica vesicalis lateralis lay the fovea supravesicalis; to the side of this, and separated from it by the last-named fold, lay the fovea inguinalis media; this extended laterally to the plica epigastrica formed by the epigastric artery; then followed the fovea inguinalis lateralis. Rupture might take place through all three depressions, most rarely through the fovea supra-vesicalis. All three kinds took place at the external or subcutaneous inguinal ring.

Cooper's fascia, which covered the inguinal ring, was the external muscle fascia of the external oblique muscle; it mixed with the aponeurosis of the muscle. This Cooper's fascia formed the external layer of the hernial sac, and it might be very thick. The reason why the region above Poupart's ligament was so often the point of exit for hernia was that the abdominal wall was thinnest here. The transverse muscle ceased a little above the symphysis. The external oblique had a division here forming the pillars of the inguinal opening, and the internal oblique muscle was also very thin at this spot.

According to Braune, a bundle passed from the fascia of the transverse muscle to the inguinal ligament, a second to the sheath of the rectus; both these bundles surrounded the fascia inguinalis media. As regarded obturator herniæ, they passed through a canal 2 to 2·5 c.cm. in length. The bone here was not so thick, but the hernia passed it obliquely. The obturatic foramen was filled by lumps of very soft fat, which was always present even in thin people. The hernia could follow three courses, according as it pushed the fat, the obturator muscle, or the pectineus muscle before it.

In regard to ischiadic hernia there were three kinds—a hernia supra-pyriformis, infra-pyriformis, and tuberoso-spinosa.

He would call the peritoneal fascia the subperitoneal fascia. In internal herniæ the intestine pushed through a previously formed fossa without appearing under the skin.

Diaphragmatic herniæ also passed out through a congenital split or divergence of fibres.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 2nd, 1904.

FAILURES OF RADIOGRAPHY.

AT the Gesellschaft Riehl brought forward a female patient who had been treated with the Röntgen rays for chronic eczema two years ago. One year after the patient was supposed to be cured and the disease had disappeared, a cicatricial shrinking commenced in the skin, so that the neck and upper part of the chest were drawn together, as after a severe burn. The large veins stand out prominently in the atrophied skin, which now extends down the right arm, rendering it useless for active work. He thought this was a good example of some of the results of radiography, which should not be lost sight of in this form of therapy. He did not wish to discourage this form of treatment, but he would like to see the failures as well as the successes recorded.

Schiff agreed with Riehl in his desire for more information on this form of treatment, and related a number of failures that had occurred in his own practice. He was afraid that we were now showing too many successes without failures, and bringing the whole treatment into disrepute.

OSTEITIS HEREDOLUETICA.

Lorenz showed a girl, æt. 11, who had had osteitis of a syphilitic origin that caused great thickening of the tibia as well as extension in its length, ultimately producing pes vulgus.

REDUCING POWER OF MILK.

Hecht, who has recently been carrying on experiments on the oxidising qualities of milk, surprised the Gesellschaft with the announcement that milk has also a reducing property. To prove this fact he placed methylene blue with a little paraffin in the milk and excluded air from it. In a short time the reducing ferment abstracted the colouring of the methylene blue from the milk, thus proving the presence of a reducing agent. Milk with a great amount of colostrum reduced the colour much more quickly than ordinary milk, while poor milk had little power over the colour. When heat was applied to 60° or 80°, the power of reducing was lost.

Schlesinger thought that Hecht had not proved clearly by his chemical method that milk had really a reducing power, as the sugar present in the milk would undergo the changes he had shown without the presence of a ferment.

Hecht replied by saying that he had proved this conclusively, as the heating checked the ferment in its reducing power, whereas if Schlesinger's argument were accepted, the reduction would not commence below 60°, but it actually ceases when it reaches 60°.

ASTHMA AND THE STETOGRAPH.

Hofbauer showed a number of curves on paper, which he considered were sufficient to prove the etiology of asthmatic attacks, and thought the instrument was capable of diagnosing typical cases of asthma, which, along with the clinical symptoms, could eliminate it at once from such co-related diseases as Basedowii, bronchitis, &c.

Pauli considered Hofbauer's method of relying on the stetograph for a diagnosis of the different etiologies for asthmatic attacks was rather vague. As the stetograph only measured the excursion of the ribs and not the movement of the diaphragm, it could not possibly register correctly the volume of air inspired or expired.

Grossman agreed with Pauli that the instrument was

inaccurate, which his own experience had proved. He found that the respiratory curve varied according to the stage of the disease or the dyspnœa present. It is found experimentally by respiration that tracheal stenosis first produces slow and deep breathing, while later it becomes shallow and frequent.

Hofbauer, in his reply, said that the Röntgen rays proved that the diaphragmatic curve was exactly in proportion to the costal curve. With this data we must accept the fact that the curve of the diaphragm can be exactly calculated from the costal curve. He also noted that Grossman confounded dyspnœa with asthma, which he thought ought to be distinguished. He did not claim the results of the stetograph to be absolute, but along with the clinical symptoms the diagnosis could be more accurately obtained, just as an examination of the urine or blood assists the clinician in other diseases.

Grossman said that he could not distinguish between dyspnœa and asthma, as the two run gradually into each other without any line of limitation.

THIOSINNAMIN AND PYLORIC STENOSIS.

Hartz records a successful result from the use of thiosinnamin in pyloric stenosis, which had produced ectasia ventriculi. Before performing gastro-enterostomy he injected a 15 per cent. alcoholic solution of thiosinnamin. After fourteen injections the disease receded, enabling the patient to take food without much discomfort. He is now able to take a mixed diet and expresses himself as quite well.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

BUDAPEST, April 2nd, 1904.

AT the recent meeting of the Budapest Royal Society of Physicians, Dr. Magyar read a paper on "The Treatment of Hiccough with Corrosive Sublimate." During last summer he attended three obstinate cases of hiccough. He applied every hitherto known method, and yet failed to effect the least result. Just then he experienced excellent results by washing the throat with sublimate in diphtheritic cases; therefore he tried this treatment in the hiccough cases. The result was quite surprising, for out of fourteen cases, thirteen entirely recovered in about eight to sixteen days.

The method of treatment is as follows:—A cotton tampon well soaked in 1 per cent. corrosive solution, or a brush, is carried into the mouth; at the root of the tongue it is squeezed out, so that the liquid well damps the epiglottis and the neighbouring mucous membranes; then, pulling out the tampon, we touch the tonsils, the uvula, and the soft palate with it. In severe cases this should be done daily, while in less serious cases washing every second day will do. Sublimate poisoning need not be feared.

Dr. Néinet read a paper on "The Reduction of Fever by the External Application of Guaiacol." He said that Da Costa had advocated this method in the year 1894. Since that time it had been overlooked. Néinet revived this method in his hospital clinic, and he had no reason to repent it. He smeared the belly of typhoid patients with twenty to twenty-five drops of guaiacol, and afterwards covered it with some impermeable cloth. In all cases the temperature was greatly reduced, nominally the more, the higher the fever and the dose of the medicine had been. The temperature was reduced slowly but steadily; in some cases slight shivering and perspiration ensued. Both the pulse-beat and respiration were unchanged. Sometimes the quantity of the urine was increased, but albumin has never been found therein. The nervous and cerebral symptoms have decidedly improved, as also the wandering and drowsiness. Though the smell of the medicine is disagreeable, it can be concealed by mint oil. The smearing with guaiacol is insofar better than the cold bath; it is not inconvenient for the patient, and is not contra-indicated in case of intestinal hæmorrhage.

Dr. Oláh, speaking about rheumatism, pointed to its dim pathogenesis. The reason of this lies in the fact that rheumatic cases are seldom the subject of *post-mortem* examinations, and, besides, the disease having a short course, a complete study of its essentialities cannot be made. He sums up his experiences, founded on the clinical observations of 200 cases, as follows:—

1. Rheumatism often is initiated by general symptoms, as malaise, a feeling of cold and chill, want of appetite, &c. These general symptoms might stand alone through a considerable time before muscular pains have set in. These usually occur suddenly.

2. Rheumatism is accompanied by fever. In one-third of the cases the temperature is high.

3. The chief symptom of the disease, that is to say, the muscular pain, is evoked by a mechanical factor. However, this etiological connection is only apparent.

4. The real cause of the rheumatism is infection. This is shown by the general symptoms, which precede the pains, by the passing character of the symptoms, the fever, and the occurrence of complications, *viz.*, the localisation of the virus in other organs.

5. In the course of rheumatism, endocarditis is not at all such a rare complication as might be believed. Oláh quotes three cases, in which endocarditis has occurred during the course, while at the beginning of the disease no trace of any heart failure could be discovered.

6. The infectious character of the disease is shown by the fact that sometimes rheumatic cases crop up like an epidemic. Cold promotes the occurrence of rheumatism.

7. The supposed poison is at any rate akin to the virus of the arthritic process, and it can be assumed that it is a weaker form of it, because rheumatism can turn to arthritis and *vice versâ*.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

CASE OF COMPLICATED OVARIAN MULTILOCULAR TUMOUR.—Mr. BATTLE operated on a married woman, æt. 28, who had been married four years, but there were no children living. The first two were stillborn, the third only lived nine days. Nearly a year ago she had been confined of her last child. Since that time she had not been well, having suffered from pain in the abdomen and feverish attacks, which had compelled her to keep her bed. Six months ago she was taken into a cottage hospital, and her medical man explored to find out the nature of a swelling which had appeared in the right iliac fossa. He found a very fixed, hard swelling, and did not attempt to remove it. Since that time there has been little change. The tumour has remained about the same as far as she knows, and she has had feverish attacks as before; in fact, she has been no better for the exploration. Her general condition is fair, and, but for the presence of this swelling and a general aching, she would feel fairly well. On examination of the abdomen there was an evident swelling the size of two fists in the right iliac

fossa and extending into the pelvis. Over the most prominent part of this, which corresponded to the right linea semilunaris, there was a cicatrix about three inches long, which appeared to be attached by its deeper parts to the underlying tumour. The tumour fluctuated, but was harder towards the anterior superior spine than towards the pelvis. Examination *per vaginam* showed nothing abnormal; no thickening could be felt on the right side, but the uterus was a little more fixed than usual. The temperature was normal. At the operation a median incision was made in the middle line below the umbilicus, and the peritoneal cavity opened. The intestines were packed into the upper part of the abdomen, and a gauze sponge placed in Douglas' pouch. A large cystic expansion of the tumour, which covered the uterus and occupied most of the pelvis, was then tapped and emptied, and other cysts were emptied through the opening which had been made into the first. The contents of these cysts varied somewhat, but were evidently ordinary ovarian fluid. This diminished very much the size of the tumour, the part remaining being composed mostly of solid material, which was firmly adherent to the iliac fossa and the cæcum. It was separated from its uterine attachments and then from its attachment to the cæcum. This last was very firm and it was evident that the interior of the cæcum communicated with the interior of a cyst. A large opening was present in the caput cæci, some parts of which were considerably thickened. It was covered with gauze and placed on one side until the cyst and tumour had been completely removed. Although the attachments were very firm and at some stages scissors had to be used, the growth was removed without much hæmorrhage. The omentum and small intestine were adherent at one or two points, and the separation was attended with bleeding, which required the application of ligatures to arrest it. The cæcum was then sutured, a continuous stitch being first of all inserted drawing the two edges together, this stitch passing through all the coats. A continuous Lembert's suture was then put in which closed the opening satisfactorily, excepting at one or two points, where interrupted sutures were also placed. The area of operation was then cleansed with sterilised saline, the sponges removed, the abdomen again cleansed, a glass drainage-tube placed in Douglas' pouch, and strips of gauze over the site previously occupied by the tumour, these being brought out of the wound by the side of the tube. Mr. Battle said that the diagnosis rested between ovarian tumour and pyo-salpinx, and he had thought from the history and the fixed character of the lump that it was pyo-salpinx; but the operation revealed a very unusual condition of things, and it was probable that the patient had had a small multilocular ovarian cyst which had received damage during her confinement; this cyst had suppurated, become adherent to the cæcum, and discharged into it; it was probable, also, that her symptoms had been temporarily relieved, and then things had become troublesome again as other cysts developed dragging on the original tumour and parts to which it was attached. The amount of discharge from the cyst which opened into the bowel was not great, and the cyst itself was small, otherwise there would have been the passage of flatus into the cyst and its presence would have been detected on examination of the abdomen.

The plugs were removed on the second day, the drainage-tube being kept in some time longer, and although the patient suffered at first from shock and from sickness from the anæsthetic, she has made a good recovery.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 6, 1904.

THE "TABLOID" APPEAL CASE.

In the issue of The Medical Press and Circular for December 23rd, 1903, we commented upon an action tried shortly before that date. The plaintiffs were Messrs. Burroughs Wellcome and Co., who sought to restrain Messrs. Thomson and Capper, homœopathic chemists, of Liverpool and elsewhere, from passing off goods not made by plaintiffs when the word "tabloid" was used in prescriptions or orders. In other words Burroughs Wellcome claimed exclusive and proprietary right to manufacture drugs in "tabloid" form. They coined or invented the word "tabloid" in 1884 to describe the well-known rounded and flattened discs into which their drugs were compressed. Their useful little invention has proved enormously successful, but none the less its development has demanded a vast deal of energy, skill, organising capacity, and capital. To have deprived them of the benefits attached to the trade in "tabloids" would clearly have been contrary to the fundamental laws of justice. Yet, as a matter of fact, that was being done by all persons who substituted the preparations of other firms than Burroughs Wellcome and Co. when "tabloids" were ordered. The defendants retaliated by a motion to expunge the trade marks in question from the Register. The case was tried by Mr. Justice Byrne last December in the Chancery Court. After a seven days' trial the learned judge decided (1) that Thomson and Capper had been guilty of passing off or substituting other goods in place of the "tabloids" made by plaintiffs, and (2) that the trade mark "tabloid" was a descriptive fancy word not in common use at the time it was placed on the Register, that therefore the mark was a good one, and Messrs. Thomson and Capper's motion to expunge it must be dismissed. In connection with the morality of the kind of transaction involved Mr. Justice Byrne gave the significant opinion that the plaintiffs were entitled to an injunction independently of

registered trade marks. That is to say, the learned judge condemned absolutely the practice of "substitution" applied to drugs by chemists who, asked for one thing, sold another to their customers. The plain Anglo-Saxon word for a business proceeding of that kind is to be found readily enough outside a court of law. That part of the original case was so clearly established in the December trial that Thomson and Capper, in their appeal, wisely abandoned any attempt to justify the practice of substitution. They confined their appeal against the decision of Mr. Justice Byrne to the portion of the judgment which dealt with their motion to rectify the Register. The second or appeal case was heard on March 29th by the judges of the Supreme Court, who all agreed in dismissing the appeal. The result of this trial is a vindication of the common sense of English law, which thus enforces the method of common honesty in ordinary business transactions. The appellants asked the judges, in effect, to say that the word "tabloid" was not a good trade mark, although Burroughs Wellcome and Co. had originated the word and had applied it continuously and without challenge for twenty years. In fighting for their trade mark, it is, of course, obvious that Burroughs Wellcome and Co. were primarily fighting for their own hand. At the same time a little consideration will show that they have also done a great and real service alike to the public and to the medical profession in drawing attention to the pernicious practice of substitution by pharmaceutical chemists. That point was dealt with somewhat fully in our comments upon the original trial in December last. We then remarked "that there were many local pharmaceutical associations throughout the country, and it was to be hoped that so important an action would bring the matter home to them in such a way as practically to scotch the baneful practice of substitution." We venture to think that the consequences to dispensing chemists will be serious enough in all consicience if medical men find they cannot depend upon chemists for the faithful dispensing of prescriptions. It is because we believe that the great majority of chemists loyally serve both the public and the profession that we hope the local trade associations and the pharmaceutical societies of the United Kingdom will once and for all dispose of what is clearly a menace to the status of the craft. With certain dispensers, public and private, we have reason to believe that the fraud of substitution is cultivated as a fine art. From this point of view, as well as on personal grounds, we heartily congratulate Messrs. Burroughs Wellcome and Co. on the happy termination of the two recent trials, the ultimate results of which are likely to be appreciated for years to come by the medical profession.

THE HOSPITAL QUESTION.

DURING the past thirty or forty years the relations which once existed between the public and hospitals have greatly changed. The latter were originally intended for the poor only, that is, for those who could not possibly afford to pay anything for medical care and treatment. Hospitals stood in somewhat the same relation to us as the charity schools; as the State did not provide fully for the education of the poor, those schools were supported by charity. Things have changed, and hospitals are now made use of by a class that some years ago would not have been allowed to enter them, or would have refrained from doing so, as the claim of poverty could not be made for admission to their benefits. The question now arises whether the public intend to extend the principle that has been growing up for many years, and whether a very different class of people are going to organise the hospital system for their own benefit and convenience. It looks very much as if this were the case. When the Charity Organisation Society started, the most important work it had in hand was to investigate the abuse of hospitals, that is to say, the extent to which persons by no means qualified by poverty for admission were resorting to them unfairly. For some reason or other nothing came of the attempts of the Conjoint Committee of the British Medical Association and the Charity Organisation Society to correct this abuse; and as now the metropolitan asylums and infirmaries, supported out of the rates, provide in a way that was never done before for the poor, it would be well for the hospital question to be widely raised. This constant appeal to the charitable for funds by way of bazaars, fancy-dress balls, performances of various kinds, and other undignified methods of raising money are not consistent with such a matter as the support of our hospitals. Doubtless the sentiment of charity may be cultivated to a certain extent, but it should not be asked to do more than it has done in the matter of our schools. Charity may cover a multitude of sins, but we are rather inclined not to let too much be covered by it. There is no doubt that the hospital system, like that of the schools, is one that should interest classes removed entirely from that of the very poor. It is difficult, if not impossible, to provide in most homes, in serious cases, for the medical and surgical attention that can be received with great facility in hospitals. Some provision for the admission of patients of the better class into hospitals has been made for some years by such homes as that at St. Thomas's, and by private wards at other hospitals. What Lord Rowton has done for the working-class who are above the workhouse is evidence of the changes coming into our social system. To look at the hospital question in a fair, sensible and practical way is growing every day more and more necessary, and the medical profession will do well to assist in bringing about the reform that is evidently demanded in the present hospital system. King Edward's Hospital Fund is really intended for the absolutely poor and not for those who can afford to pay, and those who dispense this Fund should pay particular attention to this point, otherwise there is a danger of the Fund being misapplied.

PHYSICAL TRAINING IN SCHOOLS.

With the advent of the new educational authorities, on the principle of the new broom, a good deal of remodelling is being carried out in the courses of instruction in our elementary schools. So far as this indicates interest and enthusiasm in educational matters, it is all to the good; so far as it gives the irresponsible faddist a chance of initiating his pet experiments, it is fraught with some little danger. Education in the past has been regarded far too much in the light of a process for conveying a cut-and-dried quantity of "knowledge" into the cranium of the pupil, and far too little as a means for turning out healthy, well-conducted, capable units to take their place in the ranks of the nation. There are certain welcome signs that a broader and more catholic view is supplanting the old, and these lead one to hope that individual training may come to be the chief end of our educational institutions, and that standards and examinations may recede gracefully into the background. It is a thousand pities that at this moment, when the question of national efficiency is more urgent than ever, that political and religious partisans should be engaged in bandying recriminations, and that education—the fitting-out of the child—should be used as a mere pawn in political chess. We have consistently urged that measures to safeguard the health of pupils in schools should be instituted, that the children unfitted for work in class should be eliminated, and that systematic inspection by a medical expert should be considered complemental to instruction by teachers. We have noted, too, with great pleasure, that several of the most important of the educational bodies have recognised the necessity of these precautions, and have appointed medical officers to carry them into effect. We feel that the time has come, when so much futile discussion is taking place, to speak definitely about the subject of physical training. We need not dwell on the disconcerting facts that have lately been brought to light by the recruiting returns, and the late inquiry into the health of school-children in Scotland. Without being unduly pessimistic we may say, without fear of contradiction, that the physique of the nation is in a condition that no one can contemplate without apprehension. Various remedies have been proposed, but the one we have to speak of at the moment is that of physical training in elementary schools. It might be thought a platitude to assert that physical training was no less important than mental training, were it not that the latter engages the whole of the working hours in many schools in this country. If, however, the object of our system is to turn out men and women capable of earning a living and undergoing fatigue, surely a sound constitution and a well-developed muscular system are at least of as much moment as capability to read penny "dreadfuls," reckon up wages, and write answers to competitions in comic papers. But when the necessity—the pressing necessity—for physical training is appreciated it is just as important to grasp the principles on which it should be founded. It is not merely a development of the muscles that is to be aimed at, far less the development of one set of muscles. Most of the suggested systems aim at the production of hypertrophy in the musculature of the upper or lower limbs. Now a healthy child should have all his muscles developed in proportion, and this development should not be at the expense of, but rather carried out *pari passu* with, the building up of his viscera. The tax should be levied equably and gradually, so that every organ and muscle in the body should share in the extra strain proportionately; that the biceps should not be brought into play more often than the adductor magnus, nor the heart be called upon more than the lungs. Movements, having the health of the child in view, should be conducted in the open air, and not in stuffy class-rooms or halls, and the psychical influence of properly-contrived exercise never should be left out of account. The dull, monotonous evolutions of the parade-ground never furnish the pleasurable stimulus of the cricket or football field, and the disposition may be moulded, and moral virtues inculcated, along with the development of the form and constitution. Games, however, have the disadvantage that only a certain number can play at a time, and Swedish exercises are not exhilarating. Gymnastic apparatus is costly, and gymnastics have to be practised under cover; there is little opportunity for competition. Military enthusiasts wish to seize the occasion for subjecting boys to military drill, so that their exercises may have a direct utilitarian bent, but we think that military exercises are not the best. Let them remember that we wish to turn out men, and as General Chanzy used to say, "Faites nous des hommes, nous en ferions des soldats." What system, then, is the best adapted to all the ends one must aim at? It is a far cry, we admit, but if *fas est ab hoste doceri*, it must be even more permissible to learn from our allies. The system which seems to fulfil all the requirements we have enumerated better than any other is the "Jiu-Jitsu" (muscle-breaking or training) of the Japanese. The training and discipline of these exercises are reduced to a science, and they can be practised out of doors without any apparatus. The physical and mental results of this culture show themselves in the form and qualities of the Japanese of to-day, who are notoriously one of the best-developed, best-mannered, and hardiest races of the world. They have freely availed themselves of all that is good in our civilisation; we might do worse than return the compliment by fashioning our physical culture on theirs.

Notes on Current Topics.

Fresh Air and Diseases of the Chest.

It must have occurred to many that the successful treatment of phthisis by a life in the open air is not due to such a life being a specific against the tubercle bacillus, but owes its efficacy to a

general hygienic result. As a natural consequence it would follow that similar, if not equal, good effects should attend open-air treatment of other diseases of the lungs. Various Continental physicians have from time to time suggested that patients suffering from pertussis should be given, at any rate, a trial of open-air life, and they have reported this procedure certainly diminishes the tendency to tuberculous infection during convalescence. In these countries, however, up to the present there has been a strong prejudice regarding the danger of a "chill" in whooping-cough, as there was twenty years ago in the case of phthisis. Recent observations seem to suggest that the belief in the case of one disease is no better founded than in the case of the other. In the City Hospital at Edinburgh, under orthodox treatment, two out of every three children who developed broncho-pneumonia as a complication of whooping-cough died. For the past two or three years Dr. Claude Ker, the medical superintendent, has employed open-air treatment in all cases of whooping-cough, whether broncho-pneumonia was present or not. As a result it was found that broncho-pneumonia as a complication occurring in hospital has entirely disappeared; while of children who suffer from it at admission, instead of, as formerly, two out of every three dying, now two out of three recover. The effect on the whooping-cough itself was slight, but some favourable differences were observed. The children had better appetites, their strength was greater, and they were much less irritable. Their temperature came down sooner, and cyanosis was less frequently noticed. We have no hesitation in saying that wherever possible, and it is nearly always so, open-air treatment of whooping-cough should be practised.

Colloidal Silver in Erysipelas.

DURING the past few years there have been several encouraging reports, principally from the Continent, on the use of intravenous injections of colloidal silver in various infective processes. Two requisites are necessary to commend a drug for intravenous administration—efficacy for its purpose, and harmlessness in other directions. As regards the latter, everyone who has examined the subject is agreed that no ill results occur from the use of colloidal silver. As to its efficacy, it has been used with success in pyæmia, septicæmia, surgical sepsis, anthrax, pneumonia, gonorrhœa, and erysipelas. Dr. Warren Coleman, of New York, has recently (*a*) reported his experience of its use in the last-mentioned disease, and though his cases are not sufficiently numerous to justify absolute conclusions, they are, as far as they go, entirely favourable. The preparation used was a 1 per cent aqueous solution of colloidal silver, and the dose varied from 5 to 10 cc. The injections were made with an ordinary antitoxin syringe. Care should be taken to prevent any of the solution escaping into the tissues, as it causes considerable pain and sensation of burning. When used properly the injection is followed by no unpleasant symptoms. In most of Dr. Coleman's cases one injection was sufficient to bring down the temperature, and to cause disappearance of the inflammation. It is to be hoped that further trial will bear out the good results arrived at up to the present.

(*a*) *Medical Record*, November 21st, 1903.

Protargol in Gonorrhœa.

AMONG laymen it is often the custom to underrate the importance of an attack of gonorrhœa, and to regard the period spent while suffering from it as merely a time of enforced absence from alcohol and sexual intercourse, together with the undergoing of a regular routine of medical treatment. To anyone, however, who knows the severity of the complications and sequelæ of gonorrhœa, as well as its wide distribution in all classes of society, the case is far otherwise, and anything which promises to cut short the disease in its early stages appears as a boon. There have been various specifics put forward from time to time with the view of aborting gonorrhœa when the case was seen sufficiently early, but none of them has received entire confidence. The reason lies probably quite as much in carelessness of application as in any failure of the agent employed, since the method used in all is the destruction of the infecting gonococcus before it has become intracellular. In several cases recently reported, principally from America, where gonorrhœa appears to be even commoner than here, protargol has been used with great success. The method employed by Dr. Bierhoff, of New York, (*a*) is the complete flushing of the urethra by a $\frac{1}{4}$ to $\frac{1}{2}$ per cent. protargol solution. Dr. Bierhoff employs the drug only in early cases where the discharge has just begun, and where, on microscopic examination, but few intracellular organisms are seen. He first anæsthetises the urethra with mixed solutions of cocaine and protargol, and then thoroughly washes the anterior part of the urethra with protargol. The entire urethra is next irrigated with protargol solution in large quantities, the patient emptying his bladder and the injection being repeated several times in succession. This is done by the medical man once a day, while the patient washes his urethra and bladder with the same solution four or five times in addition. At the end of four or five days the discharge has usually ceased, no organisms can be discovered, and the disease is cured.

(*a*) *Medical News*, March 12th, 1904.

Hyperpyrexia.

THE treatment of hyperpyrexia has considerably improved in late years, although the hopelessness of extreme types must still be acknowledged. One of the best recorded observations on the treatment of a number of cases of this condition is that of Lewis and Packard, based on ninety-two cases treated in the Philadelphia Hospital, in July, 1901. They were all cases of insolation

or "sunstroke," and considering the serious nature of the malady, the total mortality of 14·4 per cent. must be regarded as distinctly favourable. In mild cases—that is to say, where the temperature does not exceed 102° F.—simple measures such as an occasional cold bath, an ice-cap, and the administration of mild diffusible stimulants were found sufficient. Where the temperature ranges between 102° F. and 106° F. cold baths and rubbing down with large pieces of ice, with free circulation of cool air, were most effective. Intravenous injection of normal saline solution proved a rapid and valuable remedial measure. The general statement is made by Lewis and Packard that all the cases recovered in which the temperature registered was under 106° F., while all over 111° F. died, and the fatal cases ranged between 106° F. and 111° F. Albumin was noted in the urine in most of the cases.

"Dr." Deighton's Great Walk.

This extraordinary feat of endurance, which terminated last week, is one that naturally excites more than ordinary interest in those who know something, but not everything, of the human body and its capabilities. The so-called "Dr." Deighton is not a medical man, but was formerly, we understand, a trainer. His walk started on February 29th at Land's End, and finished on March 28th at John o' Groat's House—a total distance, as he travelled, of 930 miles. It lasted twenty-four days, four hours, and twenty minutes, deducting Sundays, on which days he rested. His average rate of movement night and day was just under two miles an hour, and this over some bad roads, snowdrifts, and heavy ground. That he was not unduly fatigued is evidenced by the fact that he covered the last mile in nine and a half minutes, even carrying his trainer on his back for the last fifty yards. When it is considered that this journey was made by a man over three score years of age, it must surely be termed unique. A man of the constitution, stamina, and pluck of Deighton may well deserve a niche in any national Valhalla, and it would be well to commemorate a hero of so healthy and useful a pastime as walking, when professional footballers, jockeys, and variety actresses fill the public eye and fire enthusiasm in the way they do at the present day. Apart from the elasticity and "condition" of the muscular system, the heart and arteries of the athlete of sixty-one years must be in a wonderful condition of juvenility to be able to accommodate themselves to so prolonged and severe a strain, and one may well hope that the veteran will feel no constitutional ill-effects, beyond some stiffness of the muscles, after his exertion. It is well recognised that the most severe trials to which the vital organs can be put are the short, sharp bursts of energy called forth by a sprinting match or a boat race, but extended efforts demand a much larger reserve of tissue and visceral activity, and it is all the more gratifying to find that such immense stores can be drawn upon even up to the age which Deighton has reached. We must protest strongly, however, against his assumption of a title to which he has no claim. The fact of his using it without let or hindrance in itself constitutes a sardonic commentary on the efficiency with which the *Register* is protected by the law and the General Medical Council.

Plague.

The outbreak of plague at Johannesburg reminds one that this scourge is ready to pounce on the unwary community at any moment. The scare that occurred in this country a few years ago subsided quickly when it was found that the measures taken to arrest the disease at its source—namely, the seaports—were effectual. But the success that attended those efforts must not allow one to shut one's eyes to the fact that plague is still in the air, and that this is no time for relaxing vigilance. The Indian mail ship "Persia," which arrived in London last week from Bombay, narrowly escaped a visitation of plague, as one of the mail-sorters, who was dropped at Aden, developed the disease soon after landing. Fortunately, no further cases resulted, but the port officers treated her as an infected ship, and carried out the Local Government Board regulations to obviate any chance of the disease being conveyed on shore. So long as plague continues to simmer at Bombay, no country trading thither will be free from risk, and it will be lucky if the port authorities manage to catch all sufferers—actual or potential—in their net. Plague is one of the last things desired in this country.

Medical Practice in the Orange River Colony.

It is not a little tantalising for our medical reformers at home, who are striving and agitating year after year to obtain recognition for some of the most elementary rights of the profession, to see practically the whole of their programme become law at one stroke of the pen—in one of our dependencies. Such, however, is what has just taken place in the Orange River Colony. An ordinance has recently been promulgated that embraces almost every provision needed to place medical practice on a satisfactory basis. One need hardly say that the kernel of the whole matter is contained in the clause that imposes a penalty of a hundred pounds (or, in default, six months' imprisonment) on those using titles calculated to make people infer that they are qualified and registered, or on those who practise for gain, or by any means whatever profess to practise or advertise that they give advice. It is to be hoped that the phraseology covers the undoubted intention of the Legislature, and that the quacks, vampires, and harpies who prey on the credulity of their fellows will find that there is no loop-hole in the ordinance through which they may creep to ply their nefarious trade. It is an easier matter for a small and compact legislative body, with the experience of the Mother Country to guide them, to make sound and comprehensive laws than for a tradition-ridden country like ours to rise superior to the prejudice of

centuries. One must not, however, be led to think that it is only in thorough government by oligarchy that such beneficent enactments can be reached, for New Zealand, by far the most truly democratic country in the world, has a similar law in force. The inward reason of the success of the profession in these countries lies in the energy displayed by their medical men. When our own members by personal influence on their patients bring them to realise the gigantic extent to which the evils of unqualified and unskilful practice prevail, a disposition will be created in the country that will make the passage of a Bill restraining charlatans from plying their trade a matter of little difficulty to our medical politicians. Till that happy day arrives, one must be content to look with envious eyes on the beatific conditions that prevail in the daughter-states of the Empire.

The Significance of Melanuria.

AMONG the physical appearances of the urine which are met with in certain normal and diseased conditions, few, perhaps, are more striking than its variations in colour. Upon this objective phenomenon the ancients laid great stress, both as regards the diagnosis and the prognosis of a given malady. Since the depth of tint depends largely upon the degree of concentration of the urine, it follows that when, from some cause, the amount of fluid in the excretion is diminished, a high colour is produced. But mere depth of tint must not be confounded with actual blackening due to the presence of a pigment in solution. The various derivatives of hæmoglobin may give rise, when dissolved in the urine, to a coloration closely approaching black. True melanuria, as Dr. A. E. Garrod (*a*) has pointed out, may, indeed, occur in the urine of individuals who are apparently in perfect health, that is, the urine is absolutely black at the moment of passing. Several authentic cases of this nature are on record, and such a condition would doubtless cause, not unnaturally, considerable alarm both to the patient and the physician. The cases are divided into two groups —those in which the urine is black when passed, and those which become so on standing for a short time. In the first class are comprised the idiopathic cases, so-called, those in which the colour is due to the passage of modified pigment, to the excretion of melanin, as in melanotic sarcoma, and those in which the pigmentation is caused by some toxic condition. To the second division belong other toxic cases, such as indicanuria and alkaptonuria. Hale-White has found that in certain cases of phthisis the urine becomes almost black on standing. Some articles of diet will also produce the same effect, and the darkening of the urine due to contained products of oxidation of phenol is not an uncommon occurrence, especially in children after the application of a carbolic compress. Urinary melanosis is a clinical phenomenon full of interest both to the physician and the pathologist.

(*a*) *Practitioner*, March, 1904.

Observations on School-Children.

WHILE we are sitting considering whether it would be worth while to make a series of observations on the physique of school-children, the French are going ahead. The Council of the Royal College of Surgeons requested the Physical Deterioration Committee of the Privy Council, now sitting, to take into consideration a scheme suggested by Professor Cunningham for making an anthropometrical survey of the children of the country. Thus only could any concrete standard be established by which to gauge the progress of future generations in physical development. The Physical Deterioration Committee have had the matter under consideration, and it may be of interest to them to study the measure just introduced by the Minister of Public Instruction in France. This law requires, *inter alia*, that every pupil in a public school shall be medically examined every three months, and that his height, weight, chest measurement, and general condition be entered on his report. The law supplies many other useful provisions with regard to the hygienic arrangements at schools. For instance, no dry sweeping is allowed, carpets are forbidden, and curtains and furniture must be frequently cleaned. The bedrooms and kitchens of boarding schools are put under rigorous conditions of cleanliness, and no consumptive is to be allowed at school. Now that the religious orders have given up their establishments, it will be possible by the required registration to obtain a firm grip of the schools by systematic inspection, and the zeal of the Government for the public health will be able to permeate into every corner of its educational system. If the French can manage to examine their children four times a year, we surely ought to be able to do so once in a lifetime.

The Physiology of Hunger.

THERE are few physical sensations which have not, from time to time, been subjected to the minutest investigation and analysed with an almost morbid thoroughness, yet that of hunger does not appear to have been so frequently scrutinised. The reason for this would seem to consist largely in the difficulty experienced by all in concentrating the mind upon any topic when the body is exhausted through want of nourishment. To be of any real value, the observations should be conducted by the physiologist himself upon his own sensations, and auto-starvation is not a method which commends itself readily to the scientific or any other mind. Dr. Emil Gibson (*a*) believes that the three essential factors concerned in the physiology of hunger are—an empty stomach, an intact nervous mechanism, and the cerebral consciousness of the gastric condition. The latter factor is, in all probability, the most important. Modern experimental researches upon the secretion of the gastric juice in dogs have amply shown that this fluid is poured out in abundance at the mere sight of food, or, in other words, the actual presence of food in the stomach is not essential for its secretion. The author quotes

(*a*) *Medical Record*, New York, March 5th, 1904.

from the "posthumous notations" of Antonio Viterbi, a Corsican lawyer, who starved himself to death in order to avoid the capital punishment to which he was sentenced. The record of the sensations experienced by this remarkable individual shows that after the third day of the fast the feeling of hunger practically disappeared, though the two days before were full of suffering. Sensations of thirst manifested themselves at irregular intervals, but none of hunger were felt until his death, the intellect remaining clear up to the last. The influence of the mind in paying attention to or disregarding the impulses sent up to the brain from the stomach determines, to a large extent, the presence and extent of the sensation of hunger, which fact may be of some practical value in the case of those who are compelled to go for long periods without food.

Beri-Beri in Monkeys.

The pathology of beri-beri still rests in obscurity. Dr. Hamilton Wright has recently recorded the results of careful observations of beri-beri in monkeys, which go to show that the disease is an acute infectious one. The organism appears to exist in close sunless foci. Food either qualitatively or quantitatively is a factor of no great importance. The organism is, however, probably ingested with food accidentally contaminated by it. It appears to multiply in the stomach and upper part of the intestine, causing a local congestion or inflammation, and elaborates a toxin which, being absorbed, acts with varying force bilaterally and systematically on certain vital and ordinary neurons, to give rise to the collection of symptoms known as beri-beri. The incubation period seems to be short. Rice is considered to have no relation to the analogy of the disease. But the actual organism is still uncaught, and much regarding the pathology of beri-beri must necessarily remain as little better than ingenious conjecture.

The Care of the "Register."

When the General Medical Council is accused of lethargy in defending the medical profession against unqualified practice, the answer of that august body is an indignant *non possumus*. They have no statutory powers beyond the control of medical education and the maintenance of the purity of the *Register* by striking off the names of unworthy qualified men, and by prosecuting those who falsely assume medical titles. That being the case, how is it that the General Medical Council have permitted a medical man to house, and presumably to work with, the notorious Drouet Institute for the treatment of deafness? The methods of that organisation have been exposed again and again by *Truth*, the editor of which does not hesitate to call the whole business a heartless and wicked fraud. These attacks have never been answered in a court of law by the Drouet Institute, a fact that needs no comment. A recent police-court case shows that a registered medical practitioner had the same address as the Drouet Institute. A police Deputy-Inspector, who had evidently read his *Truth*, asked that if bail were granted it should be substantial, because of prisoner's connection with that Institute. It is interesting to inquire what machinery is resorted to by the General Medical Council for maintaining the purity of the *Register*. How can a man retain his qualification and be for years connected with a semi-commercial, semi-medical concern like the Drouet Institute? We trust one of the direct representatives will thresh this matter out next session.

The First Liverpool Graduates.

The newly-constituted University of Liverpool has got to work in earnest, and its first degree-conferring ceremony has just been held. A happy omen was the fact that the first candidates admitted to the dignity of its degrees were four medical students, who will henceforward be distinguished as its senior graduates. These four young men will have a noble task to their hand—that of creating and shaping the traditions of their Alma Mater. The M.B.I.iv. has yet to establish its title to respect, and it will soon be judged by the subsequent careers of its first holders, and on them the future reputation of the University rests. But if the University have no traditions yet—to hamper or spur them on, as the case may be—the Liverpudlians have at least a noble record of intelligent and sympathetic philanthropy to show. Their School of Tropical Medicine has already a world-wide reputation, and indeed there are few places already where the effect of its work has not reached. In Professor Ronald Ross the school possesses a man who has a justly-earned reputation wherever medicine is practised or the Anopheles exists. The other great departments of medical education are well equipped and appointed, and now that Liverpool is freed from her association with Manchester, one may depend on the local patriotism of that great port—a patriotism second to that of no other city of the Empire—to keep them abreast of modern conditions. The provincial medical schools are hitting the London ones hard, but it cannot but be an advantage to allow a desire for higher culture free play in the great business towns—even though the emoluments of the London teacher are not what they used to be. It would indeed be paradoxical if with her wealth of clinical material Liverpool did not rise to take her stand alongside the old medical schools of Scotland. Her future lies in her own hands and that of her graduates.

Industrial Plumbism.

It will be remembered that a few years ago the public were roused to take notice of the shockingly high death-rate from lead-poisoning in the pottery manufactories in Staffordshire. The result of this wholesome agitation was that Lord Ridley, the then Home Secretary, issued a series of very admirable and stringent rules which were to be observed by all employers of labour in the pottery trade. These rules caused a good deal of resentment on the part of the manufacturers,

but the Home Secretary was firm ; the rules were enforced and a special inspector appointed to mark their effect. The official return for 1903 has just been issued, and its perusal indicates the immense advantage that has accrued to the workers through their operation. Whereas in 1899 there were 249 cases of plumbism with 16 deaths, in 1903 there were only 97 cases with 3 deaths, among over six thousand operatives. This is a fact that will be deeply appreciated by those who originally interested themselves in the movement, and one that reflects great credit on the Home Office staff. It is to be hoped that now that the value of the special rules has been so fully established, they will be made to bear more strictly on the smaller employers, many of whom are not so closely under the thumb of the inspectors as those in a larger way of business. This vindication of the justice of the promoters' contention may well serve to put courage into them to agitate that fresh precautions shall be enforced in other lead-employing industries, some of which still show up badly in their sickness and mortality returns. House-painters and plumbers were responsible for 201 cases of lead-poisoning in the year, and this number shows a tendency to increase. In several other industries lead-poisoning is rife, and it is high time they were taken in hand seriously. The use of fritted lead should be made compulsory, and proper precautions enforced with regard to the cleanliness of the hands and mouth. The workers themselves are often most difficult to deal with, as they pooh-pooh the rules made for their benefit ; but now that they hear how beneficial these have been to their fellow-employés, their good sense may be trusted to come to the rescue. When their co-operation is secured—intelligently and enthusiastically—lead-poisoning will become a *rara avis*.

The Great Wyrley Cattle-Maiming Case.

SOME six months have passed since THE MEDICAL PRESS AND CIRCULAR petition was presented to the Home Secretary on behalf of the prisoner Edalji, undergoing penal servitude for the maiming of cattle. The ground of the appeal, as readers will remember, was that if Edalji, an educated professional man, committed the senseless and motiveless outrages for which he was convicted, then he must have been to all intents and purposes insane and fitted for a lunatic asylum rather than a prison. Our petition was that the state of mind of Edalji be inquired into by a skilled medical commission. Edalji is still in gaol, and we have no means of knowing whether any such formal inquiry *de lunatico* as that we asked for has been made. If the point has not been investigated from the point of view of mental irresponsibility, we venture to assert that the Home Secretary is running the risk of acquiescing in a grave miscarriage of British justice. Our petition was signed by such eminent authorities and well-known men as Professor Clouston, Dr. Savage, Dr. Bevan Lewis, Dr. F. J. Waldo, Dr. Younger, Dr. Ward Cousins, and many others too numerous to mention. Last week another cattle outrage was reported from the neighbourhood of Great Wyrley, one of many that have occurred since the imprisonment of Edalji. A series of more dramatic comments upon that unfortunate man's sentence it would be hard to conceive.

The Administration of Oxygen.

OF all the therapeutic measures employed in the treatment of respiratory and circulatory disorders, oxygen gas is one of the most valuable. The embarrassment which all living animal cells feel when deprived of this substance speedily disappears when it is once more supplied in abundance, always provided, of course, that the integrity of the red blood corpuscles with regard to their oxygen-carrying propensities remains unimpaired. And yet, while fully recognising the physiological value of this life-giving gas, how reluctantly, in many cases, is it carried into the sick room or hospital ward. The mere sight of the black cylinder by the bedside is said by some practitioners to be an ill-omen—a death warrant, as it were—serving only to remind them of their inability to stay the progress of disease and to fill them with secret despair. To the lay mind very much the same idea is conveyed, the use of oxygen being regarded as a *dernier ressort*. Why should this be so ? Because in nine cases out of ten this remedy is left until it is far too late. Powerful as oxygen is, it cannot work miracles, and it is unfair both to physician and patient to employ it when the tissues of the body are not in a position to receive any benefit therefrom. Dr. Solis Cohen, of Philadelphia, pleads for a much freer and earlier use of this vitalising gas, especially in lobar pneumonia, or, indeed, in any condition where pulmonary embarrassment is a marked feature. Two to three hours' continuous administration is recommended, long before anything like cyanosis has appeared, the effects being carefully watched meanwhile. The use of a wash-bottle not more than half filled with water is necessary, and a hard rubber terminal at the end of the customary glass tube may be inserted between the teeth. The beneficial action of oxygen will be much greater when given freely over long periods than when it is only spasmodically administered.

PERSONAL.

H.R.H. the Prince of Wales has been presented with the certificate of honorary membership of the British Medical Association.

THE annual Harveian Oration of the London Royal College of Physicians will be delivered in June by Dr. Caton, of Liverpool.

THE first Horace Dobell lecture of the same College will be delivered in November by Dr. Edward E. Klein, F.R.S.

IN the same month it is announced that the Fitzpatrick lectures of the College will be given by Dr. J. Frank Payne, and the Bradshaw lecture by Dr. F. F. Caiger.

The interesting and important Milroy lectureship for 1905 of the London Royal College of Physicians has been conferred upon Dr. Thomas Morison Legge, His Majesty's Inspector of Factories, who has chosen for his subject "Industrial Anthrax."

The Prince of Wales has sent a donation of £50 to the Dorset County Hospital.

Sir William Broadbent has retired from the Presidency of the London Medical Graduates' College and Polyclinic.

Dr. H. R. Fuller, physician to the late Duke of Cambridge, has been appointed by the King a Member of the Fourth Class of the Royal Victorian Order.

At the first commemoration day of the University of Glasgow an oration will be delivered by Sir William Ramsay, K.C.B., LL.D., upon whom the honorary degree of LL.D. will be conferred after the graduation ceremony.

On March 23rd a valuable presentation of Georgian silver was made by the Lord Mayor of Liverpool to Dr. Thomas Clarke, J.P., on his retirement from the City Council, of which he had been a member for eleven years.

Mr. Henry S. Wellcome, the surviving original partner of Messrs. Burroughs Wellcome and Co., has vindicated on appeal his sole right of the firm to the use of the word "tabloid," after prolonged and costly litigation.

Professor Seeley, King's College, London, will conduct ten geological excursions to examine the main channel of the Thames and some of its tributaries, to begin on April 23rd, at Purfleet, where the Thames flows over the chalk.

Dr. C. W. F. Young, formerly assistant medical officer for the County of London, was last week appointed by the Middlesex County Council medical officer of health for the county, at a salary of £700 a year and expenses.

The Glasgow University Court has appointed as lecturer on physical chemistry Professor Soddy, M.A.Oxon., well known for his researches in radio-activity, which he has conducted with Professor Rutherford, of Montreal, and Sir William Ramsay, K.C.B.

The next meeting of the Incorporated Society of Medical Officers of Health is to be held at 8 p.m. on Friday, April 8th, when a paper will be read by Dr. J. Howard-Jones, medical officer of health of Newport (Mon.), on the Control of Measles Epidemics, to be followed by a discussion.

The annual dinner of the West London Medico-Chirurgical Society will be held at the Trocadéro Restaurant, Piccadilly, London, W., on Wednesday evening, May 4th, at 7.30. Communications should be addressed to Dr. Charles Buttar, 10, Kensington Gardens Square, W.

Correspondence.

[We do not hold ourselves responsible for the opinion of the correspondents.]

THE GREAT WYRLEY CATTLE OUTRAGES.

To the Editor of The Medical Press and Circular.

Sir,—In November last year there was issued in connection with The Medical Press and Circular a petition to the Home Secretary, asking him to institute an inquiry into the case of Mr. Edalji, the Birmingham solicitor, who was convicted and sentenced on a charge of performing a series of brutal assaults on cattle at Great Wyrley. The petition was extensively signed by medical men, some of whom were among the most distinguished members of the profession. It pointed out that there was every reason to suspect a grave miscarriage of justice, for, in the first place, it was hardly credible that a man of education and learning should have executed a number of purposeless assaults on cattle; and, secondly, that had he really done so, he was certainly far more of a lunatic than a criminal. Now, sir, comes the significant news that the outrages have re-commenced. On the night of March 24th, two sheep and a lamb, belonging to Mr. Badger, of Great Wyrley, were placed in a pen on his farm in a perfectly sound and healthy condition. On the morning of the 25th all three were found lying side by side with their heads almost severed from their trunks. From certain information, I may say there was no reason to attribute any ill-feeling on the part of any particular person to Mr. Badger, and the same brutal blood-lustfulness characterised this outrage that had characterised the others. The case, then, for inquiring into Edalji's conviction is stronger than ever, for it is certain that he cannot have had any hand in this affair, and the circumstances all point to the same person being the criminal in each instance.

I trust, sir, that you will maintain the outspoken and fearless attitude as regards this unhappy conviction which you showed in drawing up the Petition. I maintain that the Home Office, as a simple duty to the public, should declare the grounds upon which Edalji is kept in a convict prison.

I am, Sir, yours truly,

A General Practitioner.

Birmingham, April 1st, 1904.

UNIVERSITIES AND THE PROFESSION.

To the Editor of The Medical Press and Circular.

Sir,—It is well that parents whose sons are looking forward to the medical profession should understand clearly the value of universities as a part in preparation for it. Some parents may consider that they are wise in investing capital, at some cost to themselves, in sending a son to a university, as a good degree will probably be of value to him in his future career. Some parents may take the view that after leaving school a boy requires some training before he begins the actual life of acquiring practical professional knowledge. The question reduces itself to a careful consideration of when they may expect a son to be in a position to support himself. Assuming that they can put aside a certain amount of capital to be expended in medical education to the best advantage, the question of amount and how to expend it ought to be thoroughly understood, otherwise the son may be left in a very doubtful and unhappy position.

When a boy shows great talents, the universities, particularly Oxford and Cambridge, offer great temptations. When we are dealing with boys of average ability is is very important that capital should not be uselessly expended on the education that is afforded by those universities. It is well to recognise clearly the kind of work that is carried on in the practice of medicine, and how the work differs in its character and the training it requires according to this difference. There is no doubt but that our universities are realising the kind of training that is necessary for those who are preparing for such a profession as that of an engineer, chemist or a doctor. The training of the mind by the study of classics or mathematics may be of some peculiar value, but now it is being acknowledged that a more practical view must be taken of university education, and that along with the training of the mind it is well that some attention should be paid to the practical use of the knowledge that is being acquired by university students.

When a student begins hospital life there is no doubt that he should come with a good sound basis of scientific training of a particular kind, and it is this which he is expected to obtain in a university. There is some danger lest the system of university education should

rather provoke in a student's mind a contempt for the technical practical knowledge which is absolutely necessary for those who are going into general practice. There is a singular feeling of antagonism between the scientist and the practical workman.

The combination of the scientist and the workman, as in such a man as Lord Kelvin, is rare and of the highest value. The man of science must go through the workshops if he wants to be at least equal to the ordinary workman. When he has done this he rises infinitely above him by reason of his having what the other cannot approach him in, a knowledge of the science of the work on which they are engaged.

The question of how to prepare our younger men for the profession of medicine is a very important one, and this line of education requires as much consideration, indeed a great deal more, than the very general question of how to educate the great class of workmen that is now engaging the attention of our leading statesmen and philanthropists.

I am, Sir, yours truly,

R. L.

ALOPECIA AND DENTAL CARIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The last sentence of "Medicus Senex's" letter in THE MEDICAL PRESS AND CIRCULAR of March 30th ought to put him out of court so far as I am concerned. To charge me with "abuse worthy of an oyster wench" is a gross travesty of the truth; and if "Medicus Senex's" argument and style did not afford countervailing amusement and entirely blunt the sting of his invective, I might feel almost as much annoyance as he seems to labour under. I have told him, and I repeat, that he is ignorant of the facts of dental physiology, without a knowledge of which it is impossible to understand the pathology of the teeth. I have told him that one of these fundamental facts is that enamel and dentine once fully calcified are physiologically, and therefore pathologically, unalterable, and that whatever changes take place in them subsequently are due to external agents. These fundamental facts were virtually demonstrated more than forty years ago by the late Sir J. Tomes, who, in summing up his account of caries in the first edition of his work, declared that "the hypothesis of vital action in any way modifying the disease must be abandoned *in toto*; dental caries cannot be said, strictly speaking, to have any pathology." The advance of science has, since Sir J. Tomes' time, put the facts of dental histogenesis and histology beyond the range of controversy. "Medicus Senex" asks me to tell him the story. I reply that he can find it all clearly told in the text-book from which he has cited one or two isolated statements, but which he has evidently not studied and mastered; and that, if I could expect you to give space to it, I cannot trouble myself to write for his benefit a lengthy *résumé* of elementary dental physiology. Having once mastered this elementary knowledge, "Medicus Senex" will recognise the absurdity of suggesting the possibility of the phenomena of "absorption, hypertrophy, repair, &c., in enamel and dentine," and he will perceive that it is almost more absurd to speak of "atrophy of teeth." The teeth before calcification begins are represented in soft tissue. In a very large proportion of instances in human teeth the process of calcification is imperfectly performed. Enamel and dentine are often deficient in hardness throughout, or present patches of badly formed tissue at parts. These patches are often only discoverable by the microscope. Sometimes the exteriors of the crowns show gross visible defects as in "honeycombed" and "spinous" teeth and in syphilitic teeth. The quality of the tissues varies infinitely in different individuals; and this, with the ever-varying conditions of the secretions of the mouth, explains much that seems to puzzle "Medicus Senex" with regard to the apparent varying susceptibility of different teeth to decay. The absorption of the roots of milk teeth is brought about by the action of their external vascular covering; not through activity in the hard tissue. In some extremely rare cases a root of a tooth fractured within the alveolus has become more or less united; but this has been brought about not by deposition of new dentine but by calcification of the pulp between the broken ends and by ossification extending from the investing periosteum. Such cases are the rarest of curiosities in dental museums.

I am, Sir, yours truly,

M.R.C.S., L.D.S.

March 31st, 1904.

Literature.

MANUAL OF OPERATIVE SURGERY. (*a*)

"THE Manual of Operative Surgery," by Sir Frederick Treves, has been eagerly looked for by many surgeons. It is twelve years since the first edition was published, and during this period tremendous advance has been made in almost every branch of surgery. We naturally expect great changes in the second edition, and our expectations are still further increased by the statements made in the preface. It would appear that Sir Frederick Treves has had little to do with the revision, and the new opinions, &c., are those of Mr. Hutchinson. Whilst gladly recognising Mr. Hutchinson's eminent abilities, yet we are disappointed that the present volume does not represent the matured and dispassionate opinions of the great surgeon, who has retired from active work and of whom it would have served as a memento. The book commences with a section upon such matters as modern theatres, preparation of the patient, advice to the operator about himself, preparation of instruments, &c., which, on the whole, is a most excellent section, and well up to date except for a few blemishes such as opposition to the use of gloves, the statement that catgut is the best suture material, the very imperfect method of sterilisation recommended for catgut, the recommendation to use marine sponges, and the faulty directions for sterilisation of gauze sponges. In the chapter dealing with instruments, we heartily endorse—"The art of operative surgery would benefit greatly if the director were to be entirely banished from the list of surgical instruments." The sections treating of amputations and excisions, &c., are clear, concise, and the anatomical descriptions most useful; but surely the illustrations should be blotted out, in many cases, for the credit of British surgery. Instruments should not be depicted with wooden handles, operators should not appear wearing coats and cuffs, operation areas should not be left unshaved.

Turning to the second volume, we are pleased with some things, such as the chapters dealing with intestinal obstruction and intestinal anastomosis; but, as a whole, the volume is decidedly poor. The chapters dealing with the female pelvis and perineum should either be left out or else lengthened and brought up to date. The statistics of gastro-enterostomy are needlessly gloomy, and certainly there must be something wrong in the technique of an operator who says that following the radical cure of hernia recurrence takes place in 20 per cent. to 30 per cent. of the inguinal variety and in 30 per cent. to 40 per cent. of the femoral.

The last chapter in this volume deals with amputation of the breast for malignant disease. We will refer the would-be reader of this chapter to Fig. 473, and to the following paragraph:—"It appears to be totally unnecessary in ordinary cases of malignant disease to remove the *whole* of the skin covering the breast, whether sound or unsound, as some advise."

We think that these two references should suffice to satisfy the most sceptical that this chapter is not up to date, and should only be read for the purpose of criticism, and as an example of how slowly scientific truths become disseminated, notwithstanding the easy access to literature which we now enjoy.

(*a*) "A Manual of Operative Surgery." By Sir Frederick Treves, Bart., K.C.V.O., C.B., LL.D., F.R.C.S. New Edition, revised by the Author and Jonathan Hutchinson, jun., F.R.C.S. In two Volumes. London: Cassell and Co. 1903. Demy 8vo. Pp. 1,502. Price 42s.

Literary Notes and Gossip.

Health seekers about to depart for Central Italy would do well to put Mr. Egerton R. Williams' new work on "Hill Towns of Italy" among their *impedimenta*.

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"Vacation Days in Greece," by Mr. Rufus B. Richardson (London: Smith, Elder and Co.), is a work which may well be treated as a companion by those seeking rest or health in this classic land.

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The first number of a new periodical, entitled *Illustrated Review of Physiologic Therapeutics*, has just appeared in America, under the able editorship of Dr. S. D. Morrell; the publisher is E. R. Pelton, of New York.

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Mr. F. Berkeley Smith, in "The City of the Magyars" (London: T. Fisher Unwin), has interesting references to the hospitals of Buda and of Pest, and describes some of what may be mildly termed the non-hygienic procedures of the Hungarians.

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We understand that Mr. R. Mackenzie Moore, Actuary to the United Kingdom Temperance and General Provident Institution, is publishing his important monograph on "The Comparative Mortality among Assured lives of Abstainers and Non-abstainers from Alcoholic Beverages" in the *Medical Temperance Review*.

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Dr. Reginald J. Gladstone has a most scientific and interesting paper in the new *Archives of the Middlesex Hospital* on "Some Cephalometric Data bearing upon the Relation of the Size and Shape of the Head to Mental Ability," which should be studied by phrenologists—and others.

***

Messrs. Kegan Paul, Trench, Trübner and Co. have just issued the first number of ***Our Hospitals and Charities***, the object of which is to present the particulars of hospital life and work in such a form as shall strengthen charity and increase sympathy. The appearance of the magazine is attractive and it is conceivable that the new-comer may find a place in the fast multiplying journalism of our modern charities, but we doubt that there is a need for it.

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This smart pocket book ("A Pocket Book of Clinical Methods," by Chas. H. Melland, M.D., M.R.C.P., Physician to the Ancoats Hospital, Manchester) is intended as a convenient guide to clinical laboratory examination. It describes trustworthy methods for the investigation of sputum, gastric contents, fæces, urine, blood, pus and other fluids. It should prove of service to the student. A few illustrations might have been given with advantage.

***

Mr. Angus Hamilton, in his opportune work, "Korea" (London: William Heinemann), makes reference to the common diseases of the country. Malaria is common; small-pox nearly always present; leprosy prevails; tuberculous affections are very rife; cataract is frequently met with; and venereal disease is said to be as general as it used to be in England. Sanitation is practically unknown, so that "filth" diseases are rampant. In no country in the world, we believe, are parasitic worm diseases more prevalent and universal.

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Mr. Douglas Sladen, another opportune writer on the Far East, in his attractive "Queer Things About Japan" (London: Anthony Treherne and Co.), deals with many points concerning personal hygiene and public sanitation in that progressive country.

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The Orient Press announces the appearance of "The Duties of the Heart," translated from the Arabic of Rabbi Bachye, with an introduction by Edwin Collins; "The Sayings of Confucius," "The Odes of Confucius," and "The Sayings of the Brothers of Sincerity." The teachings and doctrines of this interesting sect, which flourished in Persia and Arabia in the ninth and tenth centuries, will be edited by Dr. Paul Brönnle. Readers will be interested to learn that Dr. S. A. Kapadia, secretary of the Northbrook Society, has the general superintendence of the works upon Indian religions and literature, which the Orient Press intends to publish.

Obituary.

JOSEPH PEEKE RICHARDS, M.R.C.S., L.S.A.

By the death of Mr. Richards, on March 22nd, the psychological branch of the medical profession loses a well-known and popular figure as well as a pleasant and interesting personality. Mr. Richards was born at Plymouth sixty-three years ago, but was brought up in London, where his father was for many years a well-known practitioner in Newcastle Street, Strand. He pursued his medical studies at King's College Hospital, and became M.R.C.S. and L.S.A. in 1863. After a short period spent as house surgeon at the Stockport Infirmary Mr. Richards was appointed assistant medical officer to the Devon County Lunatic Asylum. Thence, in 1867, he went in a similar capacity to the Middlesex County Asylum at Hanwell, and was after a few years promoted to the post of medical superintendent of the female department there, which appointment he held for some twenty years, retiring with a substantial and well-earned pension a few years ago. Mr. Richards' life-work at Hanwell was characterised by extreme thoroughness and he was a model of painstaking industry. His kindness of heart was extreme; and though he never posed as a showy medical superintendent, his one object in life was to ensure the happiness, comfort, and improvement, where possible, of the irresponsible beings under his care. Mr. Richards was a constant attendant at the meetings of the Medical Society of London, and had served on the Council. He was also a member of the Medico-Psychological Association and of the Neurological Society. At the time of his death he was one of the Directors of the Society for the Relief of Widows and Orphans of Medical Men, in which charity he took great interest. Mr. Richards' married life was an ideally happy one, and he leaves a widow and three children to mourn his loss.

HON. THOMAS ROBERT McINNES.

The career of the Hon. Thomas Robert McInnes, whose death, at the age of 63, was briefly reported in the *Times* of Thursday, March 17th, began in the extreme east of the Dominion, had its middle period in the centre, and found its culmination and collapse in the extreme west. An Inverness man by descent, he was born and went to school in Nova Scotia, but, after going to Harvard College and Chicago for medical training, he settled as a doctor at Dresden, Ontario, in 1869. Five years later, having served as town reeve and county coroner, he migrated to British Columbia, built up a large practice at New Westminster, and became medical superintendent of the provincial insane asylum and physician to the Royal Columbia Hospital. He was mayor of New Westminster from 1876 to 1878, and in the latter year the town sent him to the Federal House of Commons. For several years he was reckoned an Independent, and in 1881 he was raised to the Senate under the Conservative *régime*; but before very long he was recognised as a member of the Liberal party, and he was one of the first public advocates of unrestricted policy with the United States. In November, 1897, Sir Wilfrid Laurier's Ministry appointed him Lieutenant-Governor of British Columbia. In February, 1900, the provincial Government was defeated in the Legislature by a majority of one, on the second reading of a Redistribution Bill. The position of the Lieutenant-Governor became an impossible one, yet he refused to resign at the request of the Federal Government, which was therefore compelled to deprive him of his

office. He was succeeded by Sir Henri Joly de Lotbinière, the most eminent French Protestant in the Dominion.

LIEUT.-COLONEL EDWARD FERRAND.

LIEUTENANT-COLONEL EDWARD FERRAND, of the Indian Medical Service, who died at Peshawar on March 9th, at the age of 53, was educated at Edinburgh and Durham, and entered the Madras Army as assistant surgeon in September, 1875. He served with the Burmese expedition in 1886, and remained on duty there until the pacification of Upper Burmah was completed in 1889. He also served in the operations on the Samana and in the Kurram Valley during August and September, 1897, at the relief of Gulistan, and with the Tirah expedition in 1897-98. He was promoted to his lieutenant-colonelcy in 1895, and was on regimental duty with the 66th Punjabis at the time of his death.

COUNCILLOR R. W. HAINES, M.R.C.S.Eng.

THE Birmingham City Council and the Liberal Unionist party at Balsall Heath have sustained a regrettable loss in the death, at the age of 61, of Dr. R. W. Haines. He was seized about mid-day on the 25th ult. with an attack of angina pectoris at home, and in about three hours he succumbed. Dr. Haines was among the oldest medical practitioners in Birmingham. He was born at Bromsgrove, and educated at the Grammar School of that town, afterwards being trained for his profession at King's College, London, where he qualified as M.R.C.S.Eng. and L.S.A. He went to Birmingham over thirty-six years ago, and started in practice at Balsall Heath, where he built up a wide connection, and was held in much esteem. He took a keen interest in public affairs and in the City Council was associated with the Free Libraries Committee and the Lunatic Asylums Committee, and had passed the chair of the former body. The deceased gentleman was an active Freemason. He was a past master of the Arter Lodge, and had held prominent offices in the Grand Lodge of his Province.

JOHN PRYTHERCH, M.D.St.And.

AFTER a week's illness from pleurisy, despite the assiduous attention of two consultants and his own medical attendant, Dr. Prytherch, of Menai Bridge, died on the 25th ult., in the prime of life. The deceased gentleman is described as in his youth one of the strongest men in an island noted for physically fine men, and he long ago established a reputation as a hard-working and skilful practitioner. He studied medicine at the Charing Cross School, and took the L.S.A. and M.R.C.S.Eng., in 1857, and the M.D.St. And., in 1862. His death will be deeply and generally regretted.

MR. JAMES HAY DUNLOP, L.S.A.

MR. DUNLOP, Douglas, died on the 21st ult. at Leadhills, after two months' severe illness. The deceased, who had been in practice at Douglas for a number of years, was well known throughout the whole upper ward of Lanarkshire, where he had practised for the last twenty years. Twelve months ago he underwent an operation for a serious malady, and it was a recurrence of this disease that caused his death at a comparatively early age. He took the licentiateship of the London Apothecaries in 1881.

DR. JAMES STUART, OF BALLYMENA.

WE regret to announce the death of Dr. James Stuart, of Ballymena, co. Antrim, on the 23rd ult. Dr. Stuart was a native of Ulster, and studied in Queen's College, Belfast, taking his M.D. in the Queen's University in 1877. He settled in practice in Ballymena, and soon attained marked success, having a large practice not only in the town of Ballymena, but in the prosperous country round about. He was a man of a most bright and cheery disposition, and a great personal favourite with all classes, making friends wherever he went. His professional ability and sound common sense gained him the respect of hi professional brethren, by whom he was often called in in consultation, and by whom he was a few years ago elected President of the North of Ireland Branch of the British Medical Association. At the latter end of last year he became seriously ill and went to a private hospital in Belfast for some time. then to Rostrevor Sanatorium, and then to the South of France. It soon became clear, however, that he was failing, and he started for home, but died in London, the cause of death being disseminated tubercle.

Laboratory Notes & New Appliances.

WRIGHT'S LIQUOR CARBONIS DETERGENS.

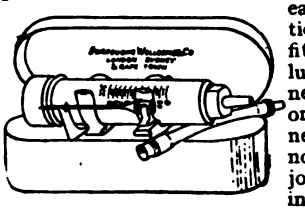
THIS well-known preparation consists essentially of a specially devised solution of the medically active principles of coal-tar. It differs from the Liq. Picis Carbonis of the 1898 *B.P.*, which is so poor an imitation as to be quite dissimilar. These two preparations are very readily distinguished on examination in the laboratory, as Wright's is considerably richer in tar constituents. The *Pharmacopœia* preparation is very apt to throw down a copious deposit, particularly in cold weather, and, presumably, its efficacy is proportionately diminished. Even when freshly prepared it does not contain much more than half the tar-constituents of Wright's preparation.

Mr. C. G. Moor, in his well-known work on "Standards for Food and Drugs," records finding 2 or 3 per cent. of solids (tar-constituents) in the *British Pharmacopœia* preparation, and goes on to say: "This official preparation is probably the outcome of the Liquor Carbonis Detergens (Wright) which is prepared by special apparatus, and has a total solids of about five grammes per 100 c.c."

We have examined a recent sample of Wright's manufacture, and find the solids to be 5·5 per cent., which corresponds with the figure quoted above, and doubtless the volatile oils will also be present in greater quantity in the original preparation. We are glad to have the opportunity of placing the results of our analysis before our readers, though they may not be new to many, and we would urge all to carefully specify the original preparation when prescribing.

THE B. W. AND CO. ALL-GLASS ASEPTIC SERUM SYRINGE.

EVERY up-to-date medical practitioner must have often asked the question, "What is the best syringe for serum treatment?" The absolutely essential importance of avoiding septic contamination is obvious, and a simply constructed syringe which can be readily sterilised is the best means to that end. The B. W. and Co. All-Glass Aseptic Serum Syringe is made of glass, and consists of three simple parts, barrel, piston, and nozzle, which are instantly detachable and easily sterilised. The adoption of a solid piston which fits the barrel with absolute precision renders unnecessary the use of leather or other packing. The needle is attached to the nozzle by a flexible rubber joint, which guards against injury from sudden movement on the part of the patient. The B. W. and Co. All-Glass Aseptic Serum Syringe is manufactured in five sizes of 2 c.c., 3 c.c., 5 c.c., 10 c.c., and 20 c.c. capacity respectively. Each syringe is issued in a metal case, and is accompanied by two steel needles. If platino-iridium needles are desired, they can be fitted to order. For convenience, safety, neatness and efficiency we can confidently recommend this most workmanlike syringe to every medical man in need of such an appliance.



THE annual dinner of the Pharmaceutical Society of Great Britain will take place on Tuesday, May 17th, at the Whitehall Rooms of the Hotel Métropole, London, S.W., at 7 o'clock p.m. precisely.

Medical News.

The Maintenance of the Queen's College, Cork.

At the last Assizes in Cork, the Grand Jury passed the following resolution, and submitted it to the Lord Chief Justice :—"That we, the Grand Jurors of the City of Cork, assembled at the Spring Assizes of 1904, are strongly of opinion that the intellectual and material interests of the city demand that Cork shall continue to be a university centre; that the more highly trained the intelligence of a community is the better fitted that community is to participate in the administration of justice; that as there is at present such keen competition in trade and commerce, it is an absolute necessity that the citizens of Cork should have ample facilities for obtaining the highest intellectual training, in order that they may be in a position to successfully compete with the various commercial nations of the world." We are glad to learn that the citizens of Cork so thoroughly appreciate the need for the Queen's College, but we would remind them that if they wish to bring the latter into a really prominent position, they must be prepared to support it financially and otherwise, in the same whole-hearted manner in which the citizens of Belfast support their College.

Care of the Feeble-Minded.

A conference of the after-care committees of Birmingham, Leicester, and Nottingham was recently held at Birmingham to discuss questions and difficulties with regard to the treatment of the feeble-minded. The Lord Mayor presided at the opening of the proceedings. Miss Dendy, secretary of the Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded, in a paper upon "Special Classes and Boarding Schools for the Mentally Defective," contended that the Act of 1899 should be made compulsory instead of permissive. Every school authority should be compelled to provide suitable accommodation for defective and epileptic children. At the age of 14 or sooner every child of this type should be transferred to the residential school, there to remain to the end of its days—a child still, but a harmless, happy child, instead of a dangerous and degraded one. All the book learning in the world to such a child would be of no use; but, on the other hand, manual training would be most helpful, and it should always be of a practical kind. A discussion followed. At the afternoon sitting Mr. W. H. Dickinson, chairman of the National Association for Promoting the Welfare of the Feeble-Minded, read a paper on the responsibility of the State towards the feeble-minded. The most suitable authority to deal with the matter was the county council, since it had already the control over lunatics and over education. The necessary homes must not be maintained on the methods of Poor Law administration; they must be industrial colonies. A discussion followed. Mrs. Hume C. Pinsent, chairman of the Birmingham Special Schools Sub-Committee, read a paper on the need for further accommodation for non-pauper imbeciles.

The Devonshire Hospital.

The report of the committee of management of the Devonshire Hospital and Buxton Bath Charity for the year 1903 states that 2,916 in-patients have been admitted during the year, being 247 less than in the previous year. The number of out-patients admitted was 209. The average number of patients daily in the hospital was 192·5. The average cost per week of each in-patient has been 15s. 9¾d. In connection with this charity there is a Samaritan fund for the purpose of helping needy patients to return to their homes. The hospital, which commenced its beneficent work in the year 1859, has, since its inception, cured or relieved nearly 76,000 patients and the constantly widening sphere of its usefulness entails a heavy expenditure.

Royal College of Physicians of London.

The Council of the Royal College of Physicians have appointed Dr. T. H. Green, Dr. E. Seaton, and Dr. Wethered adjudicators of the "Weber-Parkes" prize and medals for 1906, and have selected as the subject of the essay for that occasion, "The degree of infectivity of pulmonary tuberculosis, and the administrative measures desirable for the control and treatment of the disease." The prize, of the value of 150 guineas and a silver medal, is awarded triennially to the writer of the best essay upon some subject connected with the etiology, prevention, pathology, or treatment of tuberculosis, especially with reference to pulmonary consumption in man, and is open to members of the medical profession in all countries.

Royal College of Surgeons in Ireland.

The following candidates having passed the necessary examination have been admitted Fellows of the College :—Mr. J. H. Barrs, L.S.A. Lond. (Burton-on-Trent); and Mr. W. F. Law, M.B., B.Ch. Dub. (British Guiana). At a meeting of the President, Vice-president, and Council, held on March 24th, the following motion was passed unanimously :—"That the President, Vice-president, and Council express their gratification at the appointment, for the first time, of a medical man to the office of Provost of Trinity College, and congratulate Dr. Anthony Traill on his appointment to that distinguished position."

Plague in South Africa.

The medical officer of health of the Cape Colony states that for the week ending March 5th there were eight cases of plague discovered at Port Elizabeth, all in coloured persons. There were four males and four females and seven of them are dead. All the patients contracted the disease in tenements in Rudolph Street. No other cases of plague in human beings were discovered throughout the Colony, but plague-infected rodents were found at Port Elizabeth and East London. Of 315 rats examined in the Cape Town and Harbour Board area none was affected by plague. As regards the Mauritius a telegram from the Acting Governor received at the Colonial Office on March 25th states that for the week ending March 24th there were no cases of plague. As regards Johannesburg four fresh cases were reported on March 29th.

PASS LISTS.

Victoria University of Manchester.

At examinations held in the Faculty of Medicine in March the following candidates were successful :—

Final Examination.—Part I.—Francisco da Cunha and H. S. Dixon, Owens; John Dixon, R. G. Dixon, and Harold Fearnley, Yorkshire; R. L. Ferguson, Owens; Alfred Gough and H. S. Harling, Yorkshire; Robert Haslam, Owens; W. B. Hill, J. J. Hummel, and A. J. Landman, Yorkshire; G. C. Mort, Owens; C. N. Smith, Yorkshire; Harold Spurway, and Douglas Wardleworth, Owens; and Frederick Whalley and F. W. B. Young, Yorkshire.

Part II.—P. W. Ashmore, Yorkshire; John Battersby and J. W. Hartley, Owens; F. W. Hayes and S. L. Heald, Yorkshire; W. G. Kinton, W. Y. Martin, Stuart Murray, and S. H. Ryan, Owens; and Bertram Suggitt, Yorkshire.

Conjoint Examinations in Ireland.

Candidates have passed the Preliminary Examination as undernoted :—Messrs. P. N. Allman, J. J. Blake, F. Cassidy, D. F. Curran, H. P. Heney, A. Humphreys, W. S. Johnston, A. R. Mallet, J. Moynihan, J. T. O'Boyle, M. C. O'Hara, F. E. Preston, B. Reilly, S. Robinson, Israel Scher, G. E. Sneyd, R. H. F. Taaffe, M. M. Tobin, B. Wallace, J. F. Williamson, and R. A. Wright.

Royal College of Surgeons of Edinburgh.

At a meeting of the Council, held on March 24th, the Fellowship of the College was conferred, after the usual examinations, on John Evans Hadden Bennet, M.B., C.M., County Cork; Arthur William Stark Christie, M.B., Ch.B., Edinburgh; Owen Gilmore, L.R.C.S.E., Edinburgh; Harold Edgar Atheling Jackson, M.R.C.S. Eng., L.R.C.P.,Lond., Victoria, Australia; Alfred Dudley Eskell Kennard, M.R.C.S.Eng., L.R.C.P. Lond., Hampton Wick, Middlesex; William Lloyd, L.R.C.S.E., London, W.; Maitland Bodley Scott, M.R.C.S.Eng., L.R.C.P.Lond., Bournemouth; Harry Moss Traquair, M.D., C.M., Edinburgh.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

R. W. C.—We are not aware of any restrictions of the kind.

DR. S. P. B.—Gastro-enterostomy would appear to be indicated in the case: as, however, the position of the patient precludes a consultation, our correspondent will probably agree that the best course to pursue will be to send her to a hospital.

NASALIS.—Gangrene of the covering skin has been caused in many cases in which too much paraffin was injected.

DR. MCDONALD.—Statistical evidence shows that tuberculosis in Germany is decreasing. In the five years ending in 1881 the mortality from the disease in the German towns of 15,000 or more inhabitants, was 357·7, and in the five years ending in 1901 it was 218·7.

MR. FRANCIS C BAKER.—The leper population of the world has, we believe, not been computed; but there are said to be half a million lepers in India alone.

R. MACKENZIE.—Glioma of the retina is now often regarded as a kind of sarcomatous or endotheliomatous growth.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, APRIL 6th.

OBSTETRICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. W. W. H. Tate, Dr. Horrocks, Mr. Bland-Sutton, and Dr. Handfield-Jones. Short Communication:—Lieutenant-Colonel Sturmer, I.M.S.: 41 Cases of Puerperal Eclampsia Treated by Thyroid Extract. Paper:—Dr. R. H. Bell: Torsion of the Pedicle in Hydrosalpinx and other Morbid Conditions of the Fallopian Tube.

THURSDAY, APRIL 7th.

RONTGEN SOCIETY (20 Hanover Square, W.).—8.30 p.m. Exhibition Evening. Exhibition of Novel Apparatus by Different Makers.

FRIDAY, APRIL 8th.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH (9 Adelphi Terrace, Strand, W.C.) —8 p.m. Council Meeting. Paper:—Dr. J. Howard-Jones: The Control of Measles Epidemics.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8 p.m. Clinical Evening:—Cases will be shown by Dr. S Taylor, Dr. Ball, Dr. Saunders, Mr. Lunn, Mr. Paton, Mr. Pardoe and others.

LARYNGOLOGICAL SOCIETY OF LONDON (20 Hanover Square, W.)—5 p.m. Cases, Specimens, &c., will be shown by Dr. StClair Thomson, Mr. P. de Santi, Dr. L. Lack, Mr. H. Tod, Dr. H. Tilley, and others.

Vacancies.

Chester County Asylum.—Third Assistant Medical Officer. Salary £160 per annum, with board, lodging, and washing. Applications to Dr. Lawrence, County Asylum, Chester.

Great Yarmouth Hospital.—House Surgeon. Salary £90 per annum, with board, lodging, and washing. Applications to Richard F. E. Ferrier, Honorary Secretary, 33 Hall Plain, Great Yarmouth.

Liverpool Stanley Hospital.—Senior House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to the Chairman of the Medical Board.

Manchester Royal Infirmary.—Resident Medical Officer at the Convalescent Hospital, Cheadle. Salary £150 per annum, with board and residence. Applications to W. L. Saunder, General Superintendent and Secretary.

Newport and Monmouthshire Hospital.—Junior Resident Medical Officer. Salary £70 per annum, with board, residence, and washing. Applications to the Secretary.

Preston Royal Infirmary.—Assistant House Surgeon. Salary £60 per annum, with board, washing, &c. Applications to Walter Davies, Secretary.

Richmond, Whitworth, and Hardwicke Hospitals.—Anæsthetist. Particulars of Wm. Thomson, C.B., 54 St. Stephen's Green, Dublin. (See Advt.)

Victoria, Australia.—Inspector-General of the Insane. Salary not to exceed £1,000. Applications to the Agent-General for Victoria, 142 Queen Victoria Street, London, E.C. (See Advt.)

West Kent General Hospital, Maidstone.—House Surgeon. Salary £120 per annum, with board and residence. Applications to the Secretary before April 22nd.

Appointments.

BARTON, CHARLES M., L.R.C.P.Lond., M.R.C.S., Anæsthetist to the Gordon Hospital, Vauxhall Bridge Road, S.W.

COLCLOUGH, W. FRANK, M.D., B.C.Cantab., Medical Officer to Out-patients, Yeatman Hospital, Sherborne.

COOK, A. H., M.B.Lond., M.R.C.S., L.R.C.P.Lond., Honorary Medical Officer to the Infants' Hospital, Hampstead, N.W.

KELYNACK, T. N., M.D.Vict., M.R.C.P.Lond., Honorary Physician to the Infants' Hospital, Hampstead, N.W.

LAIDLAW, J. H., M.D., Clinical Assistant to the Chelsea Hospital for Women.

LONGHURST, FREDERIC, W., L.R.C.P.Lond., M.R.C.S., Anæsthetist to the Gordon Hospital, Vauxhall Bridge Road, S.W.

MORITZ, S., M.R.C.P.Lond., Lecturer on Diseases of the Throat and Nose at the Victoria University of Manchester.

PAGE, HERBERT MARKANT, M.D.Brux., M.R.C.S., L.S.A., D.P.H.Cantab., Medical Officer of Health of Yeovil.

Births.

BARTON.—On March 30th, at 17, Redcliffe Gardens, South Kensington, the wife of Charles N. Barton, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A.Lond., of a daughter.

COIT.—On March 27th, at 30, Hyde Park Gate, London, S.W., the wife of Dr. Stanton Coit, of a daughter.

HARRISON.—On March 27th, at 104, Marine Parade, Worthing, the wife of H. Leeds Harrison, B.A., M.B.Cantab., of a daughter.

JAMES.—On March 31st, at 69, Gloucester Terrace, Hyde Park, the wife of Dr. Arthur James, of a daughter.

LOCKYER.—On March 29th, the wife of Cuthbert Lockyer, M.D., B.S., M.R.C.P., F.R.C.S., of 117A, Harley Street, London, of a son.

Marriages.

BEVAN—FEW.—On March 26th, at Emmanuel Congregational Church, Cambridge, Henry Vaughan Bevan, M.A., Fellow of Trinity College, Cambridge, fourth son of Dr. Ll. D. Bevan, of Melbourne, Victoria, to Hilda Cornelia, third daughter of H. G. Few, Esq., J.P., of Berrycroft, Cambridge.

Deaths.

BERRYMAN.—On March 29th, at Windsor, the infant son of Captain H. A. Berryman, Royal Army Medical Corps.

CROWTHER.—On March 29th, at St. Leonards-on-Sea, Selina Pritzler, youngest daughter of the late William Lodewyk Crowther, M.R.C.S.Eng., of Hobart, Tasmania.

EVES.—On March 29th, at 17 York Crescent Road, Clifton, Clara, widow of the late Augustus William Eves, M.R.C.S.

MARCET.—On April 2nd, at 37 Queen's Mansions, Victoria Street, Westminster, of pneumonia, Constance Louisa Marcet, widow of the late William Marcet, M.D., F.R.S.

POTTER.—On April 2nd, at Ellesboro', Bedford, Henry Potter, M.D., late of 61, Pall Mall.

RIGDEN—RIGDEN.—On March 21st, at 30 St. George's Place, Canterbury, George Rigden, M.R.C.S., in his 89th year, and on March 28th, Imogen Rigden, in her 82nd year.

OPERATIONS.—METROPOLITAN HOSPITALS.

WEDNESDAY.—St. Bartholomew's (1.30 p.m.), University College (2 p.m.), Royal Free (2 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. Thomas's (2 p.m.), London (2 p.m.), King's College (2 p.m.), St. George's (Ophthalmic, 1 p.m.), St. Mary's (2 p.m.), National Orthopædic (10 a.m.), St. Peter's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Gt. Ormond Street (9.30 a.m.), Gt. Northern Central (2.30 p.m.), Westminster (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Cancer (2 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

THURSDAY.—St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), University College (2 p.m), Charing Cross (3 p.m.), St. George's (1 p.m.), London (2 p.m.), King's College (2 p.m.), Middlesex (1.30 p.m.), St. Mary's (2.30 p.m.), Soho Square (2 p.m.), North-West London (2 p.m.), Chelsea (2 p.m.), Great Northern Central (Gynæcological, 2.30 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), St. Mark's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

FRIDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. George's (1 p.m.), King's College (2 p.m.), St. Mary's (2 p.m.), Ophthalmic (10 a.m.), Cancer (2 p.m.) Chelsea (2 p.m.), Great Northern Central (2.30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), City Orthopædic (2.30 p.m.), Soho Square (2 p.m.).

SATURDAY.—Royal Free (9 a.m.), London (2 p.m.), Middlesex (1.30 p.m.), St. Thomas's (2 p.m.), University College (9.15 a.m.), Charing Cross (2 p.m.), St. George's (1 p.m.), St. Mary's (10 p.m.) Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

MONDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), St. George's (2 p.m.), St. Mary's (2.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), Chelsea (2 p.m.), Samaritan (Gynæcological, by Physicians, 2 p.m.), Soho Square (2 p.m.), Royal Orthopædic (2 p.m.), City Orthopædic (4 p.m.), Great Northern Central (2.30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Royal Free (2 p.m.), Guy's (1.30 p.m.).

TUESDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), West London (2.30 p.m.), University College (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.), St. Mark's (2.30 p.m.), Cancer (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Royal Ear (3 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Soho Square (2 p.m.).

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, APRIL 13, 1904. No. 15.

Original Communications.

TWO CASES OF STONE IN THE FEMALE BLADDER.

By G. P. NEWBOLT, M.B.Dur., F.R.C.S.,
Surgeon to the Royal Southern Hospital, Liverpool.

MY object in recording these cases of stone in the female bladder is to make a few remarks concerning the different methods of removing a calculus from that organ.

Case I.—Miss E., æt. 21, for some months had shown signs of a stone in the bladder, and I was asked by her medical man to make an examination with a view to future operation. On introducing a lithotrite, the patient being under an anæsthetic, I at once gripped the stone, and, to cut the story short, crushed it right away and removed the fragments with an evacuator. The whole proceeding took about half an hour; the final washings of the bladder were just tinged with blood, and the patient was up and about in three or four days, has had no further trouble, and has since married. The stone was a small oxalate weighing three drachms, and it could have been equally well removed by dilating the urethra.

Case II.—Ellen D., æt. 40, was sent to me from the Isle of Man in 1901, suffering from a large fibroid tumour of the uterus. On May 28th, 1901, I removed the tumour, together with the uterus and appendages, the whole mass weighing over fourteen pounds. Whilst separating the bladder, which was very thin-walled and much dilated, from the anterior surface of the tumour, it was unavoidably torn in three places. The tears were sutured with silk, but one of the sutures included the mucous membrane of the bladder, for at this particular spot there was practically nothing else to bring together. Peritoneum was sewn over the raw surfaces from adjoining parts, and the bladder was kept drained for ten days. She returned to her home in the Isle of Man on September 10th, 1901, perfectly well, except for some irritability of the bladder. Patient gradually developed symptoms of stone and returned to the Royal Southern in November, 1902, for its removal. I was convinced that the stone had formed around the silk ligature in the bladder wall, and that from the condition of the urine it was probably phosphatic, but I determined to do suprapubic cystotomy in order that I might investigate the condition of the bladder wall in the region of the old tears. On November 18th, 1902, the stone was removed with the greatest ease by the suprapubic method, the patient being in the Trendelenberg position, the vagina packed with gauze, and the bladder distended with the lotion injected through a Higginson's syringe, the nozzle of which was left *in situ* and fixed with tapes. The stone, which weighed an ounce, split into two halves, and was covered with putrid muco-pus. The mucous membrane of the bladder was rough and intensely injected, but there was no sign of the old injuries, and it was normal in size. The stone was phosphatic, with a silk nucleus at one side. The phosphates apparently were deposited on the ligature as it lay in the bladder wall, and after a time the weight of the deposit pulled out the ligature; the body thus formed then became entirely coated with phosphatic material, leaving the nucleus of silk at one side. In spite of the cystitis which was present, I closed the bladder with a double layer of catgut sutures, avoiding the mucous membrane, and closed the skin around the wound, leaving a gauze drain at its lower end. A catheter was tied in for five days, and it was washed out after this. The gauze drain was removed on the third day, the stitches on the sixth, and there was no leakage. After removal of the stone, the urine, which had contained 3 oz. to ℈ i of muco-pus, rapidly cleared up on washing out with boracic lotion, aided by the administration of a mixture containing urotropin, ammonium benzoate, and boric acid.

The essential points in this operation are: making a free incision into the bladder wall, avoiding injury to it with forceps, and using the Trendelenberg position. I find that with a pair of Morris' kidney retractors and the electric lamp one gets a most perfect view of the interior of the bladder, far better than by Harry Fenwick's caisson method, and the floor can be kept quite dry enough if carefully sponged.

Now with regard to the different methods of removing a stone from the female bladder:—

In the first place, as most surgeons are aware, it is an uncommon complaint, probably because small stones easily pass through the female urethra.

Individual experience of stone in the female is so small as to be almost valueless.

I, however, venture to record the following points:—

1. All small and medium-sized stones can and should be removed by dilating the urethra by lithotrity, or by a combination of both—lithotrity being avoided if there is severe cystitis.

To support this statement, I will quote from a paper by Mr. Bryant (*Med.-Chi. Journ.*, vol. xlvii, 1863) on urethral dilatation as a means of removing stone from the bladder. He says—

(*a*) That the female urethra may be dilated to a considerable extent with facility and without danger.

(*b*) That slow and tedious dilatation of the urethra with sponge tents or other means appears to be injurious.

(*c*) That rapid urethral dilatation under chloroform is the safest and more expeditious method of removing all average-sized calculi and foreign bodies from the female bladder. Calculi one inch in diameter in children, and even two inches in adults, have been extracted by this practice.

He quotes thirteen cases of slow dilatation, with four of incontinence following, and fifteen cases of rapid dilatation, with no incontinence afterwards. He recommends Weiss dilators, covered with rubber tubing.

2. All very large stones should be removed suprapubically.

Against suprapubic cystotomy I have nothing to urge. Fear of wounding the peritoneum is exaggerated; and even if this accident occurs, no evil will acrue in a modern aseptically conducted operation.

By keeping in the middle line, and not digging about with the finger, all fear of urinary infiltration will be avoided, especially if suitable drainage be provided.

Fistula as a result is most unlikely to occur in the female, as the causes which sometimes produce it in the male—*i.e.*, enlarged prostate or stricture, are not present.

3. Vaginal lithotomy may be done—

(*a*) Where an attempt to crush has failed, and it is advisable to empty the bladder and complete the operation as speedily as possible.

(*b*) Where the stone occupies a pouch which projects into, or is easily accessible from, the vagina.

(*c*) Where the complication of pregnancy exists.

(*d*) Where there is already a vesico-vaginal fistula.

The only point in favour of the vaginal operation is its simplicity. The strong point against it is, that vesico-vaginal fistula has frequently followed the proceeding, and that this may need one or more plastic operations for its cure, with a chance of ultimate failure.

It is not a suitable operation for young children, on account of the smallness of the parts and the damage inflicted upon them.

My evidence with regard to the occurrence of vesico-vaginal fistula after vaginal lithotomy is the following:—

Erichsen (1895 edition) says:—"Lithotomy, as a general rule, should be reserved for large calculi, for those which have a foreign body as a nucleus, or where there is severe cystitis. The suprapubic operation is to be preferred, especially if, as is usually the case, the stone is large or cystitis is present. The vaginal operation is very easy, but is open to the objection of possibly leaving a permanent urinary fistula, a danger, however, which is probably not great if the lips of the incision have not been bruised by the forceps or by the extraction of the stone.

"It may be the only alternative; I extracted by this method a stone 8 in. by 6 in. in circumference from the bladder of a woman, æt. 23, in whom the stone ofiered so serious an obstacle to the descent of the fœtal head during parturition that craniotomy had been rendered necessary. The anterior vaginal wall had been a good deal bruised, and I feared that sloughing of it might take place, hence I extracted the stone by the vaginal method." The result is not stated.

Jacobson (1902 edition) says:—"Vaginal lithotomy, though the simplest and the easiest of all the methods of cutting for stone, will be but rarely called for, as in all moderate stones in women litholapaxy is usually available, while in the case of larger ones, and with all calculi in female children the suprapubic method is indicated, save for tiny stones, which can be removed after dilatation. The only drawback of a vaginal lithotomy is the risk of a fistula, but this need only be taken into account where phosphatic urine is present, or where the edges of the wound have been bruised during the extraction of the stone. In either case the calculus will probably be a large one or multiple, a condition better dealt with otherwise." He then quotes a case of vaginal lithotomy in a patient six and a half months pregnant, done for its simplicity, small amount of anæsthetic needed, and the facilities it gave for washing out the bladder at the time of operation. Result good=safely confined.

Mr. Walsham (*St. Bart.'s Reports*, 1875) tabulates sixty-two cases of stone occurring in female children; eight were cut by the vaginal method, by such well-known surgeons as Sir T. Smith, Sir W. Ferguson, and Mr. Howard Marsh; three cases of vesico-vaginal fistula occurred; the ages varied from three years to twelve years. Sutures were used by Sir T. Smith in one of these cases, and the fistula was closed at a later operation. It does not state how the other two were treated primarily, or what the after-result was.

Richard Barwell, Senior Surgeon, Charing Cross Hospital, in a paper on suprapubic lithotomy, read before the Medico-Chirurgical Society on March 30th, 1886, says:—"My thoughts were more especially led in this direction by a rapid sequence in my clinic of cases of vesico-vaginal fistula. I had under my care in seven months (the latter part of 1883 and beginning of 1884) three cases of this affection, all originating in the extraction of calculi during infancy and youth by different surgeons. Such fistulæ are very recalcitrant to treatment by operation, for they lie in the midst of hard, thick cicatricial tissue. The bladder is much diminished in capacity. In two of the cases the fistulæ were very high, and in the thickened state of parts the uterus could not be drawn down. I do not know how or why these cases should have all come under my notice in such rapid succession, but they made a great impression on my mind, and I determined that when any female child came under my care with a stone too large and hard to be extracted per urethram, either whole or in fragments, it should be taken out above the pubis.

"*Note.*—After-history of these patients:—

"One of these women, æt. 19, I succeeded after two operations in curing. Another, æt. 24, had been thrice subjected to operation before I saw her. I gave a guarded prognosis concerning the result of any fresh attempt, and have not seen her since. One is incurable, the fistula lying close to the os uteri, which, in the almost cartilaginous hardness of parts, cannot be brought down. She is approaching the menopause; and when that occurs I shall occlude the vagina."

Mr. Barwell concludes:—"For female children, probably for females of all ages whenever lithotomy is necessary, the high operation is preferable to all other methods; it is quite as safe, and cannot lead to any form of urinary fistula."

Hermann Tilman, Professor of Surgery in the University of Leipsic, says:—"The incisions through the vestibule and through the vagina are

no longer in vogue. The later operation is justifiable only in case of a co-existing vesico-vaginal fistula or a vaginal cystocele."

To sum up: Mr. Barwell strongly condemns the vaginal operation. The occurrence of three fistulæ in eight cases operated upon by this method in Mr. Walsham's table also condemns it. Professor Tilman is directly against it, and Erichsen and Jacobson are in favour of the suprapubic method when a cutting operation is necessary, pretty strong evidence against vaginal lithotomy being done unless under the exceptional conditions already mentioned, or where a surgeon can obtain neither dilators nor lithotrites.

Paris Clinical Lectures.

CANCER OF THE BILE-DUCTS.

By Professor DEBOVE,

Doyen of the Faculté de Médecine: Physician to the Hopital Beaujon, Paris.

[reported by our paris correspondent.]

I want to speak to you to-day on an affection which is not very common—cancer of the bile-ducts, that is to say, cancer developed in the bile-ducts, but with little tendency to become generalised, as from an early date in its formation it obstructs completely the ducts and rapidly endangers the existence of the patient.

If the cancer is seated in the ductus choledochus, the same symptoms are found as in cases of cancer of the head of the pancreas, that is to say, intense chronic icterus, distension of the biliary vesicle, tumefaction of the liver, and frequently tumefaction of the spleen. The icterus is easy to explain by the obliteration of the canal. Distension of the gall-bladder is the rule, and constitutes a good diagnostic sign, especially as it is not generally observed where the canal is obstructed by a calculus. The difference is accounted for by the fact that the calculi come generally from the vesicle, and are accompanied by chronic catarrh of this receptacle. This inflammation gives rise to a thickening and a retraction of the wall, which produce a diminution of the cavity, and consequently oppose its distension.

The tumefaction of the liver observed is due to the distension of the bile-ducts, congestion and perhaps also to cirrhosis. In cancer of the vesicle and of the duct, the malady remains latent until the ductus choledochus is invaded, and then the signs already mentioned are observed, and to which is added the tumour of the gall-bladder. If the cancer is situated on the hepatic canal, icterus is naturally present, but the biliary vesicle is not distended. Moreover, in such cases, and for reasons unknown to us, the liver and the spleen are but little hypertrophied.

The preceding explanations were necessary for clearly understanding the evolution of the affection under consideration—a case of cancer situated in the region of the biliary canal near its bifurcation.

The patient, B., æt. 75, entered our ward on October 23rd; he remained with us but a short time, as he died November 21st. His father and mother died at an advanced age; he had four brothers and sisters still living; there was no cancerous history in the family. He himself always enjoyed good health, never was a day in bed for illness, had never had syphilis, and never drank. A month before he entered the hospital the patient remarked that he was getting yellow, and his skin itched very much. In cancer of the biliary tract the *début* is latent, and the icterus is generally the first sign to attract attention.

The patient continued nevertheless to work, but he soon found that his strength declined, and that he got thin, feeling constantly tired. He had to keep lying down a greater part of the day.

When he entered the hospital our attention was immediately attracted by the jaundice. The skin and the mucous membranes were intensely yellow, and I remember remarking that I rarely saw a patient so yellow; the urine was almost black with biliary pigment. The saliva and the expectoration contained also a quantity of pigment, while the fæces were white. The examination of the liver was easy on account of the emaciation of the patient; it was not increased in volume, and the gall-bladder was not distended. There was no ascites nor any signs of collateral circulation.

The heart presented nothing of moment, but the pulsation was slow—fifty to the minute. Signs of disseminated bronchitis, with congestion at the base, were found in the lungs. The asthenia of the patient was so considerable that he remained in a somnolent condition all day, disturbed only by the pruritus.

When we had terminated our examination, we arrived at the conclusion that it was a case of cancer pressing on the biliary ducts. It was evidently a case of icterus by retention, the discoloration of the fæcal matter, joined to the intensity of the jaundice, being sufficient to prove it. The cause of this obstruction was not a calculus, for the patient never had hepatic colic, and in any case the rapid alteration of the general health did not plead in favour of that diagnosis; the hypothesis of cancer of the stomach or of the intestines was eliminated, because in the history of the patient there was no morbid sign in that direction.

The patient remained four weeks in the wards before he died; during the first three his condition was about the same, but eight days before he succumbed he presented a series of symptoms which are generally attributed to the gravest form of icterus; hæmorrhage from the gums, epistaxis, and purpura spots over the body and the limbs; decrease in the quantity of urine (about four ounces in the twenty-four hours), intermittent delirium, and coma; low temperature (95° F.), and pulse 50.

The autopsy showed a cancerous lesion entirely limited to the hilum of the liver. The pancreas and the ductus choledochus were normal. The biliary vesicle was shrivelled and thickened, and contained only mucus; examined histologically it was found to be absolutely free from morbid disease. The cystic canal was patent, but the hepatic canal was, on the other hand, impermeable and transformed into a neoplastic tissue. The cancerous tumour was not larger than a small orange; no trace of cancer could be found in any other part.

I took this subject because it is interesting, as regards the prognosis, to differentiate such cases, which develop very rapidly and terminate in a short time in death, from other cases of chronic icterus, of which the prognosis is much less grave. If we had diagnosed an obstruction by a

calculus or by a cancer of the head of the pancreas, we might have attempted an operation, which would have been useless, and probably the patient would have succumbed on the table. On the other hand, in the case of obstruction by a calculus of the biliary tract, too great attention could not be paid to forming a precise line of conduct, as surgical interference at the proper time has saved many patients.

THE RELATION OF INEBRIETY TO MENTAL DISEASE.

By ROBERT JONES, M.D.Lond., M.R.C.P., F.R.C.S.,

Medical Superintendent of the London County Asylum, Claybury.

THE author referred primarily to the chemical composition of the alcohols, and pointed out that ordinary alcohol was one of a long chain of organic bodies of which the members at one extreme end, the pentavalent alcohols, were definitely poisonous, aromatic substances, whose poisonous properties were made use of for outward application owing to their destructive effects upon the lower forms of animal life, whilst the lower monovalent groups constituted the alcohol which, in its abuse, caused much physical and mental deterioration, and was also responsible for much human misery. He referred to the effect of definite quantities of alcohol upon the growth of vegetable and animal protoplasm, and drew attention to the physiological effect upon the structure and functions of the various organs in man. He then referred to the mental effects of alcohol in various doses, and quoted his experience in regard to the effect of a severe illness as precipitating a mental breakdown in persons who were described only as long-continued moderate drinkers. The tendency to the development of illusions of a visual character, and to delusions of a persecutory nature, were characteristic of the effects of alcohol, as was also the tendency to sudden impulsive movements. He stated that it was almost without exception when delusions were present as the result of alcohol they were of a malignantly fearful and persecutory character, also that when alcoholic delusions were exalted and grandiose in character, these were egotistical and selfish in comparison with the benevolent altruism of general paralysis. He stated that although the improvement under treatment which occurred in cases of alcoholic insanity was often noticed, this improvement rarely ended in complete recovery, as such cases were always unstable, and when discharged from the asylum often relapsed. He described the condition *paramnesia* as a symptom of drink insanity, and referred to it as a failure of memory for recent events, an impairment through the deleterious effects of alcohol upon the special quality of nerve cells which he termed the "stickiness," or the adhesiveness, or the plasticity to retain impressions characteristic of nerve matter. There was in consequence a loss of the power of association. The person became confused and lost. He had no memory for recent events, and he tended to bring the long past events of his life into the present. He became busy with plans, he made imaginary journeys, and had just seen old companions, all of which statements have no basis of reality. It was this deficiency which caused the apparent lying so often met with in drink cases, the apparent self-contradiction being a disease, although the moral sense, being the last developed and highest attainment of man, was greatly affected in all cases of alcoholic indulgence. When the moral sense became perverted in this manner, no appeal to reason was of any avail, and ordinary motives were useless to save the victim from the domination of the drink craving.

The speaker then defined inebriety, and divided the class of inebriates into two divisions, the periodic drinker, and the more or less constant drinker. The victims of these two classes were of different ages, those in the periodic class being mostly young men who, in the intervals of their paroxysms, were apparently rational and fulfilled their obligations both to society and to their friends. He stated the distinction between the inebriate and the insane person suffering from alcoholic insanity was the result of the personal equation. It was the immunity of the individual in whom the *locus resistentiæ minoris* suffered. The bodily organs underwent a fibroid degeneration in the inebriate, and the brain was the last to hold out, but there undoubtedly was in all inebriates a considerable mental deterioration, as was evidenced by the fact that over 20 per cent. of all the inebriates under treatment in retreats and reformatories were transferred during one year—1902, the last for which there were published statistics from these places—into asylums for the insane. He then gave statistics dealing with the effects of alcohol. He stated that out of the 116,000 cases of insanity at the present time detained in asylums there were probably no less than 11,000 males and 6,000 females whose insanity was directly or indirectly caused through drink. He quoted the statistics of the London County Asylums for the ten years 1893-1902 inclusive, and stated that during this period 35,916 persons (16,356 males, 19,560 females) had been admitted into these institutions, of whom a proportion of 21 per cent. among the men and 11 per cent. among the women were ascertained to owe their insanity to drink alone, a proportion which accounted for the insanity from this cause of 5,727 (3,497 males and 2,320 females) persons. At Claybury Asylum, at which he was medical officer, there had been admitted during 1893-1903 inclusive, 9,544 persons (4,250 males, 5,393 females), of whom 1,664 (965 males and 699 females) owed their insanity to drink, a proportion of 22·7 per cent. males, and 13·1 per cent. females. He stated that there were over 400 persons at the present time in retreats and reformatories whose detention was caused through inebriety, and that this only represented a small proportion of the inebriates in the country, whose presence among the young was most injurious, both directly through their own neglect and cruelty of those for whom they were responsible, and indirectly by their evil influence and example, for drink brought many evils in its wake, of which vice, crime and disease were often the direct consequence. He pointed out that hitherto the chief reason given for the detention of inebriates was for cruelty to children and neglect of the home. He referred to the influence and to the extent of legislation in regard to drink, and he also referred to the loss to the community from drink.

(a) Abstract of Paper read before the Society for the Study of Inebriety on Tuesday, April 12th, 1904.

through the interference with the working power of the skilled craftsman and the artisan, and pointed out how devitalising alcohol was to the individual and to the race. He quoted statistics to show the susceptibility which alcoholic cases showed to the *bacillus tuberculosis*. The heredity of acquired characters was then discussed, and examples of the influence of the environment in the vegetable kingdom were given and how these became acquired. The relationship between inebriety as such and alcoholic insanity was evidenced by the result of treatment in the two forms. In each of these alcohol reduced the self-restraint, and the highest power man possessed, *viz.*, his inhibition or the power he had of saying "No." His experience of the treatment of drink cases in asylums had been a disappointing one as to the actual recovery which took place, as, when patients were discharged from this cause, they almost invariably relapsed if they tasted alcohol at all, and there were only a few who could afterwards go through life without it. This led him to analyse the motives which men and women had in drinking, and he felt strongly that it began from a deficient physiological knowledge of the effects of alcohol, and that this education should be especially impressed upon the women, who, in his opinion were greatly responsible, owing to a lack of knowledge of cooking and selecting good and proper food for men drinking to excess. The feeling conveyed by alcohol was a stimulation, and it was mistaken by those among the poor for the feel- of nutrition and repletion after a good meal, and if this were provided there would be less recourse to alcohol as a stimulant, which was dissipative rather than conservative of energy.

He ventured to suggest some topics for discussion :—

1. Why do people drink ? What are the best means to control the abuse of alcohol ? What is the effect of repressive or restrictive legislation ?

2. Is there a hereditary transmission of the effects of drink to descendants ?

3. Are there any definite and separate effects of the different varieties of alcohol ?

4. Is there any physical explanation of the "craving" for alcohol ?

5. Is the total amount of alcohol consumed by a people a measure of the temperance of these people ?

6. What is the nature of the fatty changes that occur in alcohol ? Does alcohol exercise a "protective oxidation" over the tissues ?

APPENDICITIS. (*a*)

By RUTHERFORD MORISON, F.R.C.S.,
Surgeon to the Royal Infirmary, Newcastle-on-Tyne, Consulting Surgeon to the Dental Hospital.

(*Concluded from our last Number.*)

In the Third Type,

the sudden rupture of an appendix, not surrounded by adhesions, gives rise to the same symptoms and signs as any other visceral perforation, but it is most easily confused with

1. *Ruptured Duodenal Ulcer or Gastric Ulcer* at the neighbourhood of the pylorus. Escaping fluid contents first fill the liver pouch, then trickle down by the outer side of the ascending colon, and on into the right iliac fossa and pelvis. Their track is marked by the signs of peritonitis, and rigidity, tenderness, pain in the right iliac fossa and a rise of temperature suggest the diagnosis of appendicitis.

2. *Acute Intestinal Obstruction.*—There is always one sign for which we search with great care as a mark of intestinal obstruction, and that is visible, palpable, or audible intestinal peristalsis. If we can see or feel or hear unusual movement of the intestine, we know that there is some obstruction, and assume that the case is not one of appendicitis. But apart from the purely mechanical effects of an adherent appendix acting as a band, or of adhesions due to old peritonitis, acute peritonitis arising from this cause may produce obstruction from interference with normal peristalsis, distension, and kinking of the involved intestine, and so give rise to error.

Intestinal obstruction, if due to bands compressing the ileum, or to stricture of it, or to intussusception, may give rise to symptoms closely simulating those of appendicitis. Detection of the fact that the pains are due to violent peristaltic movements of the intestine, that the temperature is normal, and that the passage of flatus is entirely arrested, will make a differential diagnosis possible. The tumour of intussusception may mislead a careless observer, but it is usually above the position of the appendix, hardens and softens intermittently, and, in the case of intussusception, a finger introduced into the rectum returns blood-stained.

Prognosis.

It is the difficulty of prognosis that causes such wide difference of opinion as to the proper treatment in each individual case. At the commencement of any given attack, it is impossible to foretell the result. This is admitted by all authorities, and it is of little value to know that only 10 or 15 per cent. of cases die if left alone, or that the mortality from operation, if done early enough, should not be more than 2 per cent. What is the prognosis of the particular case in question is the important requirement, and this concerns both the immediate and the remote result.

In a simple case the immediate prognosis is admittedly good. With *careful treatment* the patient will be well in a few days. Careful treatment ensures entire rest in bed, and the avoidance of active purgatives. In such a case the patient will never look seriously ill. The pain will not be sufficiently severe to cause outcries or to prevent all sleep. There will be tenderness over the appendix and localised rigidity in the right iliac fossa, but neither sufficiently marked to prevent examination. Vomiting will not be a troublesome symptom, the pulse will not be over 100, and the temperature will reach little more. On the third day all the symptoms and signs will have begun to abate, and the patient's convalescence will seem to be assured. In a few more days the attack ought to have passed off entirely. If this is the first attack, and perfect recovery follows, I believe it may be the last. This belief is based upon the knowledge of cases that have passed five years without a recurrence, and though I have reported one (*Edin. Med. Journ.*) in which thirty-six years elapsed between the first and second attack, for practical purposes such exceptional instances must be ignored. After a second attack the prognosis is considerably less hopeful. Either some organic change has been produced in the appendix, or the patient has a predisposition to the disease, and the probability is that further trouble will ensue. A sensitive nodule in the right iliac fossa, or dyspeptic symptoms with irregular bowel action, and a certain amount of anæmia and malaise, or marked tenderness over M'Burney's point, or a variety of uneasy sensations in the neighbourhood of the appendix, are noted in my cases as signs that perfect recovery has not followed the attack, and as heralds of the approach of another. As a rule, it may be said that the serious forms of appendicitis do not follow a number of mild attacks, but this rule has so many exceptions that it cannot be confidently offered as a practical guide. In one patient of mine eighteen mild attacks during the preceding five years were followed by a nineteenth with gangrene of the appendix, and general peritonitis and death. This would not have occurred if the usual

(*a*) An Address delivered before the Halifax Medical Society, October 7th, 1903.

result of recurrent attacks—dense adhesions round a thickened vascular appendix—had been present.

The prognosis in the second class of cases—those in which a septic, localised peritonitis from perforation of the appendix is likely to follow, must be grave. The illness commences acutely, and the pain, as a rule, is severe enough to prevent sleep for the first three or four nights. Tenderness is a marked feature from the first, and rigidity of the muscles in the right iliac fossa is sufficient to prevent any satisfactory examination. At the end of the second or third day, especially with the help of chloroform, a more or less distinct swelling is usually to be discerned in the right iliac fossa; the temperature and pulse continue to be elevated. At a later stage a definite tender tumour indicates the presence of pus; with this there may be no elevation of temperature, but there is usually some night-sweat. If the appendix is hanging over the pelvic brim, the abscess will be found on bi-manual examination as a pelvic tumour, and the prognosis is that for the worst form of abscess in connection with the appendix.

In the most acute cases it may be difficult to say whether the infective fluid surrounding the appendix is shut in by adhesions or free in the general peritoneal cavity; and even after an operation no certainty may be felt. The best evidence is to be obtained by observing the tension of the fluid. If it is pent up, a free gush escapes from the opening in the abdomen, and the prognosis is hopeful; whereas, if it is distributed among the intestinal coils, it wells out slowly, and the prognosis is bad.

The prognosis varies, too, with the position of the appendix and its surrounding abscess; and this may be determined, as I have elsewhere (*Lancet*, February 23rd, 1901) pointed out, by the relations of the tumour. Inflammation of an appendix outside of or behind the cæcum and ascending colon is attended by less risk of general peritonitis than is the case if the position of the appendix is internal, pointing into the small intestinal area or into the pelvis.

Many of these abscess cases will get well if left alone, by rupture of the abscess into adjoining viscera, or by its external rupture. The latter is an uncommon termination now, when operative treatment has been universally accepted as the right course, but occasionally a patient is seen with a fæcal fistula in the groin or abdominal wall, due to this cause. On the other hand, my operative work proves that many abscesses burst into adjoining viscera, and the patient may be "cured" in this way. I do not doubt that this occurs with a much greater frequency than has been supposed, and that the risks, serious though they are, of an appendix abscess have been much exaggerated. A localised collection of pus on the outside of or behind the cæcum and ascending colon will almost certainly find its way into, and discharge through, the bowel; but before this happens much and dangerous local damage may be done to the surrounding tissues. An abscess on the inner side is more likely to discharge into the ileum near its termination, and next to the cæcum and colon I have found this to be the most common site for a spontaneous opening. These cases are not commonly recognised because pus, unless in very large quantity, is so changed in appearance, in its passage through the colon, as to have lost all its ordinary character. The bladder and rectum and vagina, though seldom chosen, are other not extraordinary routes through which discharge of pus may occur, and I have seen examples of each.

I have notes of several post-mortem examinations at which it was found that the right pleura was full of pus from an appendix abscess which had escaped through a sloughy hole in the diaphragm, and there are cases recorded in which in such instances pus has been discharged through the chest wall, or into the bronchus, and coughed up.

The greatest risk of an abscess left alone is, that it will probably spread and cause a gradually extending infection of the peritoneum or of the surrounding cellular tissue, and death from septic poisoning or exhaustion. A less common event is the sudden rupture of such an abscess into the general peritoneal cavity, and this may easily occur at a time when the patient has the appearance of nearly completed recovery. The symptoms and signs may then be those of a sudden perforation, *viz.*, agonising pain, collapse, quick and feeble pulse, and cold extremities. After the abscess has burst spontaneously in a favourable situation, or has been opened to the immediate relief of the patient, the more remote prognosis has to be considered. The dense adhesions involving the intestinal loops surrounding the abscess will in a small (? 5) percentage of cases cause intestinal obstruction. The obstruction in my own cases has been acute, and has occurred when convalescene seemed to be assured—during the second or third week in eight out of ten examples. It was due in all cases to extensive adhesions and kinking, and did not recur after separation of the adherent intestines. Intestinal obstruction after a late date appears to be rare, for I have only seen two instances, the latest of which came on six years after spontaneous external rupture of an abscess in connection with the vermiform appendix. The probable explanation of this is, that adhesions disappear soon after the attack is recovered from.

The second important question remains to be discussed in connection with the subsequent prognosis of abscess cases, in which the appendix has not been excised. In a certain proportion the appendix is destroyed, and on several occasions I have found the entire sloughing organ in the abscess cavity. For these cases the prognosis is obviously good. There can be no return of appendicitis. This, however, is true only of the minority. In a great majority of instances—at least 90 per cent.—the appendix is not destroyed, and soon recovers after its contents have been discharged by sloughing or perforation. Any statement to the contrary is based upon untrustworthy evidence, for my operations offer abundant proof that there is at least enough of the appendix left to cause another attack of appendicitis. Whether it will do so or not is another question, and one still much discussed. I have elsewhere (*Lancet*, February 23rd, 1901) published a series of cases of recurrence of appendicitis after the evacuation of an abscess, and have since then obtained notes of several more. In one instance recurrence did not follow the first attack of abscess for thirty-six years. This patient died of septicæmia, the result of a perforated appendix, which was removed post-mortem, and of a large abscess in the loin. Though for practical purposes such an exceptional instance must be ignored, I have more than once had experience of a second abscess following immunity of five years' duration, from which it is obvious that the history of a large number of cases must be kept over a long series of years before the question of percentage of recurrence can be settled with anything approaching accuracy. Meanwhile, from careful observation of many cases, I believe that the appendix, if not removed, is in a large percentage of instances destined to cause further grave trouble.

In the most serious cases a perforation exists in the appendix, and general peritonitis is present. In some cases, closely approaching them in severity, the appendix has not yet perforated, there are no adhesions, and a quantity of milky fluid is found in the abdomen. These cases get well after operation. Of the former set of cases the great majority die, but some are saved by operation, and some, I have also learned, may get well without an operation. Before distension of the intestines has occurred to such an extent as to cause marked increase in the abdominal tension, operation, I believe, offers the best chance of recovery. When the abdomen has become distended and tense, operation, in my experience, has always been followed by a fatal result. A patient with rigid, tense, distended abdomen never, so far as I know, recovers. If the tension and rigidity are not marked features, there is always some room for hope. A gradually increasing girth round the umbilicus is consequently of bad prognostic import.

Almost equally of bad import is a gradual increase in the pulse rate. A quickened pulse means an extension of the peritonitis. Escape of coffee-ground

coloured fluid from the stomach, cold hands, and the well-known face of septic peritionitis all foretell the coming end. On a single occasion a woman with septic peritonitis, on whom I had operated, lay for four days after operation semi-conscious, with cold hands, and imperceptible pulse, and distended abdomen, constantly spitting out coffee-ground or green acid fluid, which irritated the skin of her chin and mouth to such an extent as to excoriate it; yet she recovered. The only noteworthy point in her case appeared to me to be that her abdomen, though distended, was not tense.

General peritonitis of more than twenty-four hours' duration is not likely to be benefited by operation, for the favourable chance has been lost; indeed, an operation not seldom hastens the end, and may be the cause of death. This statement, I feel, is justified because it has not been without surprise that I have observed recovery in such cases without operation. Of this I have had clinical, operative and post-mortem proof, but time will only allow of a brief summary of the following illustrative cases, which have occurred during the last two years.

Appendicitis with General Septic Peritonitis.

Recovery, without Operation for Septic Peritonitis: Notes of Cases.

1. M., æt. 30. *Duration one week;* very ill; facies hippocratica; general distension of the abdomen and signs of free fluid in it; pulse 140. Left alone for eleven days; *resolution to abscess in right iliac fossa;* operation; appendix removed; abscess drained. Ten days after operation large residual collection opened per rectum and drained; *recovery.*

2. M., æt. 28. *Duration two days.* October 15th, 1902, very ill; general distension; dulness in flanks. Left alone; gradually improved and *left hospital in seven days with no physical signs of disease. Re-admitted* March 24th, 1903, five months later, with another attack of five days' duration; *abscess in right iliac fossa;* appendix removed; drainage; *recovery.*

3. M., æt. 18. Admitted October 8th, 1902; *duration* five days; very ill; belly distended; free fluid in abdomen. Left alone; *left hospital in seven days* with no physical signs of disease. *Re-admitted six weeks later with acute attack;* operation; appendix removed; *recovery.*

4. F., æt. 19. Admitted October 3rd, 1902; *duration four days;* extremely ill; general distension and dulness in flanks. October 16th, 1902, thirteen days later, resolution to abscess; appendix removed; drained; *recovery.*

5. F., æt. 9. Admitted with illness of two days' duration. Died in two days without operation. Necropsy showed diffuse septic peritonitis and gangrenous perforated appendix. There was double lobular pneumonia.

Five cases; four recoveries.

The clinical proof is sure to be disputed, but all I can say is, that experience has taught me that the diagnosis of general septic peritonitis is unlikely to be wrong. It is easy to miss a general peritonitis, but difficult to mistake it. The following illustrates this, and other points raised:—

Pelvic Abscess from Appendicitis.—Drainage per Rectum.—General Septic Peritonitis.—Death.

Male, æt. 15. Admitted Sunday, August 3rd, 1902. On the previous day I saw him and diagnosed general peritonitis from appendicitis.

History.—He woke up quite well on the previous *Monday morning*, and went to work. Whilst at work pain commenced. It was diffuse all over the whole abdomen. He worked all day.

Tuesday.—He had pain all day; stayed in bed; did not sleep; was not sick.

Wednesday.—The pain was worse; still diffuse, but worse in lower abdomen; he vomited.

Friday morning, 3 *a.m.*—Awakened from sleep; terrible pain in neighbourhood of right iliac fossa, and doubled up for six hours; vomited; then pain abated. He had frequency and difficulty of micturition on Friday and Saturday. Some pain on defæcation all the week. Sweating at nights. *There was a history of several previous attacks.*

On admission.—He was in good general condition.

Local.—There was a tumour in the hypogastrium like a distended bladder. There were signs of free fluid in the belly. The hypogastric swelling was resonant and not altered by the passage of the catheter.

Per rectum.—There were signs of fluid in the recto-vesical pouch, which was bulging down the anterior rectal wall.

Operation, August 5th, 1903.—Abscess opened per rectum. Four hours later the boy became collapsed, vomited bloody fluid, and died late on night of operation.

Necropsy.—General septic peritonitis. Pus all over and in pockets among the coils of small intestine. The remains of a large abscess were found in the pelvis. There was a large collection of pus in the hepatic pouch and extending up over the liver. The appendix was hanging down into the pelvis, its end was gangrenous, and it contained an enterolith. Pus collections between intestinal coils were large and appeared to be residual.

Note.—On *Monday*—day before death—the patient seemed so well that the previous diagnosis of general septic peritonitis was gravely doubted.

On *Tuesday*, the boy appeared to be in excellent condition, and at the operation it was remarked how safe and easy a proceeding the opening of a pelvic abscess per rectum was. His death was *unexpected, and the post-mortem* revelation a surprise.

Of ten cases admitted to hospital during the last two years with general septic peritonitis, and operated upon, eight died and two recovered.

It was noted of more than one that operation was undertaken in the belief that peritonitis was not yet diffuse.

The prognosis depends upon the duration of the peritoneal infection—the longer the patient lives, the less virulent it is likely to be, and the better the chance of recovery; and upon the tension of the abdominal muscles—the less this is, the more hopeful being the outlook. Certain rare cases of sudden perforation of the appendix are followed by such serious septic intoxication that death occurs in a few hours before the peritoneum or the patient have time to show any sign of reaction.

A Note on the Functions of the Omentum.

For years I have taught that the omentum has very important functions, and to impress this upon students I have called it the abdominal "policeman." A well-developed omentum will wrap itself round an inflamed Fallopian tube in the depths of the pelvis; it will be found surrounding an inflamed gall-bladder or diseased appendix; indeed, there can be no doubt that it travels about in the abdomen with considerable rapidity, and is attracted by some sort of information to neighbourhoods in which mischief is brewing. I have more than once found a totally gangrenous, perforated appendix wrapped up in omentum, with peritonitis localised in the portion of omentum involved, and it is impossible to doubt that the life of the patient was saved by his omentum. It is a recognised fact that the prognosis of appendicitis in children is worse than in adults. Elsewhere than in the abdomen their resistance to septic infection is much greater than it is in adults. The only suggestion I can offer as an explanation of this anomaly is, that in children the omentum is undeveloped. The purulent fluid in many cases of appendicitis will be found to follow a definite course, and to assume a horse-shoe shape. On the right side it tracks up the outer side of the ascending colon into the liver pouch above and into the pelvis below. On the left side it ascends from the pelvis along the outer side of the descending colon, and not till it reaches the spleen and escapes over it does the infection attack the small intestine area, covered and protected by the omentum.

My colleague, Mr. W. G. Richardson, tells me that one of the most acute cases of peritoneal infection which has come under his observation occurred in an adult patient whose omentum was wholly rudimentary. (*a*)

TREATMENT.

The ordinary object of this is to prevent serious extension of the septic infection of the peritoneum which accompanies appendicitis; for cases in which peritonitis is slight or absent may be disregarded here. The only reasonable treatment of such an inflammation arising from a local septic infection is to remove its cause; consequently, the treatment for appendicitis is surgical, and this should be the point of view from which every case is considered from the first. By bearing this in mind, the practitioner may save his patient from grave danger, and himself from a most responsible position, sometimes aggravated by the prospect of serious discredit. Let me emphasise, as strongly as I can, my belief in the advantage of early operation in all but the most trivial cases. I have previously mentioned that some of the most dangerous conditions may recover when left alone, and that some very serious cases may (under the circumstances stated, *vide supra*) have a better chance without than with operation, and I intend to speak presently of a medical plan of treating cases of appendicitis, but it must be clearly understood that in the passages referred to I am dealing with exceptions to the general rule, which is, as I have stated above, that in all but trivial cases, it is best to operate, and to operate early.

My experience, as an operator, has invariably been that the amount of pathological change which has already occurred has been in excess of what, from the condition of the patient, had been anticipated, and that the medical man in charge has been surprised to find that his patient was the possessor of such a diseased appendix.

Patients or their friends often wish to know if nothing but an operation will suffice for the "cure." There can be but one answer to the question. A majority will recover from the present attack without operation. A minority will as certainly die. Of the recovered majority, a majority will get well in the course of a week or two, while a minority of them will pass through an anxious and tedious illness to convalescence. Of all who recover without operation, a large majority will suffer from recurrent attacks of appendicitis. In the case of the patient who undergoes operation and recovers, such attacks, on the contrary, can recur no more.

When I add that I have never seen even an acute case die if the appendix was removed before there was extensive peritonitis, who dares to blame me for teaching that operation cannot be done too early, if the diagnosis is assured? The responsibility of urging early operation is a light one, that of delay, heavier than I care to accept.

Pain in nearly all cases is the occasion of the summons of the practitioner, and to relieve this is doubtless his duty. It should not, however, be his first duty. That consists in making an honest attempt at a diagnosis of its cause, and in answering the question whether the patient is dangerously ill or not. In some instances the pain is so agonising, and the general condition of the patient such, that only a very serious lesion could explain the symptoms. A few days of aching, followed by a serious attack of pain, means perforation. In this case, the pain should be relieved by a hypodermic injection of morphia, and preparations made for immediate operation. In less serious cases a similar attempt to arrive at a definite diagnosis, clinical and pathological, should be made before administering morphia, for the effect of the latter is little short of miraculous in relieving every symptom, and after the patient has been brought under its influence it may be difficult to judge of his condition. If the first dose (one-fourth of a grain hypodermically for an adult) fails to relieve the pain, or if the symptoms become progressively worse—increasing rapidity of pulse, thirst, vomiting, temperature, tenderness and rigidity—operation should at once be resorted to. The position that has to be faced is this: The case is a serious one, the outlook is uncertain, and operation may have to be performed later under unsatisfactory conditions.

Every case requires careful, hourly watching, for even those which appear to be most favourable may quickly develop threatening symptoms. In cases not requiring immediate operation, rest in its widest acceptation is the treatment. The patient must lie in bed and make no effort, resting as much as possible in one position. The acts of micturition and defæcation are to be provided for without getting up, and with as little disturbance as possible. All solid food is to be avoided, and only minute quantities of liquid are to be taken. Equal parts of milk and barley water, or hot milk and soda water are the best. After each drink the mouth should be cleansed with boracic acid lotion, and three times a day it should be wiped out by the nurse with borax and glycerine. A large, hot, linseed meal poultice should be laid over the abdomen and worn for an hour, and this replaced by hot cotton-wool and a many-tailed bandage. Every eight hours this poultice may be repeated. At the commencement of an attack, purgatives and enemata are dangerous, and even if they do no harm, are of little service. It is easy where perforation is threatening to precipitate this even by the administration of a strong purgative. At the end of twelve or eighteen hours, the effect of the morphia will have passed off, and the pain may have returned. If it is not severe, and if *all* the conditions are favourable, a further dose of opium may be given. Such a prescription as pulv. ipecac. co., gr. v.; hydrarg. c. creta, gr. i.; repeated every four hours, is a suitable one, but this should not be continued for more than fifty hours. If doubt be felt as to the satisfactory progress of the case, opium should be withheld for the purpose of careful watching. On the other hand, it is possible that the patient may be obviously better, the pain may have ceased, and the pulse and temperature may have become more normal. Even if this is the case, it is necessary that up to the end of the fourth day most rigid care and abstinence from any but a fluid diet, and entire rest, should be insisted upon. It is seldom that the bowels are moved during this time, and a certain amount of abdominal distension and increased peristaltic movements of the intestines may be observed towards the end of it. If the abdomen is soft and free from special tenderness, the indication is to get the bowels moved. In the first place, a soap and water enema, gently used, may be tried, and if this is effectual nothing further is required. If not, five grains of calomel, followed in six hours by small and repeated doses of white mixture, should be given until the bowels have acted properly.

In dealing with the subject of operation, I shall revert to the classification previously mentioned. As I have related, it is possible that the inflammation may undergo resolution, and complete recovery follow the attack. This is probable if no tenderness and no discomfort and no nodule persist, and in these cases I do not advise operation. A second attack generally means that the appendix is diseased, and a tender nodule with local discomfort on occasions makes this certain. Associated with this form there are usually peritoneal adhesions. The operation of choice in such cases is an interval one, when the appendix can be removed through a small incision, and with a minimum of danger to life or infection of the wound. When some doubt is felt as to the diagnosis, or on the propriety of operation, I give the patient directions to return to hospital on the first warning of an attack; then the diagnosis may be readily confirmed or refuted, and operation undertaken, if not under the most favourable circumstances, at any rate under conditions which are very fairly favourable.

In abscess cases, unless very exceptionally, I remove

Mr. G. Grey Turner, Surgical Registrar, Royal Infirmary, Newcastle-on-Tyne, in an "Essay on Appendicitis," which was written in July, 1903, for the Durham University College of Medicine, Newcastle-on-Tyne, and which secured the "Stephen Scott" prize, was, so far as I know, the first to describe this distribution of the pus. More recently, Mr. Harold L. Barnard, in three lectures of great value, "On Appendicitis" (in the *Clinical Journal* for September, 1903), described the same course followed by pus.

the appendix at the same time as the abscess is drained. This is so obvious an advantage, if the risk is not increased, that it requires no further argument to support it.

Recently, two patients, on whom I operated for abscesses, have died, one from diffuse infection of the abdominal wall, the second with symptoms of prolonged shock, and probably from acute sepsis. In neither was there any evidence of peritoneal infection beyond the localised area exposed by operation. Previous to these I had operated upon 110 consecutive cases of abscess in connection with the vermiform appendix without a death.

Let me again repeat that the object of treatment is the prevention of peritonitis, and that this can only be obtained with certainty, in most cases, by immediate removal of the appendix, and in all by early operation. It is only by making such a rule that the present large death-roll attributable to septic peritonitis can be cancelled, or that patients can be saved from the prolonged and serious illness consequent on abscess. Both the high death-rate, and the large percentage of cases in which abscess occurs, still occasion serious reflections upon the promptitude and courage and skill of our profession.

The tables (an abstract of which is appended), prepared for me by Mr. G. Grey Turner and Mr. Heslop, supply particulars of every case on which I have operated during the period of two years included by them. It is difficult to classify some of the cases, especially to differentiate between the less acute and interval cases, for several of these, sent for operation because of frequent relapses, were found to have active mischief in progress in the appendix. All cases judged to have active and possibly progressive infection of the appendix at the time of operation have been included under acute cases.

A similar difficulty arises in separating some acute from abscess cases. Every case in which a localised collection of pus was found round the appendix has been put under the heading of abscess.

Copy of a letter sent to patients who have been operated upon :—

Royal Infirmary, Newcastle-on-Tyne.

Series A. Folio No.

Dear Sir or Madam,

You were a patient in this hospital in , and were operated on for appendicitis.

Mr. Morison is anxious to know what the result of the operation has been, and would be glad if you will answer the following questions and return this letter in the envelope enclosed. Should you feel unable to reply to the questions yourself, please hand the letter to your doctor and ask him to be kind enough to do so.

Yours faithfully,

For Rutherford Morison.

1. Have you had any of your former attacks ?
2. Have you had any abdominal pain at all ?
3. Describe any pain you may have had ?
4. Is your general health better than before ?
5. Are you able to follow your employment ?
6. Does the scar give you any trouble ?
7. State any other facts you may think important ?

Many of them have been examined by myself or assistants, others have not. Under one heading (Remarks) the present condition is the result of an examination or an answer to these questions.

Abstract of Tables.

Cases operated upon during two years from July, 1901, to July, 1903, in the Royal Infirmary, Newcastle-upon-Tyne, and in a private hospital, from tables prepared by Mr. G. Grey Turner, Surgical Resgistrar :—

General Septic Peritonitis = 15.—10 cases operated on, 5 not operated on. Of the cases immediately operated upon, 2 recovered, 8 died. (In these the diagnosis was verified by post-mortem examination.

Of 5 cases not operated upon, but left for localisation and later operation, 4 recovered, 1 died.

Acute Cases = 16.—All recovered (1 died a month after operation from intestinal obstruction). The earliest case was of six hours' duration.

Abscess Cases = 57.—All recovered. In two of these cases the appendix was totally gangrenous, and was removed as a slough.

In two the abscess was drained by the rectum or vagina, and the appendix was not looked for.

In two the appendix was not excised on account of bad local and general conditions.

In 51 of the 57 cases the appendix was excised.

Complicated Cases = 10.—In this class are included excisions of portions of the intestine for tubercle, and cases complicated by diseases of the ovaries, tubes, and uterus, necessitating ovariotomy, salpingectomy, and hysterectomy. All of these cases recovered, though two still have fæcal fistulæ.

Interval Cases = 40.—All recovered. In all the appendix was excised.

Hernia of the scar, though carefully looked for, was only found, and reported, in one case.

Transactions of Societies.

THE SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

Meeting held Friday, March 18th, 1904.

Dr. Percy Lewis in the Chair.

Mr. Harold Burrows showed a case of enlarged liver and spleen in a girl, æt. 13. Six months previously laparotomy had been performed for supposed hydatid disease of the liver, but the liver was found to be uniformly enlarged and smooth. There was no history of syphilis, but as there were the remains of old retino-choroiditis in both eyes, a diagnosis of syphilis had been made.

Dr. Guthrie agreed that the case was probably syphilitic, and asked if there was an excess of red blood cells, which had been found in some cases of hepato-splenomegaly.

Dr. Porter Parkinson recalled a case published by Sir Thomas Barlow, in which hepato-splenomegaly had persisted from infancy to adult life, accompanied by recurrent attacks of abdominal pain and jaundice.

Dr. C. W. Chapman showed a girl, æt. 12, who had suffered from mitral disease, with recurrent attacks of dilatation of the heart. These had at first yielded to the ordinary remedies, but later the dilatation and failure of compensation were not relieved until the administration of adrenalin solution in 5-drop doses every four hours. This was followed by steady improvement.

In reply to questions by Dr. Fortescue Brickdale, Dr. Chapman said that the symptoms, amongst which was orthopnœa, had been unrelieved by ordinary measures, and until the use of the adrenalin solution.

Mr. Keogh Murphy showed a case of hæmatoma of the parietal bone in an infant of eight weeks. At the age of six weeks the swelling was still soft and fluctuating, but a fortnight later it was rather larger, and hard and bony throughout.

Dr. Carpenter said that in a similar case the X-rays had shown that the swelling was not really composed of bony tissue, and asked whether Mr. Murphy had made this test.

Mr. Howell Evans thought that the tumour was bony, and that the development of such a condition was a strong argument in favour of early surgical interference in all cephal-hæmatomata.

Dr. Burgess said that in an experience of twenty years he had seen many cephal-hæmatomata, and had never seen any bad results from leaving them alone.

Mr. Murphy also showed a case of double pes cavus in a boy, æt. 4. Two years previously his walking had become awkward, and had steadily become worse. There was no history of acute illness as an exciting cause. The left lower extremity showed a condition of equino-varus, with contraction of the plantar fascia and tendo Achillis. The foot could only be put into a good position with difficulty. The right lower extremity showed a condition of talipes calcaneus and valgus, with great laxity of ligaments. The tendo

Achillis and the tendon of the tibialis posticus could not be felt, and there was great wasting of the gastrocnemius muscle.

Mr. DOUGLAS DREW thought that the condition was due to anterior poliomyelitis, and suggested that a good result might be brought about by transplanting the peroneus longus of the right leg on to the tendo Achillis.

Dr. GUTHRIE thought that careful electrical reactions should be taken so as to settle the question as to whether the disease was anterior poliomyelitis, or a congenital want of development, or some obscure form of myopathy.

Dr. LEONARD GUTHRIE showed a boy, æt. 11, who for two years had been subject to peculiar attacks, in which he would suddenly run to his mother, exclaiming "Horrid smell." He would appear much agitated and distressed for a few moments, sometimes spitting and grimacing, and going through the action of trying to pull something out of his mouth. He would then behave "as if he were silly," running to persons in the room, and trying to embrace them. After five or ten minutes of this behaviour he would become quiet, turn pale, shiver as if cold, seem exhausted, and lie down to sleep. Dr. Guthrie regarded the case as one of automatism, with olfactory and gustatory auræ, a condition allied to epilepsy or megrim. Under treatment with bromide of potassium in 8-grain doses thrice daily, the attacks diminished rapidly in frequency and severity.

The CHAIRMAN (Dr. Percy Lewis) commented on the large pupils and a tendency to exophthalmos in the patient.

Dr. E. A. JONES said that visual auræ were of two kinds—(1) of persons, which were usually unpleasant; and (2) of landscapes, which were usually pleasant.

Dr. EDMUND CAUTLEY showed a case of multiple congenital deformities in a girl, æt. 5. She was one of twelve children, all the others being healthy and well formed. She was very small and intellectually deficient. Walking or standing had not yet been accomplished, although there was no indication of muscular or nervous lesion. The eyes were marked by notching of the upper lids, dermoid cysts on the conjunctivæ, coloboma of the iris and choroid, and choroidal atrophy. There were accessory auricles, and macrostoma on the right side.

Mr. LOCKHART MUMMERY said a most interesting point was the association of auricular appendages with the fissure of the mouth, because those cases seemed to carry out the theory that the auricular appendages were developed around the outer end of a partly persistent inter-maxillary cleft, the anterior part of which was represented by the fissure of the mouth.

Mr. HOWELL EVANS pointed out that the notch in the upper eyelids occurred at a point where there was a division between the nerve supply of the outer two-thirds and the inner third, a situation often occupied by birth-marks, moles, &c.

Dr. G. A. SUTHERLAND showed a boy, æt. 8, suffering from chronic interstitial nephritis. There was marked cardiac hypertrophy and thickening of the radial arteries. The urine was of low specific gravity, and contained occasionally a trace of albumin and granular casts. There were no retinal changes. Dr. Sutherland commented on the syphilitic origin of these cases, although no history of that disease was present in this instance. The prognosis was worse than in adult life, for the disease ran a more rapid course in children.

Mr. THOMSON WALKER thought that syphilis was a frequent cause of such cases, and asked whether there was any possible septic focus in the present case, which might have started interstitial nephritis.

Dr. E. P. BAUMANN showed a specimen of early Parrot's nodes from a child, æt. 2. The nodes were in an early stage, being small, sharply limited, and still vascular. It was uncommon to find them developing at such a late age. The patient had well-marked signs of syphilis.

Dr. GEORGE CARPENTER said that he regarded Parrot's nodes as definite evidence of syphilis, and that the spleen would usually be found to be enlarged in such cases.

Dr. BAUMANN also showed an embryonic cyst of the mesentery, from an infant eight months old. The patient developed symptoms of acute intestinal obstruction; intussusception was diagnosed, and on operation a cyst was found between the layers of the mesentery, kinking the lower end of the jejunum. The cyst was the size of a pigeon's egg, and contained a quantity of viscid fluid, in which cholesterin crystals were present. Such cysts were formerly known as chylous cysts of the mesentery, but were now regarded as embryonic in character.

The following papers were read:—

(1) "Congenital Word-Blindness in Children," by Mr. Sidney Stephenson; and (2) "Notes on a Case of Nephro-lithotomy," by Dr. Porter Parkinson and Mr. Douglas Drew.

NORTH-EAST LONDON CLINICAL SOCIETY.

MEETING HELD THURSDAY, APRIL 7TH, 1904.

DR. J. W. HUNT, President, in the Chair.

THE PRESIDENT showed a boy, æt. 12, who presented a swelling in the upper part of the chest and neck, accompanied by cyanosis and venous enlargement. The symptoms had appeared about two years ago. There was no leucocytosis, nor did skiagraphic examination reveal anything abnormal. The clinical aspect resembled that of congenital heart disease, but there were no cardiac murmurs. He was inclined to the view that there was a mass of tuberculous glands in the mediastinum pressing upon the veins of the neck. There was no glandular enlargement.

Dr. F. J. TRESILIAN (Enfield) showed (1) a case of commencing syphilis affecting the epiglottis in a man, æt. 53; (2) a young man with a double empyema of the maxillary antrum; and (3) a case of chronic glossitis with superficial ulceration of the tongue in a woman, æt. 59. The condition had proved very resistent to treatment.

Dr. R. MURRAY LESLIE exhibited (1) a girl, æt. 5, with syphilitic cirrhosis of the liver and a greatly enlarged spleen. There were no abnormal blood changes, neither was there any history of syphilis; (2) a case of tetanus in a boy, æt. 9, who had recovered after the intra-thecal and subcutaneous injection of anti-tetanic serum. The source of infection appeared to be broken chilblains. Though the boy had practically recovered, yet there still persisted some rigidity of the abdominal and cervical muscles; (3) a woman, æt. 54, with jaundice of obstructive origin.

Mr. HERBERT CARSON considered that the pathological condition in the latter case was probably one of chronic pancreatitis in the head of the organ, set up originally by the impaction of a calculus.

Dr. R. J. MARJORIBANKS showed a specimen of a stone forming a complete cast of the gall-bladder which he had obtained from a woman, æt. 80, who had died from a fatty heart. The wall of the gall-bladder was extremely attenuated.

Dr. ARTHUR E. GILES exhibited a specimen of a uterine fibroid which was undergoing myxomatous degeneration, which he had recently removed from a married woman, æt. 45, who had been sent into the hospital with a profuse hæmorrhage.

ULSTER MEDICAL SOCIETY.

MEETING IN THE MEDICAL INSTITUTE, BELFAST, THURSDAY EVENING, APRIL 7TH, 1904.

The President, DR. JOHN CAMPBELL, F.R.C.S., in the Chair.

DR. THOMAS HOUSTON showed a case of Friedreich's ataxia in a boy, æt. 10. The patient was the sixth member of a family of thirteen children, all the others being in good health. It was interesting to note that his mother attributed his ailment to the fact that she had sustained a severe fright in an accident about two months before his birth.

Dr. William Calwell read a paper entitled "Some Observations on Two Hundred Cases of Gastric Ulcer." He did not deal with matters on which all were agreed, but with points of uncertainty and theories on which they differed. In looking over the notes of more than 300 stomach cases, he found they included 200 cases of gastric ulcer, eleven of acute catarrh, twenty-nine of chronic catarrh, twenty-eight neurotic cases, and forty-seven malignant. The first thing one noticed in this list was the total disappearance of "dyspepsia" and "indigestion"; he agreed with the view that these terms should be used to indicate certain groups of symptoms, and not to designate separate entities as diseases. Dilatation of the stomach was also absent as a substantive disease; he believed independent dilatation very rare, if, indeed, it ever existed at all.

As regards the etiology of gastric ulcer, Dr. Calwell thought there were two varieties of the disease—the developmental and the post-developmental. The former occurred in young females, and he had notes of 112 cases between the ages of 13 and 25. The latter variety occurred also in males, but few, if any, cases were seen before 28. The frequency of the affection in young women at different ages was shown by curves on a diagram, and this diagram was compared with Dr. Byrom Bramwell's diagram for chlorosis, the two curves being seen to be very much alike. Dr. Calwell said that probably in 85 per cent. of cases of gastric ulcer there was anæmia, and few cases of chlorosis were found without stomach symptoms. The age incidence was also compared with that of another developmental disease, acne vulgaris, while the age incidence of the post-developmental ulcer compares with that of acne rosacea.

The symptoms of gastric ulcer were considered under the heads of (*a*) essential, and (*b*) incidental. Hardly any disease presents more complications than does this. The essential symptoms Dr. Calwell took to be a fair appetite and clean tongue, pain after food, and marked local tenderness. Catarrhal symptoms were incidental, but local tenderness was present in 95 per cent. of cases. The most difficult cases were those of ulcer with neurotic symptoms. Chronic cases were generally relieved by rest in bed, the symptoms returning when the patient resumed the upright position, and this he took to be due to the sagging of the stomach in the latter position. In considering the question of diagnosis, Dr. Calwell dwelt on the difficulties with neurotic patients, and described several types of these. There was the over-worked and over-anxious man, always busy and always in a hurry, in whom gastric symptoms were completely relieved by rest and a good holiday. Then there was the neurotic female, in whom symptoms came and went without any relation to rest, which always improved gastric ulcer. The third type was the usual neurotic, but with some dilatation, the explanation of which was not easy.

Regarding hæmorrhage, he had found it present in 57 per cent. of his cases, and in 8 per cent. it was the first symptom. In some cases, especially in alcoholic subjects, he had seen intense acute pain following an error in diet.

Dr. Calwell concluded by some observations on duodenal ulcer, of which he had noted fourteen cases, but all with a query, and by some remarks on the surgical treatment of gastric cases, advocating an exploratory operation if, after two years of medical treatment, the case was still unrelieved.

The paper was discussed by Sir Wm. Whitla, Professors Lindsay and Byers, and Drs. Dempsey, McKisack and McQuitty.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, April 9th, 1904.

At the Medical Society Hr. Westenhöfer brought forward the subject of

The Channels of Tuberculous Infection in Childhood.

For the purpose of experiment he had made use of guinea-pigs, rabbits and calves, and had injected into them in the region of the loins or back tuberculous material, mostly taken from the human subject. After some time had elapsed there was always caseation at the point of injection, as also of the regionary lymph glands. There was also caseation in all cases of the glands in front of the sacral promontory, at the point of division of the aorta and of the retro-peritoneal and subdiaphragmatic glands. The liver and spleen were also generally diseased, and less frequently the lungs, and still less so the kidneys. This showed that tubercle first spread along the lymph tracts. In a certain number of the cases, the bronchial glands were also affected, but without disease in the lungs themselves. In one case the submaxillary glands even were affected. Daily experience at the Berlin Central Abbatoir confirmed these observations. The experiences of both physicians and pathologists had shown that tuberculosis did not show itself in the infant before the third month of life, and that from this date it gradually increased in frequency. The speaker explained this by the statement that the first dentition began at this period, that the mucous membrane of the mouth was in an irritable condition, and that it frequently sustained slight damage. This was why small children lay more quietly and were less exposed to infection than after they had passed the third month of life. Our domestic animals were either born with teeth, or they got them a few days after birth. The pig was an exception to this, and it was the only one of the domestic animals that became tuberculous during the first year of its existence. It must also be borne in mind that the pig was the only animal fed on offal, the others being fed with care. Virchow and Schultz found that in young pigs the disease began in the submaxillary glands.

The course of infection was this:—In a portion of the cases the disease of the cervical glands, and perhaps of the bronchial also, healed up; in another portion the disease burst through into the lungs; in others the disease remains latent.

It was remarkable that the so-called ulcerous phthisis scarcely ever occurred in children.

If the patches that were healed in the apices of the lungs in adults were examined, it would be seen that they were mostly bronchial patches. As regarded the question of inhalation, it might be looked upon as certain that tubercle bacilli could penetrate as far as dust could, if not into the alveoli, into the small bronchi.

The tonsils and glands of the fauces might occasionally be ports of entry for tuberculous infection. Careful investigation, however, had but very rarely revealed tuberculous disease of this form. If disease from this source were more frequent, we must often find these organs, with their lymphatic structure, diseased, for tuberculosis was typically a disease of the lymph glands.

The practical teaching of these investigations was to show how very important the careful cleansing of the gums and the mouths of young children was, especially in families in which a member suffered from tuberculosis; how much care must be taken to prevent any object being put into the child's mouth that had directly or indirectly come into contact with the sputum of a tuberculous individual.

Tuberculous infection with cow's milk, on the other

hand, did not come into consideration. The flesh of tuberculous cattle was generally harmless, as tubercle bacilli had not yet been found in it.

Speaking of v. Behring's views, he remarked that they presupposed an increased permeability of the walls of the intestines. It had been shown, however, that the mucous membrane of the intestines of the infant did not differ from that of the adult, and that of its stomach only in the two first days of life, during which it, as a rule, did not get any milk. It was true, as Orth had shown, that tubercle bacilli could pass direct through the walls of the intestines of adults. v. Behring's trial animals were all tuberculous; in children, however, he assumed that the disease remained latent, and yet tuberculosis in children ran a very rapid course. He agreed with v. Behring in this, that the contest against tuberculosis should begin with the children, but by other means than his.

Hr. Orth said that from the first he had kept careful statistics in regard to his cases of tuberculosis, and had ascertained the extraordinary rarity of primary intestinal tuberculosis. Heller had arrived at different results in Kiel; these must depend on the difference of material.

He conceded that tubercle bacilli caused no changes at their point of entrance, but under all circumstances the regionary lymph glands must become diseased. It was possible that infection took place from the mouth, but it had not been proved.

Acute miliary tuberculosis lent itself to the study of the spread of the infection as these fresh patches were met with. It was there seen that a caseated bronchus lay in the centre of each diseased patch, from which the disease spread concentrically. Acute miliary tuberculosis was unquestionably a hæmatogenous disease; yet, in spite of this, each tubercle appeared to begin at a bronchus. This showed the great difficulty there was in deciding whether the infection was through the blood or by inhalation, and it showed the great caution that was necessary in attributing a meaning to the condition met with.

Infantile infection had not been proved, as, according to v. Behring, it gave rise to no anatomical changes.

Hr. H. Neumann said it was not correct to bring dentition into the question, as medicine had at last succeeded in reducing its importance to its proper dimensions. It was questionable whether invasion took place through the tonsils.

Hr. M. Wolff doubted whether germs went through the walls of the intestines. Infection by inhalation was the more frequent.

Hr. Summerfeld claimed that the greater prevalence of the disease among those whose callings entailed injury to the lungs showed that the disease was acrogenous.

Hr. A. Meyer laid stress on the fact that in England, where milk was consumed raw, although it had been proved to contain bacilli, tuberculosis was more rare than on the Continent. That was against the blood theory. In Sardinia there was no cattle tuberculosis, but human tuberculosis did exist.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 9th, 1904.

LIGHT AND BACTERIA.

IT has been generally accepted that the ultra-violet rays have little or no effect upon bacteria lying deep in the tissues of the body. To obviate this defect, Dreyer has adopted another method, by taking advantage of the high penetrating power of the yellow-red rays of the illuminant. To prove this he inserts a sensitive body deep in the tissues and then applies the light which acts on this sensitised substance, at the same time eliminating the green and orange rays from the pencil of light. The therapeutic effects of this method have given very favourable results. He recorded the history of twenty-five cases of deeply placed tuberculosis, which speedily recovered under its influence. The sensitising agent used is a 1 per cent. or 1 in a 1,000 solution of erythrosine in another solution of 0·85 per cent. of sodium chloride. This mixture is inserted deep into the tissues by means of a subcutaneous syringe. After this an interval of from two to five hours is allowed to elapse before applying the Finsen lamp for fifteen to twenty minutes.

RESISTING TUBERCULOSIS.

Flügge, in his latest article on treating and resisting tuberculosis, affirms that the tuberculous bacilli do not primarily proceed from the lung where they are supposed to be generated after inhalation, but may also take their origin in the lymphatics, and subsequently be conducted to the lung where they complete their ravages. In the treatment, however, he still advocates all the hygienic measures in vogue at the present time to eliminate tubercle from inhalation. The danger of infection through infected milk from cows is very remote if at all possible, as many of the poorer families who are thus affected have always been in the habit of using their milk cooked in some form. He considers that the two principal inlets of the tubercle bacilli are inhalation and contact, and that the formalin milk of Behring is useless as the bacterial infecting power of this nutrient fluid is *nil*; besides formalin is not at all conducive to the health of the infant.

FORENSIC BLOOD TEST.

Marx and Ehrnbooth record a method of detecting human blood which at first sight appears simple, although its ultimate value will depend very much on the manipulation of the operator. It is well known that the human corpuscles when placed in foreign serum become agglutinated, while in homologous serum they remain unaffected. Supposing the case of dry blood on any substance to be proved, it is necessary first to immerse the suspected blood in a 0·6 per cent. solution of common salt and then place a drop of the liquid on an object-glass. To this another drop of the foreign serum may be added and the result observed.

PHTHISIS IN APEX OF LUNG.

The results of Hoffman's observations in the operation of excising the first rib for the cure of phthisis are not so favourable as those of some other experimenters. He assures us that neither the rib or manubrium when individually excised give any beneficial results in the cure of phthisis. If both, however, be performed, the improvement is decidedly better, as the lung is fully inflated and the blood circulation increased, which are both in favour of ultimate cure of the morbid condition of the lung. One of these operations alone is, in his opinion, of no value.

HÆMOLYSIN IN NORMAL BLOOD SERUM.

Sachs is of opinion that the hæmolysin in normal blood serum, which Gruber has recently designated alexine, operates in the same manner as that given in the "ambozeptör" theory, where the combination is by complement. The proof of this theory is deduced from the method of cultivating an inactive serum, such as the fœtal, which only contains the complement, or by the separation of the "ambozeptör" and complement, in combining with the blood corpuscle at 37°, which

hæmolysis checks. There are many "ambozeptör" sera which cannot be separated without difficulty at zero or 37° C. The union thus takes place when the "ambozeptör" and complement are brought together, but their separation becomes impracticable, in which it differs from the agglutinin which is readily absorbed at zero, while the "ambozeptör" lies dormant at that temperature.

The Operating Theatres.

MIDDLESEX HOSPITAL.

Strangulated Inguinal Hernia.—Mr. John Murray operated on a man, æt. 21, who had been admitted suffering from a strangulated inguinal hernia on the right side. The patient was a healthy, well-developed man, who stated that he had been ruptured for one year. He had had a severe attack of pain in the abdomen three months previous to admission, which had subsided without any treatment. The hernia only occasionally came down, and he had never worn a truss. The day before operation, the man was suddenly seized with pain in the abdomen and vomited immediately after taking food; the hernia had come down and he was unable to reduce it. On admission, the patient complained of very severe pain in the region of the umbilicus, and also in the right iliac region. There was a swelling in the right side of his scrotum, extending up into the inguinal region. He was still vomiting. His bowels had been opened the day the hernia came down, but not since. On examining the swelling, it was found to consist of two distinct parts; the right side of the scrotum was very much enlarged, the swelling being soft and fluctuating though not translucent; in the inguinal region was another ill-defined swelling, which appeared to be deep to the aponeurosis of the external oblique, and did not project through the external ring. This swelling was tense to the feel and extremely tender. Operation was performed an hour after admission. An incision three inches long was made over the inguinal canal ending just below the external ring; the sac was exposed and opened, when a quantity of blood-stained fluid escaped. On investigation the fluid was found to escape from the tunica vaginalis, and passing the finger in an upward direction towards the neck of the sac and through the external ring, a coil of intestine was felt lying in the inguinal canal. The aponeurosis of the external oblique was divided, and the intestine exposed; it was lying in a pouch projecting from the funicular process; the coil of intestine was about four inches in length and dark in colour. The constriction, which was situated at the internal ring, was divided, and the intestine returned into the abdomen. The sac was separated from the cord, ligatured at the internal ring, and the portion of the sac occupying the inguinal canal was removed. The cut aponeurosis of the external oblique was united by continuous suture, and the wound closed completely without drainage. Mr. Murray said that the points of interest in this case were first of all the diagnosis of the exact condition present, and, secondly, the nature of the sac. With regard to the first, the presence of two distinct swellings of a dissimilar nature, the lower scrotal swelling being soft, painless, and fluctuating, and the upper one tense, painful, and extremely tender, led to the conclusion that the lower was simply a collection of fluid, whilst the upper was undoubtedly a strangulated piece of intestine; on the whole, the most likely explanation seemed to be that there existed the condition known as *reduction en masse*, that the forcible attempt on the part of the patient to reduce the hernia had brought about this condition, or else that the reduction had occurred into an hour-glass sac, the intestine being reduced into the upper whilst the lower part became distended with fluid. At the operation it was obvious that owing to the narrowness of the sac at the external ring the intestine had never passed beyond this point, but had entered a diverticulum from the funicular process; it therefore was one of the varieties of interstitial hernia. With regard to the nature of the sac it was of the kind known as a congenital sac. He pointed out that this term was used to express that particular variety where the sac was formed by the tunica vaginalis. The majority of herniæ, he remarked, were congenital in origin, inasmuch as a hernial sac existed from birth, though it is only in a small percentage of cases that the sac is of a congenital variety. The fact of the hernia not appearing in this patient until he was æt. 20 was nothing unusual, but Mr. Murray thought it would be interesting to know whether the man had suffered from hernia when a child.

The wound healed by first intention, and three weeks after operation the patient was convalescent, and, owing to radical cure having been performed at the time of operation, a truss is unnecessary.

Strangulated Femoral Hernia.—The same surgeon operated on a woman, æt. 74, for a strangulated femoral hernia on the right side. She had suffered from hernia for five years, during which time she had had a good deal of pain at intervals. The last two days she had suffered a considerable amount of pain and also from constant vomiting, and the bowels had not acted for three days. On admission, the patient was a feeble old woman, obviously in great pain, vomiting frequently, the vomit being distinctly fæculent in character, and there was absolute constipation. There was a swelling in the right groin which was tender, painful and irreducible. The stomach was washed out immediately before operation. A transverse incision was made over the swelling, and the sac opened; some clear blood-stained fluid escaped; the sac was found to contain a knuckle of small intestine which was dark red in colour and not very tightly constricted. The constriction was divided and the intestine returned into the abdomen. The sac was rapidly separated from the surrounding parts, ligatured at the neck, and removed. The skin wound was closed by continuous suture. The whole operation only lasted about fifteen minutes. Mr. Murray remarked that there were several interesting points in this case. He would first of all like to emphasise the importance of washing out the stomach in all cases where the vomit was of a fæcal character. If this is not done there was a great danger of the patient vomiting when under the anæsthetic, the vomited matter getting into the trachea, and death occurring on the table from suffocation; moreover, the absorption of fæcal matter by the stomach has an injurious effect and may even prove fatal. Another point, he said, was the necessity of diminishing shock as much as possible, first of all by the careful administration of the anæsthetic, as little anæsthetic as possible being given. He much preferred in these cases to run the risk of the patient moving during the operation than that she should be too deeply under. Again, the operating table should be thoroughly well warmed; for this purpose there is nothing better than a water-bed; where this is not available hot water bottles should be used. The patient should, of course, be well wrapped up, and all undue exposure should be avoided. With the same object the operation should be performed as quickly as possible. In this particular case the age of the patient, her general debility, and

the acuteness of her symptoms rendered her condition before the operation extremely critical. The acuteness and severity of the symptoms appeared, he thought, to be out of proportion to the tightness of the strangulation, the second day after strangulation being early for the vomit to have become distinctly fæculent. He could only account for this by supposing that the intestine involved was high up. No attempt, he said, was made to close the crural canal first of all, because such operations, especially in elderly people, the subjects of long-standing hernia, are not very satisfactory; secondly, because it was more important to complete the operation as quickly as possible.

Beyond very slight bronchial catarrh, the patient made an uninterrupted recovery, and three weeks after the operation she is convalescent.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 13, 1904.

THE STATE REGISTRATION OF NURSES.

IT has been found of advantage to every profession whose members undertake obligations of a fiduciary nature that an official register should be kept under the auspices of its chosen heads. The advantage has not been one-sided; the public has benefited in at least an equal degree by being thus enabled to distinguish between competent and incompetent persons. The essentials of such a register are that a certain standard of knowledge shall have been attained before admission, and that grave misconduct shall disqualify from continuance on its pages. A register of this kind, moreover, gives to the body which keeps it a controlling hand over the members, and by the judicious exercise of this power a level of ethical morality is set and maintained throughout the profession. Now it is only when a profession has attained a certain stage in its evolution—the stage when it has become distinctively marked off from all other callings—that it becomes possible for registration and its ensuing benefits to be conferred. The nursing profession has certainly reached this stage, and nurses are undoubtedly entitled to claim for themselves State recognition and self-government. Since the early sixties the nurse has passed from the homogeneity of the unskilled worker to the heterogeneity of the trained expert, and she is now able to assert of herself that she possesses a distinct amount of technical knowledge that no one who has not passed through a similar course and had similar experience can possibly possess. After having at much trouble and (to her) no little expense attained a distinctive position, it is naturally annoying to her to see half-trained, or wholly untrained, persons masquerading as nurses and demanding the same remuneration for their services as she expects herself. For the medical man, too, it is most embarrassing. He is brought into contact with a nurse, and gives her certain directions, expecting that they will be carried out in the usual way; he discovers that the "nurse" has no more idea how to act than the man in the moon. For the public it is highly unsatisfactory, not to say positively unsafe. A nurse is obtained from an institution; her employers imagine that she will understand and conscientiously carry out the medical orders, and they place themselves in her hands unreservedly. Perhaps they discover too late that she cannot give a hypodermic injection, pass a female catheter, or carry out an ordinary dressing without making a mess of it. This difficulty of distinguishing a trained nurse from an untrained one is no unsubstantial bogey; it is encountered every day in general practice. Nursing homes find the untrained nurse cheaper than the real article, and hundreds of incompetent persons are walking about to-day in nursing uniform to the detriment of everybody except the proprietress of the institution they hail from. Now, this being so, it is amazing that a number of hospital authorities and men of high position in the medical profession can have signed a manifesto deprecating the registration of nurses on the flimsy grounds they put forward. Their great objection lies in the fact that character and disposition are of high importance in a nurse, and that a register cannot take cognisance of these; therefore, unsuitable persons would be admitted to the register and the suitable ones lowered by association with the unsuitable. No one values personal character and womanly qualities in a nurse more than we do ourselves, but surely it lies with those who have the supervision of the nurses for their three years' training to weed out those who are unsuitable for the work, and to make it impossible for them to obtain the certificate which would be a passport to the register. A probationer is bound in apprenticeship to the hospital she serves for three years, and if improper and unsuitable persons are allowed to finish their course and obtain their certificates, it argues gross dereliction of duty on the part of the matron of the hospital concerned. One knows, alas! that black sheep will be found in every fold, but we cannot see that the present (or any conceivable) system can or could wholly eliminate all the bad ones. To use this as an

argument against registration is about as logical as Mark Twain's attempt to prove that it was a million times more dangerous to go to bed than to travel in a train, because a million times more people died in the former than in the latter. The signatories of the manifesto object also to the one portal system of admission to the register—a point that our own profession has over and over again striven to get established. The third and chief reason stated in the manifesto for their opposition is that great difficulty, personal odium, and perhaps expense in defending an action for libel would fall to the lot of the person who tried to get a nurse's name removed from the register for misconduct. The answer to this is supplied by the recent history of our profession. The penal cases that have been brought before the General Medical Council have all been satisfactorily adjudicated upon, and no libel action has followed in any case. If proper inquiries are made beforehand, and trustworthy evidence obtained, the position of the prosecutor can be thoroughly established, and only express malice could lay him open to retaliation. The nurse's character is, like the character of any professional person, her highest possession, and she may be trusted to keep it at the highest level—if suitable people are turned out by the nursing schools. The pressure must come from below, but before refusing nurses the privilege of registration far more cogent arguments must be adduced than are to be found advanced by the signatories of this ill-timed manifesto.

SHELL-FISH AND SEWAGE POLLUTION.

Several recent outbreaks of typhoid fever, due to the ingestion of contaminated molluscs, have forcibly drawn public attention to the dangers which await the careless use of such food. Probably moved by some such events which had come under their own notice, the Local Government Board of Ireland have undertaken an investigation of the first importance into the condition and situation of the various beds and layings of shell-fish on the Irish coast. One of the Board's inspectors, Dr. T. J. Browne, has made a topographical examination of the harbours, estuaries and inlets, where oysters are laid or grown, and where mussels, cockles, or periwinkles are picked for food. He has in particular observed whether the various beds are subject to contamination, and has expressed his opinion as to whether such contamination is likely to be of practical importance. While Dr. Browne was making his local inspection he despatched specimens of shell-fish, water, and mud from every laying to Dr. McWeeney, the Board's bacteriologist, for bacterioscopic examination. The latter, who was kept in ignorance of his colleague's opinions as to the likelihood of contamination, reports his results as to the presence of *B. coli* in the samples submitted. Though there is, as might be expected, a certain amount of inconsistence between the conclusions of Drs. Browne and McWeeney, yet in the main there is a very general agreement. In every case, where on local examination Dr. Browne found evidence of sewage pollution, his results have been supported by Dr. McWeeney. Likewise, where he thought sewage pollution impossible, the bacterioscopic experiments are negative. In the cases where there is a difference of opinion, the beds in question lay in estuaries where contamination appeared possible, but was thought improbable; cultures, however, gave evidence of the presence of intestinal bacteria. The Report is quite right in expressing a judgment that the mere fact of finding a few *B. coli* in certain situations is not sufficient to justify an opinion that the waters are polluted to a degree serious to public health. Until much more is known of the life-history of *B. coli*, its persistence in sea-water, and its distribution in Nature, its presence is, at best, only suggestive of the presence of fæcal matter. It is, of course, clear that the report now before us does not claim to be more than a sketch of the existing conditions on the Irish coast. Both investigators emphasise the fact that much more minute local and scientific examinations must be made before anything like an accurate knowledge of the shell-fish beds is possible. Enough, however, has been done to point out some necessary reforms. In the main, the fisheries are in an excellent sanitary condition, free from all taint of pollution. Two notable exceptions occur—the beds in Dublin Bay and those in Carlingford Lough. All the beds in these localities are obviously subject to gross pollution. The oyster-beds and cockle strands at Clontarf and Blackrock are practically washed by sewage. Already cases of enteric fever have been traced to the eating of shell-fish from Clontarf and Carlingford. As the law stands at present there are no adequate means of protecting the public against the sale of polluted shell-fish. Not only for the safety of the consumer, but in the interests of those concerned in the shell-fish industry—a considerable one in Ireland—no time should be lost in obtaining special legislation on the subject. The dislocation of the industry by the shifting of the beds from insanitary to sanitary surroundings will be slight. The coast is well supplied with sheltered inlets of the purest sea-water, exactly suitable for the cultivation of oysters. The additional confidence among consumers of Irish oysters when affairs have been set in order will more than repay the growers for any temporary inconvenience and loss.

THE GREAT WYRLEY CATTLE-MAIMING CASE.

The golden rule of police administration in the United Kingdom appears to be the necessity of securing convictions. There seems little doubt that the application of this principle leads to a vast amount of injustice and tyranny. In the police-courts a constable rarely fails to secure the conviction of any prisoner whom he has charged, and his efficiency is gauged by his superiors on the proportion of success achieved in that direc-

tion. Judged by the mere criterion of probabilities, there must be a considerable percentage of cases in which a police charge should fall to the ground on the score of defective or contradictory evidence—the lack of corroboration, presence or absence of motives on either side, and a number of other points too numerous to mention. The desire to secure conviction appears to have pervaded the magistracy, for we find the Bench, both paid and unpaid, as a rule, ready to accept the uncorroborated testimony of a police constable. We question whether such a proceeding is constitutional; certainly it is not in accordance with the Anglo-Saxon spirit of justice that is an essential characteristic of the race. The unsupported word of a police officer, again, is often taken against that of an accused person. Without going further into the subject, we venture to assert that reform is needed in many branches of the criminal law. At the same time it must be conceded that of late years various useful reforms have been introduced, and that the police system of the Kingdom is, on the whole, admirable. The absolute necessity of reform of some kind is, in our opinion, proved by the facts of what is known as the Great Wyrley cattle-maiming case. A number of horses and cattle were barbarously mutilated from time to time in the neighbourhood of Great Wyrley. A young solicitor, named Edalji, of that village, was ultimately accused of the crime, and on the strength of certain circumstantial evidence was convicted of the offence and sent to penal servitude. The absence of a court of criminal appeal has made it impossible to test the reasonableness, or otherwise, of that verdict in a higher tribunal. Several petitions for release were presented to the Home Secretary on the ground of the doubtful nature of the evidence given at the trial, and, later, on account of the fact that further outrages of a similar nature were going on while Edalji was safe in prison. We pointed out at the time that the maiming was probably the work of an imbecile, and that it was extremely unlikely that two or more persons were acting together in this cruel and foolish manner. We accordingly drew up a petition to Mr. Akers Douglas, praying for an inquiry into the state of mind of the prisoner Edalji, pointing out that if an educated young solicitor committed so wanton and purposeless an outrage he must be presumably insane, and fitted for a lunatic asylum rather than for a convict prison. That petition was signed by some of the leading alienists of the United Kingdom. Whether it has been acted upon we have no means of learning, but Edalji is still in prison. Now comes an extraordinary comment on his sentence in the shape of conviction of another person for maiming cattle at Great Wyrley. At the Staffordshire Quarter Sessions last week a jury found a miner guilty of having maliciously killed two sheep and a lamb. The accused was convicted on purely circumstantial evidence. If he really committed the offence of which he was charged, we question if this second man was sane, just as we questioned Edalji's sanity. That two imbeciles, both purposeless cattle-maimers, dwelt in a small village we can hardly believe. The police, by finding a second guilty man, have immensely strengthened the case in Edalji's favour. At the same time they have shown how, in case Edalji's innocence is established, how little circumstantial evidence is worth in the case of the second prisoner. The problem presented to the Home Secretary has been seriously complicated by the second conviction. For the credit of British justice it is to be hoped that the case will be reopened or revised from the point of view of mental irresponsibility. Meanwhile, the case suggests forcibly the need of a court of criminal appeal and the want of an independent scientific board of medical experts to investigate the condition of mind of men accused of such dastardly and meaningless offences.

Notes on Current Topics.

Fatigue.

SOME of the phenomena of everyday life from their very familiarity are apt to attract but little attention, and just as everyone knows what it is to be tired, so it is that few think of inquiring into the physiology of this complicated state. Professor Mosso has just published a study of the whole subject of fatigue, and, interesting as the conclusions founded on his series of experiments are, he admits that they must only be regarded as tentative in view of the complexity of the problem. His method consisted in making observations on small muscles by means of the "ergograph," an instrument which transmits to smoked paper the movements conveyed to it by the middle finger when moved in response to stimuli, either voluntary or electric. By noting the tracings thus produced when the body and brain were in various conditions of fatigue, Professor Mosso was able to deduce certain general principles. Perhaps the most interesting of these is that muscular strength is very closely allied to the condition of activity of the brain, so that when the brain is exhausted by mental effort, the muscular power of the body (which may have remained quiescent during the excitation of the brain) is at a very low ebb. In this connection both exhaustion of the brain from sustained effort and from great excitement seems to act equally deleteriously on the muscular strength. The excitable disposition of the South European leads him to make more sudden and exacting calls on his nervo-muscular resources than is the case with the phlegmatic Northerner, and fatigue sets in earlier in consequence. On the other hand, the muscles when fresh react more quickly to brain-messages than do those of the Teuton; hence the greater skill of the Italians in exercises such as fencing. The complicating factors of this very abstruse subject are personal idiosyncrasy and habituation to stimulants and narcotics. One cardinal lesson that may be learned is that although the average of life may be prolonged by care and attention to the general health of the body, the brain is only capable of being subjected to extra strain within

very severe limits, so that it is always advisable to reckon first and foremost the effect of any effort on the brain before considering what may be its result on the musculature.

An Ancient Corset.

Every hygienist, and most sensible people, have anathematised the corset with every expletive in the dictionary, and there is no doubt that of all the follies of woman's dress the tight corset is not only the most ridiculous but also the most harmful. It would, indeed, seem difficult to find anything new to say about it, except that the various crusades seem to have had a certain influence on society, and that a good many women are now more or less alive to the fact that the lines of the natural figure have an ease and elegance that can never be shown by bunched-out shoulders, tapering waists, and beetling hips. It has often been assumed that the corset is a modern invention, and the ancient statuary is referred to to show what was the shape of lovely woman before she took to encasing herself in steel and whalebone. That the corset is nearly as old as history seems, however, to be the fact. The researches that are now being made into the ruins of the forest cities of South America throw a new light on the antiquity of waist-compressing garments. A bas-relief that was lately unearthed shows a female figure, which is depicted as being compressed between the lower ribs and the hips by an elaborate appliance. It appears to have been arranged, as is its latter-day anti-type, in transverse and circular foldings, so that the greatest amount of uniform pressure can be brought to bear on the unfortunate abdomen of the wearer, and from the appearance of the bas-relief the grip it exerted would seem in no wise less tenacious than that of the modern production of the French *corsetière*. Thus the corset's last claims to respect—those of originality and up-to-datism—go by the board, and if it bring any shame to those who gird themselves with these vicious garments to know that the South American degenerates of many centuries ago deformed themselves in a similarly grotesque fashion, one would be glad for them to know the fact.

Pocket-Therapy.

We are now threatened with a new method of treatment—or, rather, an old method revived, for in quackery, as in everything else, there is no new thing under the sun. By pocket-therapy one does not refer to tabloids and handy hypodermic medications, but to the far more valuable method of carrying a charm about in the pocket—and being cured without further trouble. Old ladies have been know to carry about potatoes in their reticules to ward off rheumatism, and amulets are as old as the hills. Anti-rheumatic rings sell by the hundred. One is not altogether astonished, therefore, to learn that an ore, described (probably not without justification) as "peculiar," has been discovered in the mines near Montana, which has only to be carried in the pocket to chase away rheumatism, stomach ailments, nervous and kindred troubles. This news is considered so portentous that cables have been sent to this country—and duly published in the popular Press—announcing the discovery. One hears with regret that some of this peculiar substance has been sent to Paris for analysis; a revelation of its composition might, like a candle in a spiritualistic séance, break the charm. In the meantime, the ore is called radiumite, and if it turns out to be related to that really valuable metal radium one would advise people not to carry it about in their pockets unless they wish to experience very unpleasant consequences. An ore from Montana is rather a new line for an enterprising charlatan to exploit, and if properly advertised may find a ready sale among that large class of people who are always hungering to be imposed upon.

Occupation and Residence.

One of the greatest arguments in favour of residence in the outskirts or suburbs of a large city is that the journey therefrom to the place of occupation and the return at night afford a welcome break in what would otherwise be an almost unbearable monotony. Change of scene is as necessary to physical and mental well-being as proper food and sufficient sleep. To some natures the "modern malady of sameness" is far more irksome than to others, and it is those individuals who are more sensitive in this respect that are more benefited by a short journey to and from their place of business. Frequent short holidays become, indeed, a necessity to those who reside immediately among their scenes of toil and to whom the small privilege of a daily walk or ride is denied. Theoretically, the further away from business the worker can reside, within reason, the better, which fact has recently been taken advantage of by the directors of a well-known railway company in announcing their special facilities for rapid transit. For the large class of shop assistants whose long day is chiefly spent in standing behind the counter, retailing invariable courtesy together with their goods, the journey home is most welcome, and the change of scene, food, and air which is thereby ensured goes a long way towards the maintenance of health. The idea of "living in," as a system, is one which is naturally repulsive to the freedom-loving Britisher, and should it become the rule it would seriously menace the health of a large number of people, apart from any question of independence. At a conference of the National Union of Shop Assistants and Warehousemen, held at Glasgow on April 4th, a resolution was passed condemning such a system most emphatically, as being detrimental to the physical, mental, and social well-being of the workers. With these sentiments we cordially agree.

A Study of Paralysis Agitans.

The etiology and morbid anatomy of the affection originally described by Parkinson in 1817, and bearing his name to this day, have not yet been satisfactorily worked out, in spite of the developments of modern neurological research.

Minor degenerative changes have been found *post-mortem* in the smaller blood-vessels of the central nervous system, and also, to a less extent, in the nerve elements themselves; but none of these can be said to be in any way characteristic of the disease, for they are also found in other degenerative affections as a result of senile change. Dr. T. Stuart Hart (*a*) has analysed 219 cases of paralysis agitans in patients from the neurological clinic of Professor M. Allen Starr, of New York. The influence of sex is seen by the fact that 139 of these were men and 80 women. It was found that occupation had little or no bearing upon the etiology of the disease, neither was heredity a marked factor. Emotion or mental shock could be frequently traced as an antecedent, while some cases appeared to be the direct outcome of injury. This latter fact has also been pointed out by Charcot and Gowers; thus, a contusion of the thigh has been followed by tremor in the limb of the same side, and a dislocation of the jaw by tremor in it. Prolonged exposure to fatigue was a predisposing cause in several instances, while in others it would appear that toxins were responsible for the onset of the malady. The earliest symptom of all was tremor, and many patients were quite definite in describing its occurrence in particular digits. It was seven times more frequent in the upper than in the lower extremity. Rigidity was well marked in 142 cases. With regard to the tendency to fall, so commonly observed in paralysis agitans, propulsion was most often seen. The state of the deep reflexes varied greatly. Paræsthesia and voice changes were noticed in many of the cases. The systematic use of massage appeared to be the most efficacious mode of treatment, while hydrobromate of hyoscin was the only drug of any value. The use of stimulants, tea, and coffee was forbidden.

The Psychology of School Punishment.

THE exact form which punishment shall take, and the manner of its application in a given case, are subjects of perennial interest to all those who have charge of the young. Whether the inflictor be a parent or a teacher, or the victim a first offender or a hardened scamp, the moral effect which it is intended to produce is the first thing aimed at. The sentiment of anticipation is generally stronger than that of realisation, especially in children in whom the deterrent influence of punishment is greatly increased the longer the interval between its infliction and the committal of the fault. "That penalty's the best to bear which follows soonest on the sin," and it is one of the greatest mistakes to punish a child immediately after it has done wrong. A reasonable amount of time should elapse during which the impression of the gravity of the offence will be deepening and the after-correction will become a more powerfully restraining factor. To be thoroughly effective, punishment must be methodical and sensible, as Dr. Hugh Jones wisely remarked at a recent meeting of the Childhood Society. The enforced going without some little luxury or the curtailment of some pleasure will have far greater value than the senseless imposition of some mechanical or mental task which can do no possible good. With regard to the vexed question of corporal punishment, it is, of course, necessary that some restriction should be placed upon its use by irresponsible individuals, and also that one or more witnesses should be present at the time of its infliction. Painful sensory stimuli are sometimes very potent for good, and in certain types of character such chastisement is the only thing that is of any use; but the possibility of setting up a reflex excitability of the lower centres of the spinal cord as the result of a flogging should be borne in mind. The cruelty and senselessness of boxing the ears or caning the hands need only be mentioned to be unreservedly condemned.

(*a*) *Journ. of Nerv. and Ment. Dis.*, March, 1904.

The State's Immoral Profit.

MR. JOHN TROUTBECK, the coroner for Wandsworth, has done good service to the community for many years past in calling attention to the evils of patent foods and patent medicines. The harm done by dangerous proprietary physic is more direct and self-evident than the slower process of starvation that is effected by the use of patent foods in infancy. In summing up at a recent inquest, Mr. Troutbeck remarked that in the present state of the law the sale of patent foods for children was allowed, and there was not the slightest doubt that this was the cause of many deaths and of much disease. The same criticism applied to patent medicines, but in their case it was worse, because not only were the proprietors making huge profits out of the medicine, but the State made a large profit upon this immoral sale of patent medicines. The latter phrase sums up the position in a masterly way, and should prove valuable to future writers on the subject. It is to be regretted that a gentleman capable of such clear and sensible views should maintain the immoral boycott he has instituted against the medical profession by the employment of Dr. Freyberger to the practical exclusion of all other medical men from the coroner's court of his district. The imputation against the competency of those general practitioners is so grave that it conceivably warrants the intervention of the General Medical Council, and certainly of the Defence Societies.

The Sense of Vision in Medical Practice.

OF all the special senses, that of vision is the most indispensable to the medical man who, with "fate and physic in his eye," comprehends at one glance the condition of his patient, whereby his verdict may be materially influenced. The importance of educating the visual faculty up to the highest pitch of perfection is early impressed upon the medical student, who has first to learn what there is to see in a given disease, and, secondly to interpret the appearances aright. In this lies the whole art of diagnosis, the knowledge of which can only be gained by constant practice and experience

The sense of touch follows closely upon vision in its importance and degree of specialisation, the *tactus eruditus* appertaining more especially to the surgeon. A blind physician would be as much an anomaly as a deaf musician, and yet, there are occasions when a judicious neglect of visual impressions is called for in dealing with certain morbid conditions. A healthy-looking countenance does not always indicate the absence of disease, and many an early sign of visceral or nervous disorder has been overlooked on no other grounds than that the aspect of the patient has belied his statements with regard to the performance of his bodily functions. In many cases it is a wise policy to "have eyes and yet see not," and particularly in medicine, for nothing is easier than to be led astray by repeated assertions calling attention to some minor or imaginary manifestations of disease which can have no possible bearing upon the case in point. There are other circumstances in which the practitioner deliberately, though perhaps unconsciously, excludes all ocular impressions, as in auscultation of the chest. It is well known that a doubtful cardiac murmur can be much better heard and its significance appreciated when the eyes are closed, the voluntary attention being thereby concentrated upon sense-impressions received through one channel only. The tactile sense may be similarly increased, as if by way of compensation, in those whose eyesight is defective or lost. This fact has been taken advantage of by individuals engaged in massage.

Temperance Reform in Ireland.

Everyone who knows anything of social life among the peasant class of Ireland knows that much of the drunkenness, which in some parts of the country is still such a blot on their morality, is due, not to any love of intoxicating liquor, but to a feeling of hospitality and good fellowship. Irishmen are not only sober, but actually abstinent for six days of the week, but on market and fair days it is the custom when neighbours meet to show their good feeling by drinking together in public bars. This social custom has the force of long tradition behind it, and the Irish peasant is proverbially conservative of social tradition. The effects of this weekly or fortnightly debauch are not only disastrous morally and economically, but physically are very deleterious. Whisky is the drink usually demanded, and the whisky supplied is of the vilest, rankest description. For the past few years a movement, called the "Anti-Treating League," initiated by Rev. Father Rossiter, of Enniscorthy, has endeavoured to check the custom we refer to by pledging its members against treating in public bars. In his recent book, Sir Horace Plunkett has borne witness to the good work the League is performing, and has, as a mark of his approval, sent a generous subscription to its funds. We need hardly say the movement has our heartiest approval, and we are sure our readers in the country parts of Ireland can support from their own experience Sir Horace Plunkett's good opinion.

Fiscalitis and the Medical World.

The question of the general prosperity of the United Kingdom is one with which the medical profession is closely concerned. National prosperity means a higher standard of health, with increased power of paying for professional services, to say nothing of a greater inclination to employ those services. Financial depression, on the other hand, lowers the popular vitality and lessens the inclination to call in medical men, besides curtailing the means available for their remuneration. From this point of view the medical profession may find it desirable to pay some amount of consideration to the "pros and cons" of the great fiscalitis controversy. Speaking generally, medical men are by their training specially fitted to master the root principles of natural laws upon which the science of political economy is based. It need hardly be pointed out to medical readers that a firm grasp of principles is the best way of avoiding and of detecting fallacies. In many cases what is described as "a trenchant exposition of facts" simply serves as the cloak to a profound ignorance of elementary laws. As a general, common-sense rule of life, it is better for medical practitioners to avoid partisanship in politics and religion, but it does not follow that they should not form their own private and carefully considered conclusions upon both those important subjects.

Refinements in Diagnosis.

By his capability to form an accurate diagnosis to a great extent a medical man is judged, especially by his colleagues. In proportion to his powers in this direction will be his success in treatment, up to a certain point. When he is brought face to face with disease in its obscurer forms, an element of conjecture enters into the case and the balance of probabilities has then to be deduced after carefully weighing every clinical sign. Allowing a margin for error, there still remain a number of morbid conditions in which a certain amount of exactitude is not only possible but absolutely necessary as a working basis for future treatment. The localisation of disease in the several parts of the nervous system is apt to be considered by many as falling within the province of the neurologist rather than of the physician, but the practitioner speedily discovers that a sound knowledge of morbid pathology is of the greatest assistance to him in his everyday practice. It is only given to a gifted few to make what are called "lightning diagnoses," which, when correct, are startling in their brilliancy, but should they fall wide of the mark, as the autopsy may unrelentingly reveal, they recoil with contumely and ridicule upon the head of their author. Too great minuteness in diagnosis, on the other hand, amounting in some cases to a paradox, is to be deprecated. This habit is popular with a certain section of the public, but, since there is no absolute certainty in medicine, extreme precision and hair-splitting refinements in diagnosis are apt to savour somewhat of the charlatan. The definition of drunkenness, for instance, especially in extenuating circumstances, may be so worded

by carefully steering between the strict physiological truth and popular belief, that an accused individual may be completely shorn of his guilt, as recent evidence before a metropolitan police-court has disclosed. It is quite possible to be pathologically accurate without entering into details which may be liable to misconception.

Diet in Typhoid Fever.

IN hardly any department of therapeutics has there been a greater change in the last ten years than in regard to the diet permitted in typhoid fever. It is only a short time since it was universally believed that starvation rations were the proper allowance, and many a poor patient suffered unnecessary hunger in consequence. That the belief has not wholly died out was brought to light, curiously enough, by one of the medical witnesses before the recent War Commission. This gentleman, an officer holding high rank, while admitting that during the early part of the war typhoid patients had to go without food, stoutly maintained that starvation was the proper treatment. Apart, however, from the opinions of those who have drifted into the backwaters of medical progress, there has been a gradual and steady change of opinion on this point, and nowadays there is no truth held more strongly by clinical teachers than that typhoid fever must be fed. At first this was only held to apply to liquid foods, and the old *menu* of milk and beef-tea was enlarged to contain soups, coffee, cocoa, egg-flip, lemonade, jellies. Later, however, the sceptical mind asked why solid food was debarred, and suggested that a solid food, if soluble, will certainly be liquid before it reached the ileum. A new and large field of permissible foods was thus open to choice. In fact, if one remembers the old maxim of avoiding "strings and stones and skins and bones," one need hardly fear injuring the typhoid ulcers, while the satisfaction to the patient of having "something to bite" is not likely to be overrated.

The New Military Hospitals.

THE defence of the Army Medical Service during the recent war in South Africa in certain quarters attained a fervour beside which the most violent political partisanship might have seemed cold and colourless. For all that, the hand of reform has been at work in the medical as well as in other branches of the Army. Many of the proposals, it is true, have fallen to the ground, still-born, and the ounce of fact has been too often swamped by the ton of theory. The new Army Advisory Council, in spite of warning and remonstrance, contains no medical officer. To an army on active service the medical organisation is well-nigh as important as that of the commissariat. The lessening of the preventable mortality, it must be remembered, of troops on actual service must be secured not only by the care of the sick and wounded, but by the prevention of enteric fever and other communicable diseases by the provision of pure air, water, and environment. So far as hospitals are concerned the present cast-iron system is to be abandoned, and three first grade hospitals on certain lines are to be established at Aldershot, Devonport, and Salisbury Plain; second grade hospitals will be placed at Warley, Pembroke Dock, Preston, and other places, while numerous third grade hospitals will be created where less than six hundred troops are located. The new Army Council must be credited with this attempted reform of Army hospitals.

State Registration of Nurses.

OUR readers will doubtless remember that strenuous endeavours are being made by a section of the nursing profession to obtain, by Act of Parliament, a State Register of Nurses. Until recently we had heard little but what was in favour of the proposal, and we had understood that nurses, at any rate, were unanimous in the general demand, whatever difference might exist as to details. We find, however, that a manifesto against the proposal has been issued, with the signatures of a large number of matrons, chairmen of hospitals, and distinguished medical men. The principal object of the scheme seems to be the benefit which would result to the public from the possibility of distinguishing by means of a certificate of registration the competent nurse from the ignorant usurper of the title. On the one hand, the signatories to the manifesto point out that State registration would depend on State examination, and that examination is a quite insufficient test of the competency of a nurse. It can at best only estimate her technical skill, but must leave out of all account her personal qualities of tact, temper, discretion, patience, and so on, which are of far greater importance. There is, on the other hand, much to be said in favour of registration, as there is no doubt that at present the public and the medical profession are victimised by untrained women passing themselves off as "trained nurses." A meeting is to be held in Dublin on Friday next in the College of Physicians, Kildare Street, in favour of the movement, further particulars of which will be found in another column. We may add that the success of the General Medical Council in the government of the medical profession has not been so marked as to recommend a similar system to the nursing profession. Still less do the recent antics of the Central Midwives Board encourage towards the formation of other such bodies.

The New Patent Medicine Regulations.

THE new regulations under the Medicine Stamp Act came into operation at the beginning of the present month. Mixtures or pills are exempt from duty if the ingredients be stated on the label, or if made up from any well-known formula in the British Pharmacopœia. All such remedies purporting to cure particular diseases will have to bear a 1½d. stamp. In this way it has been pointed out that whereas a box of "antibilious" pills would need a stamp, although the pills themselves might be worth a fraction of a penny, it seems an undignified proceeding for a Government enjoying

vast revenues to descend to such paltry means of raising money. The damage done to the public, both in pocket and in health, by the sale of patent medicines is simply incalculable. No drug is too dangerous to enter into the composition of a secret nostrum. For the most part the claims of such preparations to cure this or that disease are fraudulently and extravagantly grotesque. In return for sanctioning all this fraud and suffering, the Government lays upon the community the stamp tax, for clearly the ultimate payment falls on the consumer. The amount raised by this "immoral" tax is comparatively trifling and is unworthy of any civilised and intelligent Government.

Exeat Malaria.

The discovery of the cause and of the agency of distribution of malaria forms one of the most striking romances of modern medical science. To our forefathers the mere notion of a mosquito possessing a salivary gland would have seemed a flight of wild grotesque imagination. To have pictured in that gland a living parasite capable of causing malaria in man would have served as a climax to the drollery. To-day, however, as everyone knows, the war against malaria has resolved itself largely into a war against mosquitoes. At the Paris Académie des Sciences Prince d'Arenberg recently described the methods of extermination employed by the Suez Canal Company. By the use of petroleum in places where refuse and stagnant water is found, by unceasing watchfulness, and by the use of quinine on a large scale the number of malaria cases has been reduced from two thousand a year, at which it stood during the five years before 1902, to two hundred in 1903. On the West Coast of Africa, where the habits of the native black are primitive, it is almost impossible to make headway against the malady. In the case of Madagascar, in spite of preventive measures, the mortality from malaria among the French soldiers reaches the high figure of 30 per 1,000. On the whole, the results of the anti-malaria campaign are most encouraging, and it may reasonably be hoped that they presage the day when the tropical will be not less healthy than the temperate zones of the earth.

Abortion and Death Certificates.

The need of caution on the part of medical men who are asked to grant death certificates after a short attendance is one of the self-evident and conspicuous facts of professional life. At the same time it is clear from the evidence of criminal and of coroners' courts that the death certificate is often signed by the practitioner upon loose and defective knowledge. An instance of the kind is furnished in the case of Bertha Bandach, who has just been sentenced to seven years' penal servitude for manslaughter as the result of procuring an abortion. The medical man who attended the deceased woman when dying was thrown off his guard by various statements made to him, and signed a death certificate on the strength of which burial would have followed. Bandach, however, had been tried and acquitted of a similar charge in 1903, and in 1895 convicted and sentenced to five years' penal servitude. Deceased had been the object of a previous inquiry of the kind, and her medical attendant on that occasion, hearing of her death, communicated with the coroner. Obviously, in all cases connected with premature deliveries it behoves medical men to be perpetually on their guard as to the possibility of criminal practices. It argues little for the value of police supervision that a woman of so notorious a character as that of Bandach should have been allowed to advertise on a brass plate her business as a midwife and to cause the death of another victim under circumstances that were brought to light only by the accidental intelligence and public spirit of a private medical man.

The Plague at Johannesburg.

The future prospects of plague-stricken Johannesburg, from a sanitary point of view, are simply appalling. The invasion of the Oriental pestilence can be treated with calm confidence by that country alone which possesses the highest modern standard of public sanitation. Speaking of South Africa generally, its sanitation is probably about one of the most primitive and defective of any country under the British flag. When plague creeps into such quarters it comes to stay. Under such circumstances the importation of a number of Chinese coolies, who will be segregated practically as prisoners in large camps, will be fraught with untold danger. It is hardly possible to imagine the result of an outbreak of plague in a densely populated coolie compound. The most recent official reports give about 150 suspected cases of plague, with some seventy deaths, one in ten being that of a white. Deaths are now being reported from neighbouring towns, and altogether the outlook is of a most unpromising character. To oust the plague from a country requires a strong and well-equipped sanitary organisation, armed with unlimited powers and resources. It is not enough simply to kill off a number of rats, but the strictest isolation is necessary, together with a drastic setting in order of the sanitary house, especially as regards drainage and water supply.

Where Shall I Send my Patient?

"Heaven helps those who help themselves" is a motto that the medical profession would do well to lay to heart. In every case where they have lived up to its tenour their efforts have been rewarded with conspicuous success. It has been the golden rule with medical defence, the future whereof what man can tell? It was so with the British Medical Association, which began as a small provincial gathering and is now attaining Gargantuan proportions. It was so with the Medical Sickness and Accident Society, which owed its origin long ago to the forethought and prudence of a few medical practitioners in

Birmingham. So, too, with Epsom College and various other benevolent undertakings. Recently a number of medical men embarked on a modest venture of another kind. It occurred to them that a good organisation might be arranged for the mutual convenience of medical men wishing either to find a home for, or to receive, resident patients. The Society was started a few years ago in Bournemouth. It already commands a goodly list of members, and contemplates removal of its headquarters to London. A most useful little book is published by the Society, giving particulars of health resorts and institutions for patients, public and private, in the United Kingdom, together with a list of medical men willing to receive patients into their houses. The title of the book is "Where Shall I Send my Patient?" It is published by E. J. Frampton, of Bournemouth. The subscription of the Association is ridiculously small, five shillings per annum, as matters are so arranged that the Society is almost self-supporting. Every medical man who is open to take a resident patient should write to the honorary secretary, Dr. Crallan, Bournemouth.

PERSONAL.

BY the will of the late Miss Elizabeth Wade, of Sheffield, a legacy of £2,000 was bequeathed to the infirmary of that town.

LADY RAYLEIGH will open the new building of the Brentwood Convalescent Home for Children tomorrow, Thursday, the 14th inst.

SIR SAMUEL WILKS, we are glad to learn, is making steady progress towards convalescence, and full recovery from the operation may soon be expected.

THE thirty-third Congress of German Surgeons was inaugurated yesterday in Berlin under the Presidency of Dr. Braun, a well-known Göttingen surgeon.

THE correspondent of a London newspaper states that the discoverer of radium is the grandson of a homœopathic practitioner who settled in London in 1835.

LORD KELVIN was unanimously chosen Chancellor of the University of Glasgow at the recent meeting of the General Council of that University, held on the 6th inst.

DR. WILLIAM MAIR has been appointed to the new Riddel Demonstratorship in Pathology and Bacteriology, founded by the Misses Riddel, in the Queen's College, Belfast.

PROFESSOR SEELEY, of King's College, London, on April 23rd, at Purfleet, will conduct the first of ten geological excursions, embracing the main channel of the Thames and some of its tributaries.

H.R.H. THE LATE DUKE OF CAMBRIDGE was a patron of the Royal London Ophthalmic Hospital (formerly Moorfields), and the festival dinner of that institution has been postponed to Tuesday, May 17th, on account of his death.

DR. A. HODGKINSON, of Manchester, has been presented with a testimonial upon the occasion of his retirement from the post of Senior Physician of the Manchester Hospital for Consumptives, of which he was co-founder in 1875.

MR. F. W. LOWNDES, of 40 Knight Street, Liverpool, will send an official statement of the increased fees and allowances recently sanctioned by the Home Secretary to any medical practitioner on receipt of a letter enclosing two penny stamps.

LORD LISTER entered his seventy-eighth year on the 5th of the present month. As the founder of aseptic surgery he has probably been the means of saving more lives already than any man who has ever existed on the face of the earth.

THE BISHOP OF WORCESTER has resigned his position as President of the local Society for the Prevention of Cruelty to Animals. The Worcester Medical Society has sent him a formal congratulation on his distinction between scientific experimentation and cruelty.

MAJOR M. P. C. HOLT, D.S.O., R.A.M.C., has been awarded the Sir William Taylor prize of 25 gs. for the present year, in recognition of distinguished attainments in surgery shown by the return of operations performed in Ireland. This prize is awarded annually by Sir William Taylor to the executive officer of the Royal Army Medical Corps on the active list, or on full pay below the substantive rank of colonel, who shall be deemed most deserving on account of professional or scientific work.

Special Correspondence.

SCOTLAND.

[FROM OUR OWN CORRESPONDENTS.]

AYR DISTRICT ASYLUM.—The annual report—this time covering a period of twenty-one months to December 31st, 1903—has just been issued, and, under an unpretentious exterior, contains so many valuable facts, and gives evidence of so much care in the compilation of its elaborate statistical tables, that Dr. Easterbrook, the newly-appointed superintendent, who is responsible for its production, may well be congratulated on its appearance. The asylum accommodates about 500 pauper lunatics, and the recovery-rate, based on the direct admissions, was 45 per cent.; the death-rate 11·8 per cent. Ayrshire is happy in being near "the foot of the class"—twenty-eighth among the thirty-three counties of Scotland, arranged in order of the prevalence of mental unsoundness, with about 2·6 pauper lunatics per 1,000 of the population. The causal and associated factors of the insanity in the patients admitted are discussed and carefully classified by Dr. Easterbrook, who, speaking of alcoholism, says that it was present as an hereditary factor in 7, and as a personal factor in 27 per cent., and excluding cases in which alcoholism was a contributory factor only, there were fifty-five cases of alcoholic insanity among the 212 admissions—a percentage (25·9) not exceeded in any other county asylum in Scotland. Dr. Easterbrook thinks that the habitual inebriate who becomes insane through his folly is *ipso facto* guilty of an offence against the public weal, and certainly if he repeat the offence and be committed a second time to an asylum should, on his recovery, be dealt with under the Inebriates Acts. Whether we regard inebriety (and vagrancy, vice, and crime) as a deliberate act of a responsible person who eschews right and pursues wrong, or whether we regard it as a manifestation of degeneracy in a person of impaired moral responsibility, the mere recurrence of the "offence" in such a form as to bring it again under the notice of the authorities emphasises its habitual nature, and the failure of the previous mode of remedying it. Habitual inebriates should, like fever cases, be isolated for the good of the community, and sent to colonies where they can propagate neither their crime nor their influence. Nearly half of the cases admitted were cases of insanity connected with the physiological crises of life, many of which might be prevented by attention to the rules of health.

Whatever be the truth about the increase of physical degeneracy, of insanity, of inebriety, and of pauperism the first remedial essential is good health. Much good may be done by popular health lectures, and by the creation among the people of a "health conscience," and it is the duty of the State to see that its scheme of compulsory education includes the development of physique, medical inspection and teaching hygiene, the latter emphasising the importance of suitable feeding in infancy, of abundant open-air exercise during childhood, and the effects of the abuse of alcohol and tobacco. As to the habitual degenerates at present existing segregation seems the only plan. The report is full of details of administration, and is well worth perusal.

SPRING GRADUATION DAYS AT ABERDEEN AND EDINBURGH.—The spring graduation took place at Aberdeen on April 6th, when a number of degrees in arts, science, divinity and medicine were conferred in the Mitchell Hall. The regulations announced for the preservation of order did not apparently commend themselves to all the students, a considerable number of whom absented themselves by way of protest. A graduation address was delivered by the principal. Among the recipients of honorary degrees was Dr. C. J. Cullingworth, London, on whom an LL.D. was conferred. The Edinburgh Spring Graduation ceremony took place in the M'Ewan Hall on April 9th, when a number of honorary degrees were conferred, amongst them being that of LL.D. given to Professor MacAlister, Cambridge—whose birthday, by the way, happened to fall on April 9th. The Secretary for Scotland also received the same degree. After the ordinary degrees had been conferred, the graduates were addressed by Professor Hume Brown on the relation of the individual to present day social requirements, it being pointed out that while it was futile to denounce the mechanical tendencies of the age, it did not follow that an individual must become a mere pedicle of the great machine of society, but could always realise in his own life, while giving the mechanical mastery of some one energy which society demanded, the harmonious development of his nature as a whole.

BELFAST.

BELFAST OPHTHALMIC HOSPITAL.—The annual meeting of this institution was held on the 8th inst. The medical report, read by Dr. Cecil Shaw, showed that 2,184 patients were seen in the extern department last year, upwards of 7,000 visits being paid by them. The intern patients numbered 171. An appeal was made by the medical staff for funds to complete the furnishing of their new extern department and operating theatre.

SMALL-POX IN BELFAST.—There is great difficulty in explaining the continued presence of this disease in the city, in the small numbers of cases which still occur. For some months now new cases have continued to crop up at the rate of one every week or ten days, though every effort is made to stamp out the infection by isolating suspects, disinfecting, &c. The public health authorities attribute it to repeated new infection from Glasgow, with which city there is very free communication.

MRS. PIRRIE AND THE ROYAL VICTORIA HOSPITAL.—At a meeting of the Belfast Corporation, held last week, it was unanimously decided to confer the freedom of the city on Mrs. Pirrie "in recognition of her signal services to the community in inaugurating and raising by her untiring zeal and personal influence a fund sufficient for the erection, equipment, and endowment of the Royal Victoria Hospital, which was instituted to commemorate the Diamond Jubilee of her late Majesty Queen Victoria, and to confer lasting benefits upon the citizens of the city of Belfast."

MR. DAN P. S. HILL, M.B., died last week at his residence, Larne Harbour, co. Antrim, in his 41st year. Dr. Hill studied at Queen's College, Belfast, and took his degree in the Royal University of Ireland in 1890. Never very robust, he developed phthisis soon after graduating, and for some years was a semi-invalid, travelling in the winter, and spending the summer months at Larne, where his tall spare figure and genial face were very familiar on the golf links. His ready wit and kind heart made him a favourite with all, and his early death will be sincerely regretted by a large circle of acquaintances and friends.

Correspondence.

[We do not hold ourselves responsible for the opinion of the correspondents.]

RELIGIOUS MANIA.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of March 23rd you draw attention by some well-founded remarks to the serious religious fanaticism which has been going on in Beal Island, Maine, and the terrible consequences thereby ensuing, and, as I believe there is a dangerous tendency in the present time to render religious teaching as theatrical, emotional, and as fascinating as possible, in order to counteract the calmer and more judicial mind of those whose logical faculties are better developed, it behoves our experts in lunacy to be on the alert, and especially those connected with our public asylums, lest any violent intrusion on the part of well-disposed people should gain the upper hand.

I think it must be fairly obvious to any thoughtful and observant mind, if it only opens its eyes wide enough to the great scheme of evolution. When brought face to face with the development of the human mind and intellect, it cannot fail to see that the mind in its infinite degrees of gradation from the intelligence of a lower animal to the logical capacity of man, I say it is clear that the mind has held from all time in history (and this independent of the doctrine of evolution) superstitions and beliefs which have been in a *moral* sense to all intents and purposes indistinguishable from insane delusions, and I have read it recorded that at no remote date some of our English judges believed in what is known as witchcraft; but there is no need to enlarge upon this evidence after the numerous instances you have illustrated.

In an article which you published some years ago, you pointed out the impossibility for any scientific mind to escape the conviction that some supreme intelligence overrules the universe, and it is, I apprehend, further quite conceivable, and hence logical, for those who give credence to miracles to insist that some person has been sent on earth to communicate to our materialistic faculties things supernatural, or, in other words, there is nothing insane in believing in a revelation; but when we go beyond this, and a sect styling themselves "The Holy Ghost and us" starts, and so agitates the public mind as to lead to the violation of criminal law and social order, it is high time that experts in lunacy should bring their influence into play, as it must be evident to them that language being merely the outward expression of our ideas, the term "Holy Ghost and us" can represent no coherent and definite train of thought.

It so happens that in the development of the human mind and in its ultimate formation we have a force resistant and antagonistic to reason, and this we call prejudice; and it happens further that any ideas which are inculcated in the infantile mind, whether true or false, produce such a tenacious hold on any individual mind that only in those whose logical faculty dominates their emotional is it very possible to eradicate the false teachings of childhood, and it may be noted as a matter of common occurrence that in marriages, when the creeds of the contracting parties differ, it is often a matter of mutual agreement as to what religious belief the issue of such marriage should be trained to, on the assumption that the child will ultimately adhere to the religion of that parent to whom the concession has been granted, and hence we see on a larger scale how slow the process of obliteration of the superstitious heresies and imaginations of our forefathers must necessarily be, and I submit, Sir, that it is no exaggeration to say that the bloodshed

and persecution of the mediæval times, instead of bringing, as superficial observers suppose, evidence of the truth of any given belief, were in reality evidence of the unhinged, perturbed, and morbid condition of the public mind of the period, but even in the present day we witness amongst different schools of thought, and in the same denomination—say, for instance, amongst high and low Churchmen—so much acrimony and intensity of feeling as must necessarily stifle any judicial discussion.

I trust, in conclusion, I have said nothing distasteful to any of your readers, but as guardians of the public health and in our responsible duties as medical men, we are sometimes called upon to discriminate between a morbid and a healthy state of a religious mind, and, indeed, upon one occasion, I had myself to fill in a certificate for an insane person who held exaggerated and intensified ideas on what I believe Calvinists call the doctrine of predestination, and which so worked upon the feeble mind of the patient that her removal to an asylum, where she ultimately died, became absolutely necessary, and it follows from all these considerations how necessary it is for the medical profession to discourage and tone down any violent efforts to excite a dangerous and intoxicated religious enthusiasm in order to counteract the apathy which religious teachers appear to think exists nowadays.

I am, Sir, yours truly,

CLEMENT H. SERS.

Brighton, March 30th, 1904.

"ARMY INEFFICIENCY" AND ITS PREVENTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with great interest the article on this question in THE MEDICAL PRESS AND CIRCULAR of March 23rd, and also Mr. Profeit's pamphlet therein alluded to. Mr. Profeit puts his points in a very striking way, and some of his suggestions are excellent. But his pamphlet cannot be taken as an exhaustive analysis of the question. He does not seem to have followed up the recent statistics of the Home Army Medical Reports. It is quite true that there was an increase of disease after the suspension of the C. D. Act in 1883—an increase which continued just three years, that is to say, there was a rise of 14 per 1,000 in 1883, of 11 per 1,000 in 1884, and of 4 per 1,000 in 1885. Nevertheless, in 1886 the Act was not revived, but finally repealed. Many doctors, civilian as well as military, believed at the time that the result would be a permanent increase of disease. But it turned out quite otherwise. That year there was a decrease of 8 per 1,000, the next year 15 per 1,000, the next 28 per 1,000, the next year 12 per 1,000, the next no change, the next a fall of 15 per 1,000, the next an *increase* of 4—the only increase in a period of fifteen years. Next year (1893) the diminution begins again at 6 per 1,000, then successively 13, 8, 16, 18, 7, 11, and 29 per 1,000. The year 1901 shows an increase of 12. I have not the later figures. But it is plain from these that other causes than the C. D. Act are capable of producing a striking and continuous reduction of disease in the Army—a reduction of nearly two-thirds in fifteen years.

In India, again, the question is by no means as simple as it looks in Mr. Profeit's pamphlet. Taking figures and facts from the Indian Medical Blue-Books ("Reports on Sanitary Measures in India"), and the Report of Lord Onslow's Commission in 1897, we find that from 1861 to 1867 the rate of disease (which had risen very high in the years immediately following the Mutiny) had sunk steadily, year by year, from 352 to 160 per 1,000. The majority of the Lock hospitals under the new system were not opened till 1867. From that year an irregular increase set in, and by 1884 (the year before the experimental closure of the fifteen hospitals) the figures had reached 293 per 1,000. The short service system, with its large relays of young unmarried men, is said to be responsible for much of this increase from 1873 onwards. The great famine of 1877, which drove large numbers of native women into prostitution, undoubtedly had its share. Both these instances show, however, that under conditions tending to foster immorality the Act failed to afford protection. During the whole of this period, the varying reports from different stations give constant evidence of the discrepancy between effort and result. In 1874-5, we find 28 stations in Bengal showing an increase of disease, as against 17 showing a decrease. Next year the Punjab has only three out of 16 which do not show an increase. At Secunderabad that year disease increased in spite of the most zealous working of the system. At Bellary, with no increase of zeal, there is marked improvement. An improvement at Darjeeling is attributed to strict surveillance of the men. At Bangalore, a little later, it is complained that the registered women are few and the unregistered many; yet disease diminishes both among men and women. Instances like these might be multiplied indefinitely, along with others, such as Mr. Profeit quotes. It is impossible, on a careful survey of the whole series, to find any constant relation between the measures taken and the variations of disease. In 1878 the official comment is, "The results are less favourable than those of any year since 1862." In 1884, "In every government the disease has advanced, in the face of every means of prevention which has been adopted." It was this profound dissatisfaction that led to the "experimental" closing of the fifteen hospitals in 1885. A sudden increase of disease was the result. What else could any sane person expect, when *every means of obtaining treatment* was suddenly closed against the sufferer?

A similar thing took place in Italy, when Signor Crispi abolished the compulsory system and there were no voluntary hospitals ready to receive patients. The present Inspector-General of Public Health, Dr. Santoliguido, has inaugurated a system of voluntary gratuitous treatment throughout the country, which seems likely gradually to replace the compulsory system, and with better results.

Your readers are doubtless aware that, since the two great International Conferences at Brussels in 1899 and 1902, the system has become more and more discredited on the Continent, where even a champion of regulation like Professor Fournier avers that it has been of little use, and is likely to be of still less in the future; while an important Medical Committee in New York, appointed to consider the question in the light of all the evidence, refused to recommend the adoption of similar methods in the United States, on the ground that they were certain to prove a failure, and added, "The system has so many countervailing disadvantages that the movement for its modification or abolition in many European countries will probably result successfully."

Mr. Profeit very justly calls attention to the extraordinary neglect of other remedial measures, such as the improvement of barracks in stations like Hong Kong, the placing infected bazaars, &c., out of bounds, the proper care of patients on board ship, better amusements, and the cultivation of a higher moral standard—which last, however, though technically supposed to rest with the chaplains, probably depends far more on the influence of a man's own comrades and officers.

I am, Sir, yours truly,

D. LEPPINGTON

(Member of the International Prophylactic Society).

Irish Nurses Association.

A MEETING will be held, by the kind permission of the Fellows, in the Royal College of Physicians, Kildaire Street, Dublin, on Friday next, April 15th, at 4.30 p.m. Mrs. Bedford Fenwick, one of the chief promoters of the Bill for the State Registration of Trained Nurses which is now before Parliament, will address the meeting on this important subject. Dr. James Little has kindly consented to preside. All who are interested in the subject are invited to attend this meeting.

Literature.

NATURAL MINERAL WATERS. (a)

The value of natural mineral waters for dietetic and therapeutic purposes is gradually gaining recognition even among the most conservative of British practitioners. Resort to watering-places is not only fashionable but oftentimes beneficial. The well-to-do not infrequently select for themselves, under the guidance of attractive advertisements, rather than as the result of consultation with their medical advisers. And it must be admitted that many physicians take but little pains to obtain trustworthy information concerning the various natural springs and health stations either in this country or on the Continent. For all serious students of balneology and hydrotherapeutics, the admirable epitome issued by Messrs. Ingram and Royle will be of the greatest service. In the present edition up-to-date information, arranged in compact form and concisely presented, suitable for ready reference, is available concerning most of the important natural mineral waters now in use. Particulars are given regarding the geographical position of the spring, the composition of the waters, the nature of its action, usage, and much else likely to be valuable to the busy physician. The work is one which should have a place among the "working books" of every practitioner. We understand that the publishers, Messrs. Ingram and Royle, Upper Thames Street, London, will be pleased to forward a copy of the *brochure* gratuitously to any member of the medical profession.

JEX-BLAKE ON THE CARE OF INFANTS. (b)

Much has been written on this subject, and no doubt much has still to be written. Meantime, we welcome this contribution to the ever-increasing literature devoted to infants and their management. The authoress takes for her motto "Prevention is better than cure." She writes for the information of mothers and nurses, and hence much that she has to say is elementary and commonplace. At the same time, it is a pleasure to find that every statement made and every direction given is simple as well as accurate. Her remarks on the use of medicines in the nursery should be laid to heart by every mother in the land; for, if they were, infantile mortality would become greatly reduced. This is just such a book as medical men may confidently recommend to their patients, as it contains nothing which is outside simple home treatment. In this respect it differs from most of its newer competitors, and accordingly we have great pleasure in calling the attention of our readers to it, believing that it will fill a very useful place in every family library.

CARPENTER ON DISEASES OF CHILDREN. (c)

This forms one of the "Golden Rule" series. The first edition contained 101 pages, and the space allotted was altogether inadequate for the subject. The new issue, however, contains nearly twice that number, the author having found it necessary, in order to render the book really useful, to add to certain of the sections, as well as to make an appendix of twenty-seven pages on skin affections. The whole field of diseases of infancy and childhood is now traversed, and although it would be absurd to class it with the text-books or treatises on the subject, it nevertheless contains an immense amount of information in a very small compass presented with sufficient fulness to be intelligible and helpful. It is not a book to lay aside for future reference, but one to be consulted day by day as necessity arises, because of the many practical hints given in crisp and concise language within its covers. Dr. Carpenter's handy guide certainly strikes us as being one of the best in this vest-pocket series.

(a) "Natural Mineral Waters: their Properties and Uses." Eleventh Edition. Revised and Enlarged. London: Ingram and Royle, Limited. 1904.

(b) "The Care of Infants: a Manual for Mothers and Nurses." By Sophia Jex-Blake, M.D. Second Edition. 1s. net. Edinburgh: Geo. A. Morton. 1903.

(c) "Golden Rules for Diseases of Infants and Children." By George Carpenter, M.D.Lond., M.R.C.P., Assistant Physician at the North-Eastern Hospital for Children, &c., &c., "Golden Rule." Series, No. XI. Second Edition, enlarged, 2s. Bristol: John Wright and Co.

Obituary.

THE LATE SIR PHILIP CRAMPTON SMYLY, M.D.

It is with feelings of profound regret we have to record the death of one of the most distinguished members of the profession in Dublin in the person of Sir Philip C. Smyly. Though a martyr to gout from his childhood, he remained in excellent health until a couple of years ago, when degenerative changes began to manifest themselves. He had only recently returned from Nantwich so much improved that his friends began to hope he might be spared for years to come, but the end came suddenly. He was taken ill at dinner on Thursday evening last. His friend and medical attendant, Sir Francis Cruise, and his brother, Dr. W. J. Smyly, were sent for, but arrived only to find that the long-dreaded accident had happened, and a cerebral hæmorrhage had taken place. He never recovered consciousness, and passed away at 2 a.m. on Friday.

The most heartfelt sorrow has been evoked by the sad event by which a great man has been removed—a sorrow which will not be confined to his native city, but be felt in England and on the Continent, where the deceased was well known and highly esteemed by the profession.

Philip Crampton Smyly was born on June 17th, 1838, at 8 Ely Place, Dublin. His father was the late Josiah Smyly—a distinguished surgeon—and his mother was a daughter of the late Matthew Franks, of Merrion Square and Jerpoint Hill, Thomastown, County Kilkenny. Educated privately, he was apprenticed to his grand-uncle, Sir Philip Crampton, Bart., on whose decease he was apprenticed to the late William Henry Porter, Professor of Surgery and Surgeon to the Meath Hospital. He studied at Trinity College and at the Royal College of Surgeons. His undergraduate career was a brilliant one. He carried off the first prize in chemistry, was awarded the gold medal of the Pathological Society, and obtained his degree by taking a moderatorship and silver medal in experimental science in 1859.

At the Meath Hospital he was awarded the Senior Medical prize and the Stokes Stethoscopic prize, but his father, who was a surgeon to that institution, did not permit him to compete for any of the surgical prizes.

He obtained his M.B. and the licence of the Royal College of Physicians, Ireland, in 1860, and then went to Berlin, where he underwent a course of study in operative surgery under Langenbeck, and also attended the cliniques of v. Graefe and other distinguished Continental teachers. He obtained the licence of the Royal College of Surgeons in 1861, after which he returned to Germany and spent several months in study in Vienna. In July of this same year (1861) he was appointed Surgeon to the Meath Hospital, in succession to his old teacher and master, Professor William Henry Porter. In 1863 he took the M.D. degree, and also obtained the Fellowship of the Royal College of Surgeons. In 1878, at the unprecedentedly early age of 40 years, he was elected to the distinguished position of President of the Royal College of Surgeons in Ireland. In 1889 he was elected President of the Laryngological Association of Great Britain. In 1893 he was elected to represent the Royal College of Surgeons in Ireland in the General Medical Council, a position to which he was re-elected yearly until 1900, when he resigned. In 1900 he was elected President of the Irish Medical Association. In 1902 he was elected President of the Irish Schools and Medical Graduates' Association in London. From 1869 to 1895 he was Surgeon-in-Ordinary to successive Lords-Lieutenant of Ireland. In 1892 he received the honour of Knighthood. In 1895 he was appointed Surgeon-in-Ordinary in Ireland to Her late Majesty Queen Victoria. In 1900 he was appointed Surgeon-in-Ordinary in Ireland to His Majesty the King, a position

which he held till his death. In addition to being Surgeon to the Meath Hospital from 1861—for 43 years—the deceased was Consulting Surgeon to the Hospital for Diseases of the Throat and Ear; Consulting Surgeon to the National Children's Hospital, Harcourt Street; and Consulting Surgeon to the Rotunda Hospital.

In 1864 the deceased married the Hon. Nina Plunket, the fifth daughter of the Right Hon. John third Baron Plunket, a sister of the late Archbishop of Dublin, and of the present Lord Rathmore. By her he had three sons and five daughters. One of his sons, the Hon. P. Crampton Smyly, has held the office of Chief Justice of Sierra Leone since 1901, having previously occupied the positions of Queen's Advocate (1895) and Attorney-General (1896-1901) in that Colony. Another son is a Fellow of Trinity College, Dublin, while, we understand, the youngest son intends following his father's profession.

As an operating surgeon he was not what one would term brilliant, but he was, what is often far better, a neat, careful operator, ever mindful of the welfare of his patient. For many years the deceased enjoyed one of the largest and most lucrative practices in the city, but failing sight during the past three or four years compelled him to refuse to undertake major operations. His conversational powers and his happy gift as a raconteur, combined with the thorough kindliness of his nature, and his method of doing kind things in the kindest manner, endeared him to all with whom he came in contact.

A man absolutely free from jealousy and from any kind of ignoble thought, he was held in the highest esteem and respect by his professional brethren, to whom he was a perfect example of integrity and uprightness.

Passionately fond of music, and himself a performer on the violin and 'cello of no mean order, he thus acquired relaxation in the evening after an arduous day's work. In the Masonic Order Sir Philip Smyly was greatly esteemed and occupied a very high position, having received the 33rd degree.

In his domestic relations he was particularly happy. No man ever kept the Fifth Commandment more faithfully than he. His whole life was an evidence of his religious convictions, and truly indeed might his epitaph be: "I have fought a good fight, I have finished my course, I have kept the faith."

MR. JOSEPH MAY, F.R.C.S.

A NOTABLE figure passed away at Devonport on Sunday last at the patriarchal age of 96, in the person of Mr. Joseph May, who had been in practice in that town for over seventy years, during which period he was elected Mayor on four occasions. Like most of the surgeons in the early part of the last century, he saw much of war. In 1831, he arrived in Paris immediately after the three days' hard fighting when Charles X. was compelled to flee the country, and helped to attend the wounded who filled the hospitals. He afterwards joined the Polish Army, was appointed Surgeon-Major of Mjardowa Hospital, and was present at the siege and fall of Warsaw. A year later he settled down to private practice, and at his death was supposed to be the oldest inhabitant of Devonport.

FRANK RENAUD, M.D.Edin., M.R.C.S.Eng.

IT is with regret we announce the death, at the ripe age of 85, of the well-known Manchester physician, Dr. Renaud. He came of ancient Huguenot stock, and was an authority and writer upon antiquarian subjects. His medical education was conducted in London and Edinburgh, and in 1844 he took the degree of M.D. of Edinburgh University, with the membership of the London College of Surgeons. In 1848 he was appointed honorary physician to the Manchester Royal Infirmary, an active connection which he relinquished only in 1892 to become honorary consulting physician of that institution. He was also at one time lecturer on Medical Jurisprudence at the Manchester Medical School, and later of Morbid Anatomy and Pathology. He was for some years consulting physician of the Haydock and the Clifton Hall Lunatic Asylums, and in 1864 was appointed consulting physician to Coton Hill Asylum. In the course of a long and distinguished career Dr. Renaud was naturally the recipient of many public and private recognitions, both inside and outside the professional side of his life. Among his best-known antiquarian works are his "Contributions towards a History of the Ancient Parish of Priestbury," an interesting short history of the "Home of Recovery," in Aytown Street, Manchester. His career was essentially that of the gifted, hard-working, humane, and cultured provincial physician, a type of man of whom both the medical profession and the community may well be proud.

NATHANIEL ALCOCK, L.R.C.S., L.R.C.P.I., R.A.M.C.

LIEUT.-COLONEL NATHANIEL ALCOCK, of the Royal Army Medical Corps, retired, who died at Bellevue, Ballybrack, county Dublin, on the 4th inst., served as a surgeon in the Kaffir War of 1878. He was a licentiate of the Royal College of Physicians and of the Royal College of Surgeons of Ireland, and joined the Army as an assistant surgeon in 1860, became a surgeon in 1873 and surgeon-major in 1875, and retired in 1889 with the rank of lieutenant-colonel. He was sixty-four years of age.

CAPT. H. F. HAYMES, R.A.M.C.

A REUTER message from Cairo states that Captain Haymes, of the Royal Army Medical Corps, who was recently wounded in an encounter with a party of Niam-Niams, died in the Bahr-el-Ghazal province on March 15th. Captain Henry Evered Haymes, M.R.C.S. L.A.C.P., became a lieutenant in the R.A.M.C. in 1899, and was promoted captain in 1902.

ROBERT MAJOR BROWN, M.A., M.B.Camb., J.P.

MR. ROBERT MAJOR BROWN, M.A., M.B.Camb., of The Wilderness, Spondon, Derby, who had a distinguished career at St. Bartholomew's Hospital and at Cambridge, died last week, at the Cotswold Sanatorium, at the age of forty-four. He was admitted a member of the Royal College of Surgeons, England, in 1885, and took the M.A. and M.B. degrees at Cambridge in 1888. While at St. Bartholomew's he was assistant demonstrator of biology. Mr. Brown was in the commission of the peace for Derbyshire.

Medical News.

Supposed Accidental Poisoning of an Edinburgh Demonstrator of Zoology.

MR. EDWARD PATTISON WITTEN, B.Sc., Demonstrator of Zoology at the School of Medicine, Edinburgh, died under singular circumstances on Saturday at his home in Sunderland, where he had been spending a holiday. A week ago he was seized with illness, suffering, apparently from an acute abdominal trouble. No natural cause of death could be ascertained, and it is thought the deceased succumbed to irritant poisoning. It is assumed that Mr. Witten may have accidentally swallowed some poisonous substance. Mr. Witten, though only twenty-four years of age, had had a brilliant career. He was the son of the late Captain Witten, of Seaham Harbour. He won a number of scholarships, and received his later education at Rutherford College, Newcastle, and at Durham College of Science, Newcastle. At the latter institution he gained the Alder Scholarship and took honours in Zoology. He obtained his appointment at Edinburgh about six months ago.

Central Midwives Board.

A MEETING of the Central Midwives Board was held at the Board Room, Suffolk Street, S.W., on March 24th, Dr. F. H. Champneys in the chair. On consideration of applications for approval of certificate as a qualification the certificate of the National Maternity Hospital, Dublin, was approved. The following institu-

tions were approved for the training of midwives, subject to an undertaking to comply with the requirements of section E of the rules:—Birmingham Workhouse Infirmary, Bristol Royal Infirmary, Brownlow Hill Workhouse Hospital, Liverpool, Essex County Cottage Nursing Society, Gloucester District Nursing Society, Hull Lying-in Charity, Ipswich Nurses' Home. Certain registered medical practitioners were approved as teachers and midwives for the purpose of signing certificates of attendance. After consideration of applications the names of 849 women were ordered for entry on the Roll. The following table shows the separate numbers of the various qualifications at present entered on the Roll:—Royal College of Physicians of Ireland, 1; Obstetrical Society of London, 953; Rotunda Hospital, 43; Coombe Hospital, 12; Queen Charlotte's Hospital, 52; Liverpool Lying-in Hospital, 15; British Lying-in Hospital, 2; Glasgow Maternity Hospital, 32; St. Mary's Hospital, Manchester, 53; City of London Lying-in Hospital, 6; Royal Maternity Hospital, Edinburgh, 5; Salvation Army Maternity Hospital, 3; women in *bona-fide* practice, July, 1901, 2,238; total enrolled, 3,415.

Royal Institute of Public Health.

Good progress is being made with the arrangements for the Annual Congress of the Royal Institute of Public Health, to be held at Folkestone next July. There will be sections for preventive medicine, Municipal and Parliamentary subjects, comparative pathology, bacteriology, and chemistry, engineering and building construction, child study, and school health (of which Sir George Kekewich is President), and a ladies' section (with the Countess of Radnor as President). The Committee have also decided, in view of Shorncliffe Camp and Dover Garrison being so near at hand, to have a Military section for the discussion of such subjects as early military training and tropical medicine. The programme of festivities will be an attractive one. In addition to other fixtures, Lord Radnor (the President) will give a reception and an evening entertainment, and Sir Edward Sassoon, M.P., a garden party. The trips to other towns will include visits to Canterbury and Boulogne, the Mayors of both cities having promised assistance.

Gresham Lectures.

Dr. E. Symes Thompson, Gresham Professor of Medicine, will deliver a course of four lectures on "Heredity and Evolution," in Gresham College, Basinghall Street, London, E.C., on April 19th, 20th, 21st, and 22nd, at 6 o'clock each evening. The course is entirely free, and it may be mentioned *en passant*, that the present is the learned professor's one hundred and ninth course at the College.

Royal College of Surgeons in Ireland.

Prize List, Winter Session, 1903-1904.

Descriptive Anatomy.—Junior: D. P. Clement, 1st prize (£2) and medal; G. S. Levis, 2nd prize (£1) and certificate. Senior: D. Adams, 1st prize (£2) and medal; P. G. M. Elvery, 2nd prize (£1) and certificate.

Practical Anatomy.—First Year: G. S. Levis, 1st prize (£2) and medal; D. P. Clement, 2nd prize (£1) and certificate. Second Year: P. G. M. Elvery, 1st prize (£2) and medal; T. A. Buchanan, 2nd prize (£1) and certificate.

Practice of Medicine.—R. Bury, 1st prize (£2) and medal; P. D. Sullivan, 2nd prize (£1) and certificate.

Surgery.—J. S. Dunne, 1st prize (£2) and medal; R. Bury and F. Lyburn, equal, 2nd prize (£1) and certificate.

Midwifery.—J. S. Dunne, 1st prize (£2) and medal; R. A. Brown, 2nd prize (£1) and certificate.

Physiology.—D. Adams, 1st prize (£2) and medal; T. Sheehy, 2nd prize (£1) and certificate.

Chemistry.—D. P. Clement, 1st prize (£2) and medal; A. E. S. Martin, 2nd prize (£1) and certificate.

Pathology.—L. Lucas, 1st prize (£2) and medal; P. D. Sullivan, 2nd prize (£1) and certificate.

Physics.—A. E. S. Martin, 1st prize (£2) and medal; W. G. Rigway, 2nd prize (£1) and certificate.

The lectures and practical courses of the Summer Session will commence on Monday, April 11th.

PASS LISTS.

Universities of Aberdeen.

The following degrees were conferred at the Graduation ceremony on April 6th:—

Degree of Doctor of Medicine (*M.D.*).—Thomas Barrett Heggs, M.B., Ch.B., Charles Hunter, M.A., M.B., Ch.B., Robert Donald Keith, M.A., M.B., Ch.B. (Honours), Ronald Cadeil Macdonald, M.B., C.M. (under old regulations), Alexander Reid, M.B., C.M. (under old regulations).

Degrees of Bachelor of Medicine (*M.B.*) *and Bachelor of Surgery* (*Ch.B.*):—James Clark (First Class Honours). Passed the Final Exam. with much distinction. Francis Hernaman-Johnson and Archer Irvine-Fortescue (Second-Class Honours). Passed the Final Exam. with "Distinction." Ordinary Degrees:—George Adam, M.A., Francis Anderson, William Beedie, Alex. Dyce Davidson, M.A., Francis William Davidson, Alexander Duguid, M.A., James Farquhar, M.A., Alexander Flett, James Alex. Gibb, James Smith Gray, M.A., John Dunlop Henderson, John Hunter, Alex. Hutchison, M.A., Herbert Mather Jamieson, Neil Kennedy, M.A., Wm. Wilfrid James Lawson, Donald McKay, M.A., Malcolm MacLeod, Charles Grant Macmahon, Wm. Martin McPherson, Alexander McRobbie, Archibald Douglas Pringle, James Robertson, Alex. Nicholas Ross, Bertie Ronald Gordon Russell, Herbert William Black Ruxton, Wm. Alex. Smith, Wm. Wood. Passed Final Exam. with "distinction."

Diploma in Public Health:—Edward James Bruce, M.B., Ch.B. Aberd., John Macdonald, M.B., C.M., Edin., George Mitchell, M.B., Ch.B., Aberd., William Robinson Pirie, M.B., Ch.B., Aberd., Cornelius Agnew Suvoong, M.A., M.B., Ch.B., Aberd., Alexander Wall, M.B., Ch.B., Aberd.

University of Glasgow.

At the recent professional examinations for the Degrees of M.B., Ch.B., the following candidates passed with distinction in the subjects indicated:—

First Examination.—In Zoology and Physics.—William Aikman Muir. In Zoology and Chemistry—Thomas Edmonstone Gray, Peter Russell M'Naught, Archibald Campbell Munro. In Physics and Chemistry—Alexander Thomas Arthur Gourlay. In Botany—Margaret Gardner Forrest, Peter Cunningham M'Arthur, M.A. In Zoology—John Lindsay Boyd, Benjamin Hutchinson, Robert M'Kenzie Morison, M.A., Albert Rutherford Paterson, Ralph Montgomery Fullarton Picken. In Physics—Walter Dawson, James Kirkwood Dunlop, Mabel Foley, Josiah Stranaghan Harbinson, Archibald Hogg, Alexander Campbell MacDougall, Francis William Mackichan, James M'Millan M'Millan, Edward Quigley. Thomas David, Coulthard Ross, Jessie Cappie Russell, Allan Semple, James Brown Sim, Hugh Cochrane Storrie, Charles Percival Williamson, Hugh Mundle Wilson. In Chemistry—John Cruickshank, Berkeley Gale.

Second Examination.—In Anatomy, Physiology, and Materia Medica and Therapeutics.—David Laurence Alexander Tate. In Anatomy and Physiology—Peter Mitchell, M.A., Alfred Cecil Sharp. In Anatomy—Rober M'Cowan Hill. In Physiology—Charles James Colquhoun Macquarie, William James Rutherford.

Society of Apothecaries of London.

Preliminary Examination, Part II.

The following candidates passed in:—

Anatomy.—I. R. Fearn, J. W. Featherstone, T. S. Harrison, R. J. W. McKane., A. W. C. Miller, F. B. O'Dowd, H. V. White, F. H. P. Wills, R. P. Wylde.

Physiology.—A. C. Dickson, I. R. Fearn, J. C. Fletcher, J. W. Featherstone, W. J. G. Gayton, T. S. Harrison, A. W. C. Miller, F. B. O'Dowd, H. V. White, F. H. P. Wills.

Three further cases of small-pox—from Poplar, Bethnal Green, and Islington respectively—have been admitted to the Rotherhithe shelters. At noon 126 patients remained under treatment at the Joyce Green, Dartford, and other London fever hospitals.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader." "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

RESTLESS.—A high bracing climate might be tried

DR. G. C.—There need be no hesitation with regard to the photograph of the case illustrated in your article. The process-block maker can readily blot out the face so as to prevent identification of patient.

R. F. WILLIAMSON.—We take it that the discovery of radium in the mineral waters of your native town is not likely to affect either the popularity or the efficacy of the springs to any material extent. All the same, as you say, it affords a good advertisement.

DISPENSARY M D (Birmingham).—If the patient has a lead opacity of the cornea due to the use of a lead lotion prescribed by a chemist on his own authority, it seems more than probable that an action for damages could be made good against the chemist. The use of lead as an eye lotion has been, we believe, abandoned for some time by scientific ophthalmologists. It is quite easy to obtain therapeutic effects equal to those of lead by the use of other agents.

MEDICAL BOOKS BOUND IN HUMAN SKIN.

ACCORDING to the *Critic*, the late Dr. F. Stockton-Hough, of Trenton, who left a valuable medical library in several languages, had a fancy for bindings made of human skin. He owned at least six books thus bound. One of them, "Catalogue des sciences Medicales Bibliotheque Nationale a Paris" (1857-73), is a large, very thick quarto half bound in skin from the back of a man. On the fly-leaf of a second book, "Cowper on Impregnation" (1789), the owner wrote: "Bound in leather tanned from the skin of the thigh of Maria L., affected with encysted trichinæ, who died of consumption in the Philadelphia Hospital." Maria L. also furnished the binding for three other books: "Das Buch der Liebe, oder das Geschlechtsleben in seinem ganzem Umfange"; Barles's 'Parties de la Generation," and "Recuel des Secrets de Louyse Bourgeois." the famous French midwife.

RINGWOOD.—The slow course of some forms of scirrhus carcinoma is remarkable. In one recorded case a scirrhus of the breast gave rise to a secondary growth five years later on the collar bone, and five years later again in another part of the body. A far earlier generalisation, however is, of course, the rule.

SCOTUS.—Parrot's nodes are usually regarded as evidence of syphilis especially when found together with an enlarged spleen. A good account of the subject will be found in Dr. George Carpenter's Monograph on Syphilis in Children (Bailliere).

HASTINGS PRACTITIONER.—We should consider it unwise for you to wait until the defence organisation of the British Medical Association becomes an established fact So far as can be judged at present that event may be expected about the Ides of March. It would be far better for you to strengthen the hands of one of the existing defence unions by becoming a member forthwith. Professional dangers much resemble the disease that stalketh by day, and no man can tell when and where he may be attacked. A ten shilling annual subscription paid to a substantial society, like the Medical Defence Association, is one of the best possible of all insurance premiums.

J. R. P. (Parkstone). Your suggestions are excellent. The text-books are far too given to quote a list of remedies without comment, and to give prominence to remedies that are novel, ephemeral and in nine cases out of ten, worthless. For all, it would be a pity to use the useful tenth remedy for the sake of the unworthy nine. There can be little doubt that an immense amount of valuable information acquired in the routine of general practice is lost in thin air, Nor is it clear how such information could be collated and sifted.

MRS. WYSE POWER.—Your letter was not received in time to appear in the last supplement of the MEDICAL PRESS AND CIRCULAR, and consequently could not appear before the issue of the next number. We venture to suggest that, if the same tone is used in speaking of and to medical officers of the North Dublin Union as has been used in speaking of the Editor of the MEDICAL PRESS AND CIRCULAR, it is not difficult to determine the cause of the late friction.

Meetings of the Societies, Lectures, &c.

WEDNESDAY APRIL 13th

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8.30 p m. Clinical Evening.

DERMATOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).—5 15 p.m. Demonstration of Cases of Interest.

SOUTH-WEST LONDON MEDICAL SOCIETY (Bolingbroke Hospital, Wandsworth Common).—8.45 p.m. Clinical Evening.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p m. Mr. J. Berry: Clinique. (Surgical.) 5.15 p.m. Dr H. Tilley: Nasal Discharges—their Diagnosis and Treatment

THURSDAY, APRIL 14th.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (20 Hanover Square W.). 8 30 p.m. Discussion on Obesity (reopened by Dr. W. Bain, Harrogate).

ROYAL COLLEGE OF PHYSICIANS OF LONDON (Pall Mall East).—5 p.m. Dr. G. Oliver: Recent Studies on the Tissue Lymph Circulation. (Oliver-Sharpey Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p m. Mr. Hutchinson. Clinique. (Surgical.) 5.15 p.m. Dr. W. e. A. Griffith: Gonorrhœa in Women.

FRIDAY, APRIL 15th.

EPIDEMIOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).—8 p.m. Council Meeting. 8.30 p.m. Meeting.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11 Chandos Street, Cavendish Square, W.).—5.30 p.m. Cases will be shown by Dr. H. Ashby, Dr. Hawthorne, Dr. J. Taylor, Dr. Morison, Dr. A. Smith, Dr. F. Buzzard, Mr. S. Stephenson, and Mr. Pernet. Papers by Mr. L. Bidwell, Dr. G. Carpenter, and Mr. R. Dun.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Dr. E. Waggett: Clinique. (Ear.)

Vacancies.

Bury Infirmary.—Senior House Surgeon. Salary £110, with board, residence, and attendance. Application to the Hon. Secretary, Dispensary, Knowsley Street, Bury, Lancashire.

Great Yarmouth Hospital.—House Surgeon. Salary £90 per annum, with board, lodging, and washing. Applications to Richard F. E. Ferrier, Honorary Secretary, 33 Hall Plain, Great Yarmouth.

Royal Sea-Bathing Hospital, Margate. Resident Surgeon. Salary £80 per annum, with board and Residence. Applications to the Secretary, R.S.B.H. Offices, 13 Charing Cross, London, S.W.

Royal City of Dublin Hospital.—Roentgen Ray ist. Applications to Mr. G. Jameson Johnston, F.R.C.S., Hon. Sec. Medical Board, (See Advt.).

Tiverton, Devonshire Infirmary and Dispensary.—House Surgeon and Dispenser. Salary £80 per annum and all found. Applications to Arthur Fisher, Hon. Secretary.

Torquay.—Medical House for sale with Turkish, Russian, Medical, and Electric Baths. (See Advt.)

The Middlesex Hospital, W.—First, Second, and Third Assistants to the Director of the Cancer Research Laboratories at the Middlesex Hospital. Salary of the First Assistant £200 a year, Second £150, Third £100. Applications to F. Clare Melhado, Secretary-Superintendent.

Warwick County Asylum, Hatton, near Warwick.—Assistant Medical Officer. Salary £130 per annum, with apartments, board, &c. Applications to the Medical Supt.

West Kent General Hospital, Maidstone.—House Surgeon. Salary £120 per annum, with board and residence. Applications to W. C. Lewis, Secretary.

Appointments.

GRIFFITH, W. S., M.B., C.M.Edin., Certifying Surgeon under the Factory Act for the Milford Haven District of the county of Pembroke

JAMES, WALTER T., M.B., Ch.B.Edin., Second Assistant Medical Officer to the Joint Counties Asylum, Carmarthen.

JEFFARES, J., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glas., Certifying Surgeon under the Factory Act for the Kegworth District of the county of Leicester.

JONES, HERBERT, L.R.C.S Irel., D.P.H., Honorary Bacteriologist to the Herefordshire General Hospital, Hereford.

STUMBLES, H. M., M.B., B.S.Edin., Certifying Surgeon under the Factory Act for the Amble District of the county of Northumberland.

THOMAS, JOHN LEWIS, M.R.C.S., L.S.A., Medical Officer of Health of the Brynmawr Urban District.

YOUNG, C. W. F. M.D.Lond., F.R.C.S., County Medical Officer to the Middlesex County Council.

Births.

BUTLER.—On April 8th, at Westfield, Flaxton, York, the wife of William Barber Butler, M.R.C.S., of a son.

ROGER-SMITH.—On April 6th, at 1 College Terrace, Hampstead, the wife of Hugh Roger-Smith, M.D., of a daughter.

Marriages.

HOLLIST—HODGSON.—On April 7th, at St. Margaret's Church, Lee, Kent. Gerald Wetherell Capron Hollist, M.R.C.S., second son of Lieut.-Col. Hollist, J.P., D.L., of Lodworth, Petworth, Sussex, to Ruby, twin daughter of Nevill L. Hodgson, Esq., of Woolwich and Blackheath.

MACKENZIE—ASHTON.—On February 23rd., at Foochow, the Rev. Marcus Mackenzie, B.A., M.B., C.M., to Agnes Elizabeth Maud, fourth daughter of the late Rev John Aston, of Cheltenham.

ZELLWEGER—VINCENT-JACKSON.—On April 6th, at St Paul's Kingston Hill, Richard Zellweger, of Marseilles, to Winifred, daughter of the late Chas. Jas. Symonds, M.R.C.S., L.R.C.P., of Southampton, and widow of the late T. Vincent-Jackson, J.P., F.R.C.S., of Wolverhampton.

Deaths.

PITTOCK.—On April 8th, at Victoria Villa, Vernon Place, Canterbury. Francis William Pittock, M.D., eldest son of the late William Pittock, surgeon, of Eltham, Kent, aged 88.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, APRIL 20, 1904. No. 16.

Original Communications.

PRIMARY SARCOMA OF THE VAGINA IN THE ADULT,

WITH THE NOTES OF A CASE.

By HENRY JELLETT, M.D., F.R.C.P.I.,

Gynæcologist to Steevens' Hospital, Dublin;

AND

H. C. EARL, M.D., F.R.C.P.I.,

Pathologist to the Richmond Hospitals, Dublin.

SARCOMA of the vagina is so rare a condition that I feel that I need make no apologies for publishing the present specimen, and for taking advantage of the opportunity to make a few remarks on sarcoma of the vagina in general. So far as I can ascertain, this is the first specimen of the kind that has been recorded in Ireland.

Case.—A woman, M. T., æt. 55, came to me in August last at Sir Patrick Dun's Gynæcological Dispensary, where I was at the time doing duty for Sir Arthur Macan. She gave the following history:—Age 55, nine children. Last pregnancy eleven years ago. Menstruation ceased five years ago. Two years previous to the present date, she noticed the occurrence of a fairly profuse white discharge, which persisted for about six months, and then became purulent. It has continued up to the present, and at times contains traces of blood. The patient considers that she has been getting progressively weaker during the last twelve months. At times she is seized by attacks of dizziness, followed by extreme drowsiness, both of which again pass off completely. Her appetite is bad, and she is getting thinner. Pain is absent, but she complains of weakness of the back. She informs me that she has not lived with her husband for the last twelve months, and for the two years previous to that only very occasionally. The bowels are fairly regular. The urine is passed in normal quantities, but for the last four or five months has been escaping involuntarily at times, due probably to weakness of the sphincter. In appearance, the patient is a tall, thin woman, very sallow, and looking rather more than her age.

On separating the labia, the mucous membrane at the vulvo-vaginal junction is seen to be completely changed in character, and to present instead of its normal characteristics the appearance shown in the plate. There is an oval area of what is at first sight apparently congested and hypertrophied mucous membrane. This area is defined below from the skin covering the labia minora and surrounding parts by two sharply cut and sinuous edges, which start in front just behind the clitoris and run backwards, one at each side, along the inner surface of the labia minora to meet at the anterior edge of the perineum. The surface of the included area lies below the level of the surrounding parts, but as it is covered over with irregular bosses or tubercles, this is only noticeable in certain places, notably on the posterior vaginal wall. These bosses furnish the most characteristic part of the growth. Some are rounded tumuli, while others are blunt-topped ridges. They are not unlike the sub-amniotic bosses which are found in cases of decidual endometritis, but are widely different in causation.

Anteriorly, a curious flap is present beneath the orifice of the urethra; its position and form are clearly shown in the drawing. When the patient first presented herself at the dispensary it was very marked, but while she was under treatment it became smaller. At the time of operation it was only half its former size, and has become still further shrunken in the specimen. It was probably due to a chronic inflammatory process which subsided under treatment.

On separating the vaginal walls with the finger the extent of their involvement can be seen. Anteriorly, the growth is limited in an upward direction by the flap already alluded to. Laterally, it extends upwards on the right side about an inch and a half, and on the left side about an inch. Posteriorly, its outline is curious, and appears to take almost the exact course of a recent perineal laceration. The limiting edge starts at the left side of the junction of the posterior and lateral vaginal walls about half an inch above the vulvo-vaginal junction, runs straight upwards to a point nearly two inches above the perineum, and then comes straight down again so as to form a very sharp-angled inverted V. This brings it to a point on the median raphé of the posterior wall nearly an inch above the perineum, from which it again runs upwards to form a second, though much shallower, inverted V on the right side of the median line. From here it runs across the right lateral wall, as has been described, about an inch and a half above the vaginal orifice. The posterior edge is not only sharply cut but undermined, and I think that there can be but little doubt that its course has been determined by the presence of an old perineal laceration. The surface of the growth is covered by a purulent discharge. The entire area is firmer in consistence than the surrounding parts, into which it imperceptibly passes. The growth does not penetrate deeply, but is apparently confined to the vaginal wall and the adjacent tissue.

The vaginal walls above the growth are markedly inflamed, and here and there are small prominences resembling those found in granular vaginitis and probably similar to them in origin. The mucous membrane of the vaginal portion of the cervix is also deeply congested. It may also be noted that the passage of the speculum caused slight hæmorrhage from the narrowed vaginal orifice, but did not give rise to any pain. Indeed, the parts were curiously insensitive.

As the diagnosis of the case was, to say the least, obscure, I endeavoured for the next fortnight to bring the vagina to a more aseptic condition by the use of vaginal douches, insufflations of iodoform, and the tamponnading of the vagina with plugs soaked in ichthyol and glycerine. This reduced the amount of purulent discharge and eventually caused a shrinkage of the small anterior flap to which I have alluded, but, as might be expected, produced no effect on the remainder of the growth. Accordingly, I removed one of the small bosses at the junction of the posterior and

lateral wall for examination. The removal caused no pain, but a little persistent hæmorrhage, which was stopped by the application of adrenalin. Dr. Moorhead, who was then assistant physician to the hospital, very kindly cut several sections of the removed portion for me, and having examined it, expressed the opinion that it was either sarcomatous in nature or a mass of chronic inflammatory tissue. The sections were then submitted to two pathologists in the persons of Dr. Earl and Professor O'Sullivan. Both gentlemen declined to commit themselves absolutely without examining another piece of growth; both considered that the growth presented many points of resemblance to a sarcoma; but, while one considered that it probably was sarcomatous, the other considered that it probably was not sarcomatous, but a chronic inflammatory process.

By this time, the patient had been under treatment regularly twice a week for a period of three or four weeks, without any benefit save a diminution in the amount of purulent discharge, and a corresponding alleviation of her symptoms. On the other hand, it appeared to me that when the growth was grasped between the fingers and thumb, its base had become slightly more infiltrated. Accordingly, I decided to remove it.

Operation.—The removal of the growth necessitated the removal at the same time of at least the lower third of the vagina, and I was at first rather doubtful as to whether the accompanying hæmorrhage might not render the operation difficult. However, this was not so, and the actual operation was comparatively easy. I commenced by injecting into the base of the tumour, at some half-dozen different points, a few minims of a 1 in 5,000 solution of adrenalin, and to this was probably due the fact that the operation was comparatively bloodless. The incisions were commenced in front, at the base of the clitoris anterior to the urethral orifice, and deliminated the anterior quarter of the growth. The urethra was then dissected out, and its terminal portion removed. The incisions were then carried backwards so as to completely surround the vagina, and partly with the scissors and partly by separation with the fingers, the lower third of the vagina was completely isolated from the surrounding parts. As soon as this separation had extended well above the growth, the vaginal wall was divided circularly, and the lower portion removed as a complete ring.

Anteriorly, the cut end of the urethra was then sutured to the cut edges of the inner surfaces of the labia minora, and posteriorly and laterally, the divided vaginal wall was easily drawn down and sutured to the perineum and lateral cut edges of the skin. There was no difficulty in drawing down the wall save at one point on the right side, where the growth had extended outwards and upwards more deeply than elsewhere, and here, in consequence, there was some tension on the sutures. The hæmorrhage during the operation was very slight, and only a few small vessels had to be ligated. Finally, the vagina was plugged with iodoform gauze and a firm pad applied externally with a T-bandage.

Convalescence was uneventful, and I removed the sutures on the eighth day. Union was satisfactory all round save at the point on the right side where there had been tension on the sutures. Here, the latter had cut through and the vaginal wall had retracted upwards, leaving an ugly gaping cavity. This, however, rapidly granulated up, and the patient left the hospital on October 3rd, three weeks after the operation.

After-History.—The patient came back to see me on November 9th. She stated that her general health was extremely good, that her appetite had returned, and that she was a pound and a half heavier than when she had left the hospital, a result that, at any rate, shows that she had lost no weight. The cicatrix caused no discomfort, but the occasional urinary incontinence of which she had complained prior to the operation was still present. It could, however, be prevented by emptying the bladder at intervals of a couple of hours, and did not trouble her at all at night.

On examination, the junction of vaginal mucous membrane and skin was complete all round, save at the urethral orifice, and at the point where the sutures had cut out and where there had been the greatest difficulty in getting completely outside the growth. The urethral orifice was situated in the middle of a small triangular area, which appeared to be formed of granulation tissue, over which the skin had not spread, while on the right side there was a small linear patch of what also appeared to be granulation tissue, from which sprang two delicate leaf-like flaps, the size of a small shamrock leaf. On the probability of these being granulations, I burnt them off with nitric acid.

I saw the patient for the last time on January 21st of this year; the wound was completely healed, and all trace of granulation tissue had disappeared.

Report by Dr. Earl on the removed growth :—

"The tumour is an example of infiltrating sarcoma, the rarer of the two varieties met with in the vagina. The new growth forms a layer on the surface which reaches to the vaginal epithelium and invades it. There is some ulceration, very superficial, and the ulcerated surface is covered in part by a fibrinous membrane. The new growth extends between the bundles of the dense fibrous tissue which forms the mucous membrane of the vagina as far as the muscular coat, which it slightly invades. In some of the sections a tubular gland, lined by columnar epithelium, occurs. It lies in the deep part of the mucous membrane and partly in the muscular coat, and it is invaded by the growth. The cells which form the new growth are small, and most of them are round, but some few are oval or short spindle cells. They have a nucleus which stains darkly in hæmatoxylin and a very distinct layer of protoplasm. There are numerous thin-walled vessels in the growth."

I do not propose to enter into a detailed account of sarcoma of the vagina. Two very admirable articles on this rare condition are to be found already in British medical literature. In the *Reports* of St. Bartholomew's Hospital, of 1891, there is an article by Dr. W. J. Gow, in which are the notes of what appears to be the only British case then recorded of sarcoma vaginæ in the adult, and a very complete account of all the other cases he was able at the time to collect. In the *Journal of Obstetrics and Gynæcology of the British Empire* for April, 1902, there is an article by Dr. Roger Williams, in which he refers to several previously reported cases, and among these appear another British case recorded by Morris. Williams' article is, however, unfortunately and unnecessarily complicated by the inclusion of cases due apparently to the engrafting of tumours of chorionic origin on the vaginal wall. There is also available an interesting paper by Otto Seitz, published in von Volkmann's *Sammlung klinischer Vorträge*, No. 280, on primary vaginal sarcoma, in which Seitz deals with the cases recorded up to 1900, and adds a case of his own. It may be of interest if I endeavour to bring Seitz's list up to date.

So far as I can ascertain, 39 cases of primary vaginal sarcoma in the adult have been recorded, and in the table I have given shortly the general particulars of each case.

We thus see that among the 39 cases of vaginal sarcoma there is a much larger proportion of the spindle-celled than of the other varieties, but at least six of these are in all probability derived from the endothelium of the blood-vessels or lymphatics, and so consequently should rather be termed endothelioma than sarcoma. Four cases are described as angio-sarcoma, but of these at least one would, I think, in virtue of its history, be more correctly termed a deciduoma malignum or chorio-epithelioma. It was described by Steinthal and occurred in a multipara, æt. 32, four months after she had been delivered of a hydatidiform mole. On the lower part of the anterior vaginal wall there was a swelling the size of a walnut with an ulcerated patch on its surface; and, on the

PARTICULARS OF RECORDED CASES—39 CASES.

Case	Age	Situation of Growth	Histological Structure	Result	Recorded by
1	58	All round lower part of vagina	Round-celled	Death result of operation	Spiegelberg
2	—	Lower part anterior vaginal wall	Spindle-celled	No recurrence after 4 years	Idem
3	15	Lower part anterior vaginal wall	do.	Rapid recurrence	Kaschewarowa-Rudnewa
4	—	Posterior vaginal wall, upper part	do.	Not mentioned	Idem
5	38	Lower part anterior vaginal wall	do.	Death after operation	Meadows
6	32	Lower part anterior and posterior vaginal wall	Angio-sarcoma (probable deciduoma malignum)	Rapid recurrence	Steinthal
7	19	Lower part posterior vaginal wall	Spindle-celled	do.	Simmons
8	23	Lower part anterior vaginal wall	Angio-sarcoma	Rapid growth and death	Kalustow
9	30	Lower part left and posterior vaginal wall	Round-celled	Recurrence	Fraenkel
10	25	Lower part posterior wall	do.	do.	Bajardi
11	39	Lower part anterior wall	do.	No recurrence after 10 mths.	Menzel
12	38	Lower part anterior wall	Spindle-celled	Recurrence	Herzfeld
13	55	Lower part posterior wall	Round-celled	do.	Langton
14	15—20	Anterior wall	Spindle-celled	do.	Wirtz
15	82	Posterior wall	do.	do.	Senn
16	31—40	Anterior wall	do.	No recurrence after 11 years	Rubeska
17	—	—	Spindle-celled (Endothelioma)	Recurrence	Amann
18	50	Right lateral wall	Spindle-celled (Endothelioma)	do.	Jung
19	51—60	Anterior wall	Round-celled	do.	Munz
20	52	Right lateral wall	—	do.	Jung
21	41—50	Posterior wall	Giant-celled	Recurrence	v. Rosthorn
22	—	Anterior wall	Melanotic, spindle-celled	do.	Parona
23	21—30	—	Myxo-sarcoma	No recurrence	Gatti
24	—	—	do.	—	Ferrari
25	15—20	Anterior wall	Round and spindle-celled	Recurrence	Ahfeld
26	41	Posterior wall	Spindle-celled (Endothelioma)	Result unknown	Seitz
27	20	Right lateral wall	Spindle and round-celled	No recurrence after 2½ years	Morris
28	49	Anterior wall	Melanotic sarcoma	Recurrence	Horn
29	—	—	Teleangiectatic	do.	Alglave
30	—	Posterior wall	Spindle-celled	do.	Morestin
31	24	Anterior and lateral walls	Angio-sarcoma	Death from hæmorrhage	Schwartz
32	60	Posterior wall	Round and spindle-celled	Died	Savage
33	44	Anterior wall	Spindle-celled	Recurrence	Macnaughton-Jones
34	56	Left side	Endothelioma	do.	Klien's
35	14	—	do.	do.	Gebhard
36	55	Posterior wall	do.	do.	Franke
37	—	Posterior wall	Round-celled	do.	Gervis
38	16	Anterior wall	do.	No recurrence after 6 years	Handfield-Jones
39	55	All round vagina	do.	No recurrence after 5 mths.	Jellett

posterior wall, opposite the tumour on the anterior wall, was a swelling the size of a hen's egg. The uterus was only slightly enlarged. The growth spread rapidly and filled the vagina. The patient died soon after, but there was no post-mortem. Even assuming that in this case the uterus was unaffected, there is no difficulty, in view of what is now known of the pathology of deciduoma malignum, in regarding the tumour in this case as the result of the vaginal implantation of actively proliferating fœtal ectoblast. I notice that Roger Williams also considers such a view of Steinthal's case probable. I have, however, allowed the case to remain in the list of sarcomata as it was previously placed there by Gow and Seitz.

Vaginal sarcoma appears to arise with slightly greater frequency from the anterior than from the posterior wall, but, so far as I can find, there is only one case described in which there is the same distribution of the growth all round the vagina that there is in my specimen. This case was one of two recorded by Spiegelberg in a patient, æt. 58. The menopause had occurred at 40, and a year prior to the time at which she came under treatment she noticed a gradually increasing bleeding from the vagina. The patient was pale but well nourished. Close to the vaginal orifice, and involving the lower portion of the vagina, was an irregular firm infiltration of the vaginal mucous membrane, elevated above the level of the healthy tissue, with hard everted edges and a granulating surface, which bled on being touched. In the middle of the posterior wall was an isolated nodule the size of a pea. The uterus was atrophied and intact, and there was no involvement of the pelvic organs. The inguinal glands were not swollen and the abdominal and thoracic viscera appeared to be healthy. The growth was removed, but the patient died a week later of septic infection. Microscopical examination showed that the growth was a round-celled sarcoma.

The age of the patients varied from 14, in the case of endothelioma recorded by Gebhardt, to 82 in Senn's case of spindle-celled sarcoma. Seven cases occurred prior to 21, 22 cases between 21 and 60, and one case after 60. The disease occurred with equal frequency during the three decades between 20 and 50. Between 50 and 60 the largest number of cases occurred. I have not been able to ascertain the relative frequency of the two main types of vaginal sarcoma—the infiltrating type and the circumscribed type. There is no doubt, however, that the infiltrating type is very much the rarer of the two. Indeed, in addition to Spiegelberg's first case, the description of which I have quoted, and to my own case, I cannot find a distinct statement that any of the others were of this type. It is, however, probable that some of those described as angio-sarcoma may have answered to this description.

The prognosis of vaginal sarcoma is, judging from the history of the cases I have collected, distinctly bad. Seitz states that only three cases have been recorded in which the disease was removed and did not recur. These are Spiegelberg's second case, in which there was no recurrence after four years; Gatti's case, in which there was no recurrence after several years; and Rubeska's case, in which there was no recurrence after eleven years. To this number may, I think, also be added Morris' case, in which there was no recurrence after two and a half years; and Handfield-Jones' case, in which there was no recurrence after six years. Menzel's case, in which there was no recurrence after ten months, cannot be added to the list of successful cases as the period for which it was watched is not sufficiently long. For the same reason, my own case cannot as yet be included, as only five months have elapsed since the operation. I hope on a future occasion, as soon as a definite conclusion can be formed as to the result of this case, to complete these notes.

In conclusion, I must express my indebtedness to Dr. H. C. Earl for his report on the specimen and for his kindness in looking into the bibliography of the subject. I am also indebted to Mr. Roger Williams and to Dr. Macnaughton-Jones for additional references, to Dr. Arthur Ball for some very excellent photographs from which the plate was drawn, and to Dr. Wigham for a micro-photograph of a section of the tumour.

SOME POINTS IN THE HYGIENIC TREATMENT OF PULMONARY TUBERCULOSIS. (a)

By T. N. KELYNACK, M.D., M.R.C.P.,

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THE open-air, hygienic, or sanatorium treatment of consumption undoubtedly offers, as is now, indeed, generally admitted, the most effectual method hitherto discovered for securing its arrest.

Sanatoria are rapidly springing into being in all parts of the country. (b)

Some are elaborate, substantial, even palatial structures; while others are of Spartan simplicity and almost as ephemeral as the nomad's tent.

I have recently visited many of the most important of the modern sanatoria in this country, and the substance of this short paper is the outcome of a careful study of the conditions under which the so-called hygienic treatment of pulmonary tuberculosis is now being conducted

Both the medical profession and the general public have at last recognised the value of what has been well designated "the natural method" of managing consumptives. There is, indeed, some danger in certain quarters of the open-air system being considered a "specific" for consumption.

There is much need that the whole subject should not only be considered in a spirit of practical sympathy, but fully investigated in a scientific manner and under the directing light of clinical experience and well-conducted experiment. The sanatoria now existing for consumptives are truly of "all sorts and conditions." Structurally, they vary greatly, and in regard to the manner and method of the application of hygienic principles there are wide differences. In order that progress may be maintained it is very desirable that the spirit of empiricism and the stultifying influence of mere routine should not be allowed to hamper. But at the present time there is much need that there should be some means whereby those responsible for the conduct of these institutions should be able to discuss methods, compare results, and intelligently engage in collective scentific research.

To understand adequately the situation it is necessary that there should be a thoughtful study of the past, a critical survey of the present, and a mind at least willing to attempt some forecast of the future.

Sanatorium treatment is still to a great extent in the experimental stage. Our procedures are in great measure based upon a comparatively short experience, and the so-called "principles" of hygienic treatment can scarcely be said to be the outcome of clearly recognised and well-established scientific data.

A rational conduct of the hygienic treatment of consumption should be based upon a thorough understanding of the pathology of the condition and an extensive knowledge of its widely varied symptomatology. This, it must be regretfully admitted, is not always the case, and, indeed, to-day we stand in much perplexity, for distinguished pathologists are presenting for our consideration widely divergent views which cannot but greatly influence our acceptance or rejection of various prophylactic or so-called "curative" procedures. (a)

THE EVOLUTION OF HYGIENIC TREATMENT OF CONSUMPTION.

It is, however, well to remember that success in the treatment of a disease may sometimes precede the discovery of its causal factors or a full perception of its pathology. Such has undoubtedly been the case with consumption.

While it is right that we should accord homage to such German pioneers as Brehmer of Gorbersdorf, Dettweiler of Falkenstein, Walther of Nordrach, and their disciples, in the development of our modern conception of the institutional treatment of consumption, it is but just that we should also accord due honour to those of our own kin who were among the first clearly to indicate the path along which advance might be made.

Parrish (b) wrote, as far back as 1830:—

"Vigorous exercises, and a free exposure to air, are by far the most efficient remedies in pulmonary consumption. It is not, however, that kind of exercise usually prescribed for invalids—an occasional walk or ride in pleasant weather, with strict confinement in the intervals—from which much good is to be expected.

(a) Substance of a Paper read before the Therapeutical Society at the Apothecaries' Hall of London, Tuesday, January 19th, 1904.

(b) For a convenient list of Sanatoria in the British Isles see *Medical Annual*, 1904. I have furnished reports on a considerable number of these establishments to THE MEDICAL PRESS AND CIRCULAR, July 8th, 1903, *et seq.* For useful details see "Sanatoria for Consumptives," by Rufenacht Walters, M.D. Second Edition. London: 1901. Also "The British Sanatoria Annual." London: 1902.

(a) Consult such special periodical literature as *Zeit. f. Tuberculose and Heilstattenwesen; Tuberculosis*, the monthly publication of the Central International Bureau for the Prevention of Consumption. Leipsig; *Tuberculosis*, the organ of the National Association for the Prevention of Consumption, London; *Revue de Tuberculose*; the *Journal of Tuberculosis*, London. See also *Transactions* of the British Congress on Tuberculosis, London, 1902; *Transactions* of the Hunterian Society, London, 1903; *Deuts. med. Woch.*, September 24th, 1903. Reference may also be made to such recent and readily accessible works as—"The Principles of 'Open-Air' Treatment of Phthisis and Sanatorium Construction." By Arthur Ransome. M.D., F.R.C.P., F.R.S. London: 1903. "The Prevention of Consumption." By Alfred Hillier, M.D., C.M., B.A. Revised by Professor R. Koch. London: 1903. "The Diagnosis and Modern Treatment of Pulmonary Consumption." By Arthur Latham, M.A., M.D. London: 1903. "Tuberculosis." By Norman Bridge, A.M., M.D, Philad., New York and London: 1903. "The Sanatorium Treatment of Consumption." By T. N. Kelynack, M.D., M.R.C.P. London: 1904.

(b) *North Amer. Med. and Surg. Journ.*, 1830. Quoted by the late Sir Benjamin W. Richardson in his "Hygienic Treatment of Pulmonary Consumption." London: 1857.

Daily and long-continued riding on horseback or in a carriage is, perhaps, the best mode of exercise; but where this cannot be commanded, unremitting exertion of almost any kind in the open air, amounting even to labour, will be found highly beneficial. Nor should the weather be scrupulously studied. Though I would not advise a consumptive patient to expose himself recklessly to the several inclemencies of the weather, I would, nevertheless, warn him against allowing the dread of taking cold to confine him on every occasion when the temperature may be low, or the skies overcast.

"I may be told that the patient is often too feeble to be able to bear exertion, but except in the last stage, where every remedy must prove unavailing, I believe there are few who cannot use exercise out of doors; and it sometimes happens that those who are exceedingly debilitated find, upon making the trial, that their strength is increased by the effort, and that the more they exert themselves the better able they are to support the exertion."

As every physician now knows, the first medical man to establish an open-air sanatorium was the village doctor, George Bodington. Ignorant though he was of the cause and nature of pulmonary tuberculosis, he nevertheless seized the essentials of the hygienic life, and applied them with conspicuous success, as a study of his clinical reports abundantly proves.

Permit me to make a few quotations from Bodington's now classic monograph. (*a*) These I think, should afford sufficient evidence that this comparatively obscure practitioner anticipated in great measure the modern application of hygienic measures in the treatment of phthisis.

"To live in and breathe freely the open air, without being deterred by the wind or weather, is one important and essential remedy in arresting its progress. The cold is never too severe for the consumptive patient in this climate; the cooler the air which passes into the lungs the greater will be the benefit the patient will derive. The common hospital in a large town is the most unfit place imaginable for consumptive patients, and the treatment generally employed there very inefficient, arising from the inadequacy of the means at command. I think in the neighbourhood of every large town, sufficiently distant to be clear of its contamination from smoke, &c., and in well-chosen spots, medical men should be established with all the means about them for the treatment of the disease in question, to whom those who live in the towns should confide their patients of this kind, at the same time rendering them the benefit of their advice as far as needful, rather than that they should be dismissed to the care of nurses and lodging-house keepers in distant situations; and again I repeat, I do think that for the poorer classes, on account of the magnitude of the evil as regards them, hospitals especially for their use and treatment ought to be established in fit situations."

Reference should also be made to the quaint writings of Henry MacCormac, of Belfast, who was an enthusiast in open-air methods. (*b*)

But among the pioneers, undoubtedly the most masterly presentation of the case for open-air methods came from the late Sir Benjamin Ward Richardson. I have been surprised to find how few of those engaged in sanatorium work are acquainted with his remarkable monograph, which was published as long ago as 1857. (*c*)

In justice to this scientific seer, I should like to be allowed to make a few quotations from his almost forgotten work:—

"In a cosy room the consumptive is bound never to live, nor in any room, indeed, for great lengths of time. So long as he is able to be out of doors, he is in his best and safest home. Stoves of all kinds, heated pipes, and, in a word, all modes of supplying artificial warmth, except that by the radiation from an open fire, are, according to the facts which I have been able to collect, injurious. If special hospitals for consumptives are to be had, they should be as little colonies, situated far away from the thickly-populated abodes of men, and so arranged that each patient should have a distinct dwelling-place for himself. They should be provided with pleasure-grounds of great extent, in which the patients who could walk about should pass every possible hour in the day; and with glass-covered walks overhead, where the open air could be freely breathed, even if rain were falling."

Richardson's prophetic essay should be studied by modern sanitarians and all those in any way responsible for the conduct of institutions for the consumptive. A reprint might well be issued with advantage.

THE MODERN BRITISH SANATORIUM.

What I may call the British type of sanatorium is still in process of development. (*a*) While we may admire the thoroughness and do well to strive after the scientific precision with which some German sanatoria are conducted, I venture to think that it is altogether false policy and wrong practice to adopt a merely imitative attitude. It is well to remember that a considerable number of those engaged in sanatorium work in this country have themselves been sufferers from pulmonary tuberculosis, and not a few have been brought under the masterful influence of Walther, and hence, perhaps, we may find some excuse for the fact that various establishments in this country bear the presumably attractive designation of Nordrach. My point is this: Those responsible for sanatorium treatment in Britain, and especially when carried on in establishments primarily designed for the benefit of the poor, should recognise the influence of racial characters, national customs, local conditions of life and work, and insular prejudices, dispositions, tastes, and sentiments.

THE HYGIENIC "AFTER-CARE" OF CONSUMPTIVES.

I wish particularly to refer to a matter which I consider to be of pressing importance. Much of our sanatorium treatment is being rendered ineffectual by the neglect of what I may term a hygienic "after-care."

In only too many cases, particularly where the patient is a "breadwinner," the period of residence in a sanatorium is almost necessarily short. Frequently before arrest is satisfactorily secured the patient is compelled by financial or other considerations to return to home and work, and place himself or herself under almost identically the same conditions as those which caused or favoured the breakdown.

The various ways in which philanthropic energy, municipal enterprise, and action by the State may deal with this difficulty cannot be discussed here; but I would suggest that at least some attempt should be made to secure some approach to a hygienic after-care of those who have been enabled to arrive at a relative cure by sanatorium treatment, and I should like to draw attention to the method which is being employed at the Kelling Open-air Sanatorium, the admirable institution which Dr. Burton-Fanning, of Norwich, and his cousin, Mr. W. J. Fanning, as resident medical officer, have developed for the consumptive poor of East Anglia. During a recent visit to this sanatorium I found the following circular was being sent to the friends of such patients as are found to react satisfactorily to treatment. It is of such suggestive value that I make no apology for quoting it in full:—

"It is important to remember that the open-air treatment of the patient should not cease on leaving the sanatorium. Whether the disease is arrested or the condition merely improved it is essential that he should always continue the principles of the treatment. All the living rooms should be abundantly supplied with fresh air, and windows should be kept open day and night. If the patient is to maintain his health he must be well fed and lead a healthy life. This may

(*a*) "The Treatment and Cure of Pulmonary Consumption," 1840. See Reprint in "Selected Essays and Monographs, chiefly from English Sources." London: New Sydenham Society. 1901.

(*b*) "Consumption, as Engendered by Re-breathed Air." By Henry MacCormac, M.D.Lond. First Edition, 1855; Second Edition, 1865.

(*c*) "The Hygienic Treatment of Pulmonary Consumption." By Benjamin W. Richardson, M.D. London: John Churchill, 1857. See also THE MEDICAL PRESS AND CIRCULAR, June 10th, 1903.

(*a*) See Dr. H. T. Bulstrode's Milroy Lectures: "On the Causes, Prevalence, and Control of Pulmonary Tuberculosis." *Lancet*, July 11th, 25th; August 1st, 8th, 15th, 1903. Consult Prize Essays in *Lancet*, January 3rd, 1903; also "The Prize Essay on the Erection of a Sanatorium for the Treatment of Tuberculosis in England." By Arthur Latham, M.A., M.D., and William West. London: 1903.

entail the necessity of changing his former occupation. As all this may be difficult to arrange, it is very necessary for the friends and for those interested to begin to consider the question at once, and to begin to find suitable employment as soon as possible after the patient's admission. The moral effect on the patient of knowing that he has some work to look forward to is very good, and, on the other hand, it is most undesirable that the patient, on leaving the sanatorium, should be met with the anxiety of obtaining work and of providing for himself and his dependents. Any employment which does not demand arduous labour or strain, and which allows of a good deal of fresh air, is suitable; exposure to bad weather is not necessarily harmful, but work in unventilated rooms or shops is most prejudicial. Light farm work or light gardening work, such clerical work as can be performed in good air, agency work, driving, caretaking—in fact, any light work in good air or out of doors is suitable; but before deciding it will be well to ask advice at the sanatorium, as the exact condition of the patient must be allowed to determine the precise nature of the work for which he is best fitted. This advice will most willingly be given, but the onus of finding suitable employment must rest with the patient's friends."

THE SCIENCE AND ART OF SANATORIUM TREATMENT.

Numerous works have been written concerning the details of the hygienic treatment of consumption, and various attempts have been made to indicate the "principles" on which the practice of sanatorium management depends; but while rapid progress has been made in what may be termed the art of institutional control, the coming of a directing knowledge regarding the science of the subject still lingers. (*a*)

In the few moments left at my disposal, it is quite impossible for me to indicate anything of the scope or conclusions of recent investigations into the various factors constituting what we understand as "sanatorium treatment." I particularly desire, however, to draw attention to the fact that, at the present time, wide differences in clinical methods and very considerable divergence in therapeutic practice exists among those responsible for the conduct of institutional treatment.

In regard to the so-called open-air treatment of consumption, I venture to think that the time has now arrived when serious efforts should be made to secure some degree of scientific uniformity in clinical procedure, a measure of combination in scientific investigation, and suitable means for a trustworthy comparison of results. In such a special form of medical work it is most desirable that every tendency to a faddish or quackish narrowing of outlook should be avoided and a strict scientific spirit firmly maintained.

(*a*) "The Sanatorium Treatment of Consumption." The *Hospital*, January, 1904; "The Hygienic Treatment of Consumption," THE MEDICAL PRESS AND CIRCULAR, January 12th, 1904.

LARYNGEAL CREPITUS AS A SIGN OF PULMONARY TUBERCULOSIS.

By DR. REMOUCHAMPS,
Physician to the Ghent Hospital.

As a general rule the diagnosis of pulmonary tuberculosis is not a matter of much difficulty, auscultation of the chest and the bacteriological examination of the sputum sufficing to establish the nature of the affection. Now and again, however, we meet with cases in which neither of these methods of examination enables us to arrive at a definite conclusion, especially at the onset of the malady. The morbid changes in the pulmonary structures may, at that period, be so limited in extent as not to give rise to the least pathological sound perceptible by the ordinary methods of auscultation, or the lesions may be so deeply seated in the parenchyma of the lungs that the characteristic sounds do not reach the ear.

Bacteriological examination, on the other hand, may, even if repeatedly made, give negative results, even in cases in which the tuberculous nature of the infection is conclusively proved by the subsequent course of the disease or, it may be, at the post-mortem examination. Moreover, it must be borne in mind that the tuberculin test is only applicable to apyretic cases, and that the reaction is often the reverse of characteristic.

Under these circumstances, it may not be devoid of interest if I make known a method of clinical exploration which appears to me to possess considerable diagnostic importance—one too, which has never been referred to except by Dr. Cybulski, of Gorbersdorf, (*a*) who had recourse to this procedure in the diagnosis of pulmonary cavities, the auscultatory signs whereof were not accessible to stethoscopic examination, they being marked by other sounds nearer the surface. The procedure is simplicity itself. The patient, preferably in the erect position, stands face to face with the physician. He is directed to open his mouth and then, placing his right hand on the patient's left shoulder, and resting his left thumb on the patient's chin, the physician brings his left ear close to the patient's mouth, keeping it at a distance of two or three inches. He will then perceive, in cases of pulmonary tuberculosis, a fine crepitation which I have termed "laryngeal" merely because its maximum intensity appears to be in the larynx, the latter having for effect to amplify sounds having their origin in lesions of the pulmonary parenchyma. The sound is very similar to that of a fine pen slowly scratching on paper. It is audible both in inspiration and expiration, but more particularly the latter.

The laryngeal crepitation is present and audible throughout the whole course of the malady, increasing, diminishing, or disappearing according as the lesions themselves become more marked, improve, or are recovered from. In some instances it is loud enough to be audible without the patient's opening his mouth, and I have met with cases in which it could be heard at a distance of from one to three feet from the patient. When patients who exhibit this phenomenon in such a marked degree begin to talk, no other sound interfering with its transmission, the practised ear is enabled to distinguish between the words a fine crepitation which seems to come from the back of the throat, and is the outward and audible manifestation of pulmonary tuberculous lesions, the existence whereof may be confirmed by the usual methods of exploration.

During the last year or two I have been enabled to ascertain the existence of this crepitation in upwards of a hundred phthisical patients, and the evidence of my own senses has been confirmed by various colleagues and students in my clinic. By its aid I have been enabled to diagnose incipient phthisis in subjects who, at first sight, presented no obvious indication of the affection, and this before any information afforded by the patient had placed me in possession of the reason for their seeking medical advice.

Pulmonary tuberculosis is, it is true, not the only malady in which auscultation *vid* the mouth, without the aid of any instrument, renders

(*a*) "Ein Betrag zur Diagnose der Lungen-Kavernen." *Munch. med. Woch.*, November 4th, 1902.

valuable service. Speaking generally, it may be stated that all sounds arising in the lungs are propagated to the buccal aperture, although there are sundry exceptions, as, for instance, in ordinary pneumonia, pulmonary œdema, and congestion, &c. The transmission *vid* the mouth of morbid sounds is particularly well marked when cavities exist, the gurgling and crackling being heard with really remarkable clearness. In bronchitis the sibilant rhonchi and subcrepitant *râles* are well marked, but none of these sounds could possibly be mistaken for the crepitation of tuberculosis.

It can only be in altogether exceptional cases that it becomes necessary to establish the differential diagnosis. In the early period of bronchitis limited to the apex, for instance, the sound of mucous and bullous *râles* gives rise for two or three days to a sort of crepitation which somewhat resembles the crepitation in question, from which, however, it can always be distinguished by the presence of rhonchous and sibilant *râles*. The same may be said of attacks of bronchial asthma in which, be it observed, the sounds disappear with the subsidence of the attack.

I may add, in conclusion, that extensive and careful clinical observation has convinced me that persistent laryngeal crepitation is pathognomonic of pulmonary tuberculosis from its very onset, also that, when for a time the diagnosis remains doubtful, the persistent absence of this sign justifies our discarding the diagnosis of phthisis. Conversely if, on examining the chest of a phthisical patient, we fail to detect any abnormal sounds and if on bacteriological examination of the sputum no tubercle bacilli are present, even then that patient cannot be pronounced cured so long as we detect the least trace of laryngeal crepitation.

NOTES ON THERAPEUTICS.

By DAVID WALSH, M.D.Edin.,
Senior Physician, Western Skin Hospital, London, &c.

THE desirability of keeping in touch with what is good in modern materia medica and therapeutics is no less obvious than the difficulty of keeping abreast of the stream of the new matter that sweeps down continuously upon the medical world. A few of the new drugs and a few of the new methods will survive the test of time, and it is on that account impossible to ignore the claims of all new comers. What is wanted is a kind of standing committee to advise and report authoritatively to the medical profession upon all fresh claims. As things stand at present the individual practitioner has to conduct his own investigation and to form his own conclusions as to the value of this or that drug, preparation or method. Sooner or later a sound general conclusion is formed in each instance, and forms thenceforth part of the common stock of knowledge. The waste of time and energy on the part of the individual, however, pending that consummation can hardly be estimated. Any plan that would gather together, and thereby save from destruction, the everyday experience of the general practitioner of the United Kingdom would be of inestimable value to the progress of medical science. It would, so to speak, place the stamp of the workshop upon the production of the laboratory and the study table.

The idea is hardly novel. It has for a generation or more formed a kind of stock subject for presidential addresses and for professional journalism. Some years ago it was formally recognised by the British Medical Association, and a Special Therapeutic Committee was appointed with a flourish of trumpets. To Sir Lauder Brunton was allotted the leading part, and at the time much was hoped from the departure. That took place some years ago, but nothing more has been heard about the committee, which appears to have been unable to survive the plaudits that hailed its birth. Yet the scheme was admirable. Perhaps its failure was due to the well-nigh limitless field of investigation that lay before the committee, the members of which were all busy men, whom it would be difficult to bring together for the purposes of a collective investigation.

The aim of the series of notes which commence with the present brief article is modest—namely, to give short and suggestive notes of new remedies that may serve as some sort of guide to medical men. At the same time it is not intended to forget old and trusty friends, whose virtues may be brought to mind by an occasional reference, to say nothing of fresh qualities that may be discovered in them. Although it would be too ambitious to attempt to stop the gap in medical literature which has been alluded to, it may nevertheless be hoped to bring together in readable form a quantity of concentrated and readily assimilable information.

Osmic acid is one of a host of remedies vaunted in the treatment of neuralgia. Its efficacy in some otherwise intractable cases appears to be proved on good authority. Certainly, in the round of remedies which the medical attendant is bound to try in severe cases, the injection of osmic acid should have a place. Mr. G. A. Wright, M.B., F.R.C.S., (*a*) has published an interesting note on thirteen cases of neuralgia thus treated, with partial or entire relief of pain lasting over a period varying from six weeks to three and a half years. The author agrees with Sir William Bennett in the view that the irregular results obtained heretofore are attributable to the fact that the injections have been made at random, and may or may not have penetrated the nerve trunks implicated. In all his cases he exposed the nerve and injected a 1½ or 2 per cent. watery solution of the acid into the trunk or into branches. If by this simple little operation the more serious procedure of excision of the spheno-palatine or of the Gasserian ganglion can be avoided, an advance will have been made in the treatment of that most serious malady—trifacial neuralgia of severe type.

The serious consequences of the various drug habits upon their victims make the uncontrolled sale of such drugs or of preparations containing them nothing less than a public scandal. It would be well were the attention of the British Government called to a resolution recently passed by the Druggists' Association of Syracuse, New York. Their legislative committee drafted a tentative Bill which provided, in substance, that no retail druggist or pharmacist might sell cocaine or its salts except on the written prescription of a practising physician or dentist; that all preparations containing cocaine should be labelled poison; that no prescription be repeated and no copy of same given to the customer; it also prohibited its use in proprietary articles, the penalty being $25 for every

(*a*) *Med. Chron.*, February, 1904, page 291.

bottle found containing cocaine and not properly labelled. The foregoing suggestions would probably secure the universal approval of the medical profession in our own country, where a good deal of reform is needed as regards the sale of dangerous drugs in proprietary medicines.

A capital inhaler has been introduced for ethyl chloride by our old friends Duncan and Flockhart, of Edinburgh and chloroform fame. It is a thoroughly workmanlike apparatus, without being too costly. This anæsthetic is coming greatly into vogue. Its popularity and success, however, depend not a little on the way it is administered, and that, again, on the efficiency of the apparatus. *Crede experto.*

The Out-Patient Departments.

ST. PETER'S HOSPITAL.

A Case of Malignant Adrenal Growth presenting Some Points of Interest.

By JOHN PARDOE, M.B., F.R.C.S.,
Assistant Surgeon to the Meath Hospital.

H. B., æt. 53, was sent to me in December, 1903, by Dr. Pinel Gallie, of Camberwell, with the following history:—

He was in his usual good health until July, 1903 (about five months before he came under my care), when he was seized with sudden acute pain in the right lumbar region, of a sharp, tearing nature but remaining fixed in the renal area. The pain caused a good deal of collapse with sweating and retching, and lasted for four or five hours. Two similar attacks occurred in August, the patient remaining free from symptoms in the intervals. On September 4th, the patient was surprised to find his urine loaded with dark blood, although no attack of pain had occurred to herald this symptom. Hæmaturia had gone on intermittently ever since this first attack, the longest interval being of a fortnight's duration towards the end of November. The hæmorrhage had varied in character, sometimes being slight, at other times being profuse, and on these occasions being accompanied with considerable pain radiating into the groin and testis. On these occasions a large number of clots was passed, their passage down the ureter undoubtedly causing the pain. These clots were noticed to be of two kinds, long, thin, worm-like clots, and others of an irregular shape, but no triangular or conical clots were seen. On one or two occasions the bleeding was so severe, and the clots so large and numerous, that retention occurred, requiring relief by catheter. Frequency of micturition was normal at first, increasing a little latterly, and necessitating the patient rising once or twice at night. These symptoms were present on the patient's admission to St. Peter's Hospital on December 14th. On examination, neither kidney could be felt, and nothing abnormal could be detected in the abdomen. The prostate was slightly enlarged, particularly on the right side, but there was no diminution in the stream of urine, which was excellent, except during the passage of clots.

The urine on admission was smoky, specific gravity 1018, acid in reaction. By the microscope blood and a few pus cells were seen. No casts, no crystals, and no pieces of growth were observed.

I examined the bladder with the cystoscope, and found it normal with the exception of the right ureteric meatus, which was somewhat larger. Perfectly clear urine was being ejected from the left ureter, but on pressure being made over the right renal area deeply blood-stained urine was discharged from the right ureteric orifice. Whilst I was watching, this suddenly ceased, and though from the left ureter normal urine continued to be ejected, not a drop more came from the right side.

A diagnosis of renal growth was made, and I cut down upon the right kidney by the usual oblique lumbar incision. The lower pole of the kidney felt quite normal, but on palpating the pelvis a mass was felt which gave the impression of a stone.

On freeing the upper part of the kidney it was found to be invaded by a growth, bossy and irregular in character. The organ was therefore delivered into the wound, and as the pedicle was very short, two pedicle clamps were placed upon it, and the kidney removed.

On cutting through the pelvis the mass which had simulated a stone was found to be a portion of growth, which had become detached within the pelvis, and had blocked its outlet, lying loose in the pelvic cavity.

The clamps were left on the pedicle, and removed thirty-six hours later, no anæsthetic being required. The patient made a good recovery, though a little anxiety was caused by some bronchitis during the first few days after operation. He went to the sea-side, and on his return a few weeks later the loin was found to be perfectly sound, no sign of recurrence anywhere, and the patient in excellent condition. He has returned to his work as a railway van-man. The growth proved to be an endothelioma growing from a cortical adrenal nest. It had invaded the whole of the upper pole of the kidney, and had perforated the lining of the pelvis, projecting into one of the upper calyces, thus accounting for the severe hæmorrhage..

This case was operated upon in a sufficiently early stage to render the prognosis very hopeful. Their growth had not passed beyond the limit of the kidney tissue, the pelvis and ureter were not invaded, and no enlarged glands could be felt.

There is a very strong tendency, in malignant new growth of the kidney, to the occurrence of secondary growths in other situations, and early removal is, therefore, of supreme importance. Nephrectomy is also a simple matter when the growth is confined to the kidney and has not invaded the surrounding tissues and organs.

Very free bleeding, bright red in colour, such as occurred in this case, is often considered to be strong presumptive evidence that its site is in the bladder, especially when there are no localising symptoms, such as pain in the lumbar region, to draw attention to the kidneys. Conversely, pain in the renal area with the accompaniment of "smoky" urine is considered indicative of kidney trouble. If entire reliance is placed upon these symptoms the surgeon will not seldom be led into error. I have recently recorded cases (*Lancet*, March 28th, 1903) where on the one hand free hæmorrhage with increased frequency and pain on micturition and suprapubic pain was due to a renal growth, and in the other moderate bleeding with renal pain was due to a bladder growth springing from the neighbourhood of the ureteric meatus and causing reflex pain in the corresponding kidney. The use of the cystoscope affords positive evidence of the source of the bleeding.

I am indebted for the excellent notes of this case to our senior house surgeon, Mr. R. J. Swan.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

The President, SIR A. V. MACAN, in the Chair.

FURTHER NOTES ON GLYCOSURIA AND INSANITY.

DR. W. R. DAWSON gave an account of a second series of cases, twelve in number, of insanity in which glycosuria had been observed. In seven of these sugar was found on one occasion only; in two more it was present in the urine for about a month on one occasion, but was cured by dieting; and in two others glycosuria occurred transitorily on more than one occasion. The last case was one of minor epilepsy with short periods of alternating insanity, who after a number of years developed a glycosuria which has persisted in varying intensity for nearly two years, but does not seem to be affecting the bodily health. It has yielded latterly to Poehl's cerebrin, which also

seemed to benefit the epilepsy, and on the whole the number of seizures have been very considerably reduced since the sugar appeared. Of the twelve cases, eight were melancholic or subject to depressing delusions; two were doubtfully happy, and two were demented, and, therefore, supported previous observations. In two cases some mental depression seemed to be associated with the glycosuria, but on the whole this symptom, if transitory, had no particular significance.

Dr. T. P. KIRKPATRICK inquired the pathogenesis of true diabetic insanity. Was it due to toxæmia?

Dr. DAWSON, in reply, said that none of these were cases of true diabetic insanity. He had only seen one such case, which he had described, and the disease was very rare. In a paper published about two years ago he had urged that the mental symptoms were due to absorption of the hæmic oxygen by the sugar in the blood. The last patient did not show markedly the other symptoms of diabetes.

Dr. T. G. MOORHEAD reported a case of

GASTRO-TETANY

which terminated fatally a week after the onset of the symptoms. Post-mortem, the stomach was found dilated, and there was a commencing carcinomatous growth at the pylorus. The kidneys were intensely congested, and also showed slight chronic changes. Nothing abnormal was found in the motor cells of the spinal cord. Several experiments were carried out with the vomit, but all proved negative as far as effects upon animals were concerned. This, he pointed out, was in accordance with the majority of other observations, and seemed to point to the fact that either the disease was not of a toxic nature, or else that the toxin was not contained within the vomit.

Dr. CRAIG mentioned a case of gastro-tetany which he had seen in the Meath Hospital. The patient suffered from dilated stomach, and the characteristic symptoms of tetany appeared soon after lavage had been practised. A fatal result ensued early. Dr. Craig briefly mentioned a case of true tetany, which he had also observed.

Dr. H. C. DRURY suggested that the condition of the kidneys in this case might have had its share in the causation of the symptoms. He was interested in the fact that a large proportion of the recorded cases of gastro-tetany had renal trouble of some description. He advocated the operation of gastro-enterostomy as likely to obviate the condition in cases of pyloric obstruction and gastrectasis.

Dr. J. B. COLEMAN had seen a man in the Whitworth Hospital who had been brought in with tetany, when a greatly dilated stomach was discovered. The patient refused to remain in hospital.

Dr. G. PEACOCKE questioned the importance of leucocytosis as a sign of an early fatal issue, or as necessarily a sign of severe toxæmia.

Dr. MOORHEAD replied.

LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, APRIL 8TH, 1904.

The President, Dr. P. MCBRIDE, in the Chair.

THE following cases and specimens were shown:—

Dr. STCLAIR THOMSON: A case of Membranous Ulceration of Fauces, of six weeks' duration, in a female, æt. 36. The glands were enlarged, but there was no fever, Klebs-Loeffler bacilli, Vincent's spirilla, or fusiform bacilli. Those members who discussed the case inclined to a diagnosis of syphilis.

Mr. P. DE SANTI showed a case of chronic hoarseness in a woman, æt. 43. There was general thickening of the inter-arytænoid space and of the larynx, and there was a small nodule at the right processus vocalis with a corresponding depression on the other side (pachydermia laryngis). The case was brought forward for the question of treatment, and was subsequently discussed by Messrs. Tilley, Lack, Thomson, Dundas Grant, and the President.

Dr. H. L. LACK showed a man with bilateral abductor paralysis, the result of trauma. The question was, could any operation be done to relieve the laryngeal obstruction? The general opinion of the meeting was that nothing could be done.

Mr. H. TOD showed a case of tuberculous laryngitis in a girl, æt. 13, with definite tuberculous disease of both lungs. He also showed three cases where the "fenster-resection" operation for deviation of the septum had been performed. The results were satisfactory, but those members who spoke in connection with the cases were of opinion that this operation was no new one, but had been performed frequently in England for the last fifteen years.

Dr. H. TILLEY showed a case that had been previously exhibited twelve months ago to illustrate the permanence of the successful operation for extensive adhesions of the soft palate to the posterior pharyngeal wall.

Dr. H. W. KELSON showed two cases of Disease of the Fauces simulating Syphilis.

Dr. J. B. BALL showed a very interesting case of Melanotic Sarcoma of the soft palate in a man, æt. 53, who noticed some black patches on the palate about two years ago. Some seven or eight months ago a growth commenced on the soft palate which had grown considerably during the last few weeks, and the patient had lost a stone in weight during the last year. There was some slight glandular enlargement under the chin in the middle line.

Mr. P. DE SANTI advised thorough extirpation of the growth itself and surrounding parts, but thought the prognosis very bad in any case.

Mr. E. B. WAGGETT showed a pair of shears for doing the operation of thyrotomy, and an aseptic forehead mirror-handle for use during operations on the throat and nose.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD MARCH 31ST, 1904.

The President, Mr. G. H. WEST JONES, in the Chair.

MR. EDWARD SKINNER showed a large sarcomatous tumour weighing 14 lbs., removed post-mortem from the abdomen of a man, æt. 28. The tumour was first felt in the right flank five months previously. The patient was also the subject of marked molluscum fibrosum of many years' duration.

Dr. ARTHUR HALL showed (*a*) Two Cases of Lupus Erythematosus, one in a middle-aged married woman, associated with tuberculous glands in the neck and an attack of pleurisy with effusion. Uncertain physical signs in the chest of phthisis. In this case salicin, gr. x t.ds., had been of distinct service in clearing up the eruption. While under large doses of urea previously the glands had become much less. The other case was much more extensive, in a child, æt. 12, a rheumatic subject with recent acute rheumatism, during which the rash became much worse.

(*b*) Lupus Vulgaris in Association with Pulmonary Tuberculosis. The course of events has been tuberculous lymphatic glands of right neck in childhood, secondary infection of the skin when these burst, extension to apex of right lung.

(*c*) Cases of Psoriasis in two sisters. Marked improvement under thyroid extract alone.

(*d*) ? Herpetiform Dermatitis or Pemphigus. In favour of the former is the multiformity of the eruption; against is the entire absence of pain.

(*e*) Hysteria in Male. Complete loss of speech with right hemi-anæsthesia and slight right paresis. Patient, single, middle-aged, began with a fit in the street. On admission, he was unable to utter a sound of any kind, but was conscious and able to write out a full account of himself. On being asked to say "Oh!" he was able to place his mouth and lips in the proper position, but could not make any sound. In a few days the speech gradually returned and the hemi-anæsthesia disappeared.

Mr. SINCLAIR WHITE showed the following cases and specimens: (1) Four men whose prostates had been

removed suprapubically in 1902. Their ages ranged from 61 to 72 years. All were in excellent health, and had completely recovered power to empty the bladder. (2) A series of specimens of enlarged prostate recently removed, including one showing a very marked so-called middle lobe. (3) Two specimens of cancer of the mid-rectum recently removed by the trans-sacral route. In both cases the rectum was slit up along its posterior surface as high as the growth, and divided transversely from within outwards, at least one inch below the cancer. The diseased segment was then dissected from the surrounding tissues until well clear of the upper limit of the growth, when the bowel was again divided transversely. The rectal walls were then pulled down and stretched to the anal margin. He had performed Kraske's operation for cancer of the rectum eighteen times with four deaths. (4) Three myomatous and one cancerous uteri removed abdominally. All made good recoveries. The entire uterus was removed in each case. Unless the patient was stout he preferred the abdominal to the vaginal route for removing cancerous uteri. (5) A large sarcomatous growth of the lower end of the humerus removed by disarticulation at the shoulder-joint. The axillary glands were also removed, as they had become much enlarged. The patient, a young female, made a rapid recovery. (6) A partial resection of the stomach for a chronic ulcer of many years' duration, situated on the upper border two inches to the left of the pylorus. The stomach walls were much thickened and indurated about the ulcer, and as the patient had for some months been losing flesh rapidly, it was feared it might have become cancerous. A Murphy's button was employed to unite the duodenum to the posterior wall of the stomach. One-half of the button was introduced into the stomach, which was then completely closed by a double row of continuous sutures. A small opening was then made in the posterior wall of the stomach, through which the shank of the button was protruded. The patient made an excellent recovery.

Mr. P. E. BARBER read notes of a case of Belladonna Poisoning due to application of a belladonna plaster to the mamma.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, April 16th, 1904.

TREATMENT OF CIRRHOSIS OF THE LIVER.

Dr. Crégny made an interesting communication at the Société de Thérapeutique on the treatment of cirrhosis. A hard drinker, æt. 58, was for months ill with cirrhosis accompanied by the usual train of symptoms, ascites, emaciation, &c. The classical treatment (tapping, iodides, cholagogues) was tried with but little success. The condition of the patient became precarious, voluminous hæmorrhoids causing great loss of blood, producing profound anæmia. Ulcerations of the sacrum indicated that the end was not far off. It was at this period that M. Crégny decided to try hepatic opotherapy. The patient was ordered each day milk diet, an egg, and a small quantity of pig's liver (raw), and fifteen grains of hepatic extract every morning in a cup of milk. Improvement took place almost immediately. The œdema of the legs and scrotum disappeared, while the acites did not return after the last tapping; the appetite became better, and the strength gradually returned. At the end of four months, the patient was able to resume his work.

M. Hirtz said that he had similar success in a man æt. 54, a heavy drinker. The ascites was so abundant as to render breathing very difficult; the abdomen was covered with a network of veins, while the legs were considerably swollen. Milk diet, calomel one grain daily, diuretics, and repeated tappings did not produce much improvement. The speaker finally had recourse to the use of raw pig's liver, of which the patient ate five ounces daily. The condition improved perceptibly from this moment; the œdema and ascites diminished rapidly, abundant diuresis set in, and the present condition of the patient is excellent.

DIAGNOSIS OF UTERINE FIBROMA AND PREGNANCY.

The diagnosis between uterine fibroma, salpingitis, and pregnancy, says Professor Tillaux, is not always easy. Pregnancy might pass unperceived or be taken for a tumour, and the best accoucheurs have made mistakes.

Three women came to the hospital presenting good examples of the difficulties that can be encountered. The first patient was thought to have a fibroma whereas she was pregnant; the second was also thought to have a fibroma, it was in reality a case of salpingo-ovaritis, and the third patient likewise. The three women entered the hospital for abundant metrorrhagia. The first patient, æt. 28, had already had five pregnancies, of which two miscarried. She did not think herself pregnant, was regular, but for the previous fifteen days lost a good deal. The uterus was increased in volume and could be felt as a hard mass above the pubis. Fibroma of the anterior wall of the uterus was the conclusion arrived at, and an operation was spoken of as a near possibility. A few days afterwards the woman was examined again, but this time the tumour had changed its consistency; instead of being hard it was soft and enlarged, removing all doubt of the true nature of the case, which was that of a gravid uterus. The rest in bed stopped the hæmorrhage, and the patient went on to her term without much difficulty.

The second case was that of a woman, æt. 24. Here, also, a fibroma was thought to be the cause of her trouble, but examination through the vagina corrected the mistake. The tumour occupied the right *cul de sac* of the vagina, and was of the size of an infant's head, and was fixed. In cases of fibroma the tumour, at least at the beginning, is very mobile. It was a case of salpingo-ovaritis.

The third patient was æt. 25. In the right *cul de sac* a tumour was found large enough to displace the uterus. The following day the idea of a fibroma was abandoned, as a groove of separation between the tumour and the uterus was discovered. This groove had been remarked before, but no attention had been paid it. However, it soon became evident that the case was one of salpingo-ovaritis, as no groove exists in fibroma.

The three signs above mentioned should not be forgotten by practitioners when such cases present themselves, in order to arrive at an exact diagnosis.

In the first case the existence of a fibroma was rejected on account of the changes in the consistency of the uterus, never observed in fibroma; the patient was pregnant. In the second case (salpingo-ovaritis) the immobility of the tumour and its independence of the uterus proved that a fibroma was not the cause. As regards the third patient, the tumour was separated from the uterus by a groove; such groove is not met with in fibroma.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 16th, 1904.

AT the Society for Innere Medizin, Hr. v. Leyden related a case of

RUPTURE OF AN ANEURYSM OF THE AORTA INTO THE VENA CAVA SUPERIOR.

On February 29th a labourer, æt. 57, was admitted into

the F rst Medical Klinik with very marked symptoms. He sat upright in bed, the upper part of the body—face, thorax and upper extremities—were very œdematous, more so than generally seen in dropsy. On examining the lower half of the body, it was found to be free from swelling. The speaker thought from this that there was probably closure or compression of the veins of the upper part of the body, or of the vena cava, or of the right ventricle, possibly by a tumour in the mediastinum. Röntgen illumination showed an aneurysm of the aorta, and the hand laid on the manubrium sterni felt a strongly heaving pulsation. The venous stasis was extreme, the commencing cyanosis increased, but the dilatation of the vein was covered by the œdema. The radial pulse could be felt after removing the œdema by pressure. Percussion gave scarcely any result; the lung resonance was on the whole normal; dulness over the sternum not much marked; the left cardiac dulness only slightly extended; the heart impulse strongly heaving. Auscultation revealed sounds in the neighbourhood of the aorta; two sounds following one another not of an endocardial nature, more of a rushing character, comparatively circumscribed, and not to be heard either in the carotids or at the base of the heart. The sounds bear the character of venous ones. The pulse could be plainly felt in the femoral arteries. He thought that the aorta was compressed by the aneurysm. The patient stated that the symptoms had appeared suddenly a short time before. On February 13th he had felt as if he had received a blow in the region of the heart, and had felt giddy from it. The day after, the eyes were swollen and then the swelling had spread over the whole upper part of the body. Then shortness of breath came on, giddiness, pressure on the head, and bleeding from the nose. The urine was scanty.

The sudden onset of the symptoms led to a belief that the case was one of dissecting aneurysm. The day after the patient's admission he felt somewhat better, and the œdema had given way a little to diuretics, but there was no real improvement. At night the difficulty of breathing became worse, so that the patient had to get out of bed. These stenocardiac attacks were repeated every night, but were not of long duration. He died on March 15th. The course of the illness reminded Hr. v. Leyden of that of a highly honoured colleague; similar attacks with moderately free intervals, except that the attacks were not so severe as those of his colleague, and lastly there was the same sudden passing away.

At the autopsy an aneurysm the size of an egg was found lying on the right auricle and superior vena cava and compressing it. The cervical veins were filled with thrombi; the innominata was free.

Hr. Westenhoeffer reported on the anatomical condition, and showed the preparation. It was a typical sacciform aneurysm with a sharply defined neck with multiple cavities. At one spot the wall of the aneurysm was thinned, so that rupture into the pericardium was imminent. The sac completely covered the right auricle. Perforation into the vena cava had taken place through a small sharp-edged opening, a proof that it must have been in existence several weeks. The patient had formerly suffered from trichinosis, as was shown by numerous calcifications and also by some living encapsuled trichinæ. The walls of the sac showed sclerotic changes.

Hr. A. Fraenkel brought to mind three similar cases observed by himself, in two of which he had arrived sat a correct diagnosis. The sudden onset of the venous stasis and the other symptoms when once seen could not point to anything else. The onset of the catastrophe was generally associated with some bodily exertion. In his first case the symptoms came on whilst the patient was mounting steps, and œdematous swelling soon followed. In the second case he had at once diagnosed perforation of an aneurysm into the superior vena cava. In this case the patient died in six or eight days. The diagnosis was based on three symptoms:—(1) The sudden œdematous swelling in the upper half of the body in patients with cardiac symptoms, but without previous swelling; (2) the onset of "rushing" cardiac sounds; (3) venous pulse in the upper extremities, which, however, often remained unnoticed, as in his own three cases. The perforation opening was characteristic: it was as sharp as if cut out with a punch.

Hr. Westenhoeffer showed a preparation of an aneurysma dessicans three fingers' breadth above the aortic valves.

Hr. Guttmann also showed (1) a preparation of an aortic aneurysm just above the aortic valves. There was sclerotic degeneration of the walls of the aneurysm. A sharp-edged opening led to a hollow space that was divided into two parts by a septum. Possibly two aneurysms had developed that had later on united into one. The opening into the left carotid was very narrow. (2) Preparation in connection with Ostreich's address on obstructing thrombosis of the abdomina aorta. The abdominal aorta just above its division was blocked by thrombi, without changes in the lower extremities, however.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 16th, 1904.

Hepatic Cirrhosis and Ascites.

At the Gesellschaft Pal presented a waiter, æt. 48, who four years ago was operated on by Talma without any apparent success. After the operation the ascites returned as before. After six tappings, a form of polyserositis set in, such as perihepatitis, pleuritis, &c., then the ascites ceased, and has not been observed for the last eighteen months. The presumption is that the intestinal peritoneum has become united with the costal layer, and thus obliterated the sac.

Hæmophilia.

Schlesinger gave the members a history of two cases of internal hæmorrhage—one from the bowels, another with morbus maculosus "Werlhofii." After exhausting the pharmacopœia, he resorted to a suprarenal extract with perfect success. He gave it by the mouth in the form of an extract containing 1 per cent. of the gland substance. Ten to twenty drops of this solution were given every hour till the bleeding ceased.

Stricture of the Rectum.

Wagner showed a patient who had stricture of the rectum, which he had cured by operation. The cicatrix was probably due in the first place to gonorrhœa. The treatment he adopted was to make an opening into the sigmoid flexure, and with a conical tube pass a cone down through the anus, where it was allowed to remain for some time. After this a wider cone was applied daily, until the lumen was fairly dilated.

Congenital Growth of the Conjunctiva.

Königstein exhibited a child, æt. 1½, with a congenital overgrowth of the conjunctiva of both the upper and lower lids. The solid red growth extended from the inner angles of the eyes to the middle of the

lids. The bulbus was perfectly normal. The etiology of the growth is very obscure, but he conjectured that it was in consequence of an eczema, with loss of substance in the fibrous tissues of the lids, or possibly an early diphtheria of the conjunctiva.

MULTIPLE FATTY NECROSIS.

Wiesel showed several microscopical preparations which he had taken from the liver of an individual who had suffered from fatty necrosis in consequence of pancreatitis hæmorrhagica, from which he died.

Many of these centres of fatty degenerations were found where large fatty globules filled the cells of the hepatic tissue as well as those of the capillary walls. Besides the fat, free iron pigment cells were found.

RONTGEN INJURIES.

Holzknecht brought forward several cases of injuries sustained by the Röntgen rays, which only adds to the sad havoc that atrophica cutis produces after the treatment. These cases, like those recorded at a former meeting, had all suffered from persistent eczema. He thought the statistics of injury, or, more properly stated, the percentage of failures, were greater than those recorded at the present, which varied from 4·8 per cent. to 0 per cent. He did not think the use of the chromo-radiometers had proved to be so successful as was supposed, and that the exact measurement of the intensity of the ray is only a vague relative term. Riehl remarked that the statistics of 1903 were not sufficiently accurate, nor have the observations been so carefully recorded as to give us such assurance of correctly forming an opinion of the injury done by the rays. It is generally admitted that burning is accidentally effected through peculiar idiosyncrasies. It is to be hoped, however, that these warnings will have a better result in future among dermatologists. He thinks that eczema is not a suitable disease to be treated with the rays.

Ehrmann quite agreed with Riehl that the painful lessons so recently revealed should teach us to be more guarded with different individuals when applying the rays to the skin, as the healthy cuticle could suffer more exposure than the morbid condition, on which the rays acted more rapidly and with greater intensity.

Schiff believed that different individuals had different powers of reaction under these rays, and that it behoves us to exercise great judgment in application where such treatment was indicated, and that both factors should be duly considered.

Kienböck said he could not deny all that had been advanced on the idiosyncrasies of different individuals where atrophy of the skin has occurred, but it must not be forgotten that the question often arises whether it is better to suffer from the consequences of the rays than the disease itself. There are certain diseases, however, such as favus, sycosis, &c., where the results have been excellent, and no bad effects when carefully applied.

The Operating Theatres.

ST. BARTHOLOMEW'S HOSPITAL.

OPERATION FOR EXCISION OF A CARCINOMA OF THE TONSIL.—Mr. MCADAM ECCLES operated upon a man, æt. 67, with a view to the extirpation of a carcinoma of the left tonsil. The patient was placed under chloroform by inhalation through the nose and mouth. Then a laryngotomy was performed by a transverse incision one inch in length. During the rest of the operation the anæsthetic was administered through the laryngotomy tube. The pharynx having been tightly plugged with a sponge, Mr. Eccles slit back the left cheek on a line with the mouth, and notched the anterior part of the masseter and the internal pterygoid. This manœuvre gave a very free exposure of the operation area. By means of a scalpel the soft palate was divided well to the right side of the uvula, and detached from its junction with the hard palate. The incision was then carried in front of the anterior pillar of the fauces down to the base of the tongue, then across the posterior part of this organ, back to the side wall of the pharynx, and up behind the posterior pillar of the fauces. In this way the whole of the growth was isolated. By deepening the incision and working with the finger and scissors curved on the flat, a good extent of tissue beneath the growth was separated from the underlying parts. There was pretty free hæmorrhage during these manipulations, but the greater portion of it was easily checked by sponge pressure. After all the bleeding had been arrested, the cheek was sewn up with silkworm-gut sutures externally, and catgut stitches internally. The sponge from the pharynx was removed, and the patient breathing well, without any cough, it was thought feasible to remove the laryngotomy tube, and to sew up this wound before the patient left the table. Both wounds were dressed with gauze and collodion.

Mr. Eccles said that the prognosis in cases of malignant disease of the tonsil was very grave, possibly worse in cases of sarcoma than in those of carcinoma. There were two chief methods of dealing with those examples of the growth which had not progressed too far for operative measures. The first was to remove the growth without making any opening in the neck, and the second was to get at the growth by a lateral cervical incision. In early cases, Mr. Eccles was sure that it was better to excise through the mouth, after splitting the check, than to perform the operation from the outside.

By the operation through the mouth all likelihood of septic infection of the important cellular planes of the neck was avoided, the patient was saved from the discomfort of a drainage-tube, and healing was much more rapid. He was certain of the value of a preliminary laryngotomy. It enabled the anæsthetist (in this case Mr. H. E. G. Boyle) to administer the chloroform with perfect precision, it completely avoided the passage of blood into the air-passages, it prevented the breathing efforts of an imperfectly anæsthetised sufferer from throwing escaping blood up into the face of the operator at critical moments when the value of a clear line of sight was most essential, and last, but by no means least, it prevented a half-conscious patient from disturbing the persons actually engaged in the operation, and also from harrowing the feelings of the onlookers, by his struggles and semi-articulate cries. Mr. Eccles was of opinion that the only point against the employment of a preliminary laryngotomy or tracheotomy was the objection to the tube after the operation was finished, and during the first few days of convalescence, but it was easy to overcome this by removing the tube, after the arrest of all hæmorrhage, whilst the patient is still under the anæsthetic, and by sewing up the wound in the air-way then and there. Mr. Eccles stated that this was his usual custom, and that he had never seen any harm arise from it, but that patients had invariably done well, and, therefore, very much better than in some instances in which he had seen a tube left in for some days after the operation. He believed in the value of actually stitching the wound in the middle line of the neck, and discountenanced the mere leaving of the wound open after the removal of the tube.

The patient recovered well from the operation, and was able to swallow fairly comfortably on the second day. Both wounds healed by primary union, and there was not the least discomfort with breathing. The patient left his bed seven days after the operation.

No attempt was made to remove the glands in the neck at the above operation, as Mr. Eccles believes that it is well to perform this extirpation as a second operation after the patient had practically recovered from the first. In this case there were no enlarged glands to be felt in the neck, but Mr. Eccles a fortnight after the first operation proceeded to remove all the glands in the submaxillary and upper cervical region, so as to limit the risk of growth appearing there. It is satisfactory to note that this operation was entirely successful, and that the patient left the hospital within a month of the first operation, his only discomfort being some alteration in his voice, and some slight difficulty in easy deglutition. Both these defects would be greatly minimised by time and habit.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX"

WEDNESDAY, APRIL 20, 1904.

TRAMPS AND SMALL-POX.

The prevalence of small-pox in London and the provinces during the last few years has awakened general interest in the preventive measures available to control and eradicate that most loathsome and deadly disease. It is probable that, owing to the object-lesson furnished by recent epidemics the margin of population unprotected by vaccination and re-vaccination was never at a lower ebb. The machinery of notification, isolation of the sick and of "contacts," and disinfection was never more universal or more efficient throughout the country. There is one glaring defect, however, in the national preventive system which renders it impossible to prevent the spread of small-pox infection into every quarter of the United Kingdom, namely, the agency of infected tramps. This vagrant class of society lives under conditions admirably calculated to foster and to multiply the infection. Its members herd together in crowded lodging-houses and casual workhouse wards nightly on their incessant journeyings to and fro over the whole face of the country. Time after time they have been shown to have brought small-pox into local communities, great and small, which have been thereby subjected to epidemics of that disease, with the consequent toll of suffering and death, to say nothing of the monetary burden cast upon the shoulders of ratepayers. This particular question has been carefully investigated by Dr. H. E. Armstrong, the able and energetic Medical Officer of Health for Newcastle-on-Tyne. Ten years ago he published a startling report which showed that the disease had been introduced by tramps into 58 per cent. of the sixty-three large towns from which returns were received. Further, he pointed out that the same class of person had sooner or later carried the infection into 72 per cent. of the urban centres, on an average about five times to each. Stimulated by these disclosures, the London County Council convened a meeting of sanitary authorities from various parts of the Kingdom, and a number of admirable resolutions were adopted and subsequently presented to the Local Government Board. No official action, however, has so far arisen out of that timely and wise counsel. Ten years later the tramps of the United Kingdom are still wandering about at their own sweet will from village to town and from town to village in all parts of the United Kingdom. The liberty of these vagabond subjects—for nine out of ten tramps are worthless rogues—is preserved at the cost of respectable citizens, who have to maintain the Poor-law infirmaries and small-pox hospitals and to bear the brunt of the sickness and death directly due to the small-pox planted in their midst by these pestiferous visitors. A law-abiding resident citizen is subject to a Draconian system as regards the communication of small-pox infection. It is only the irresponsible vagrant that escapes a similar wholesale control, simply because he is here to-day and there to-morrow, and in that way evades the surveillance of the local sanitary authorities. Reports from all parts of the country remind us that the evil is still with us. Dr. Armstrong has brought the matter to a climax by a second report dealing with the epidemic of 1902-03, and based on a hundred and twenty-five replies received from a circular addressed to the medical officers of health of 205 invaded places with a population of 20,000 and upwards. The general conclusion may be best given in his own words, as follows:—"Of the districts making returns 111 had been visited by small-pox during the recent outbreak, and to fifty-seven, or 51 per cent., of these the infection was brought in the first instance by the disease-spreading tramp. Moreover, small-pox was introduced at least 305 times by vagrants into fifty-eight places where it had already made its appearance. Twenty-three times it was carried into Sheffield in this manner, twenty-four

times into Manchester, thirty-one times into Wakefield, and thirty-four into Liverpool." In the face of these facts it is evident that a great part of the national expenditure upon the prevention of small-pox is neutralised by the lack of supervision over the vagrant class. The matter must be handled firmly sooner or later in the interests of the community. Short of rendering the life of the professional tramp illegal it would be feasible to impose fresh conditions of medical inspection upon common lodging-houses and vagrant wards. The cost of such a step would be, no doubt, considerable, but at the same time it would be far less than the loss entailed by the alternative small-pox outbreaks. Then, again, surely it would be possible, even in a free country, to make vaccination and re-vaccination compulsory upon all tramps. It might be made a condition necessary to a night's residence in a casual ward or in a common lodging-house that vaccination and re-vaccination be compulsory. In that way the unprotected margin of vagrancy would be reduced to a minimum, and the danger of small-pox conveyance be proportionately lessened. With the approach of the milder weather of spring the active wanderings of the tramp commence, and the risk of the spread of his personal infections will be multiplied accordingly. The problem of how to deal with the tramp is admittedly far from easy. At the same time we think the time has come when the country at large has a right to demand protection from the Legislature against a danger of a peculiarly insidious, universal and yet preventable nature.

HOSPITAL DECENTRALISATION AND TRANSPORT.

THE enormous growth of London during recent years has not only dislocated many arrangements that worked well enough in the past, but has created fresh difficulties and brought into existence new requirements. The happy-go-lucky system, or rather want of system, that characterised the erection of the old hospitals has been tested and found wanting, but a love of continuity and a reverence for tradition have handicapped many proposals to institute a newer, more logical, and more efficient hospital service. The *raison d'être* of hospitals is primarily to supply sick people with medical attendance and nursing during illness, and secondarily, to provide means whereby persons can be trained as doctors and nurses. Now great and important as is this second function, it must and should be made subservient to the first, for that was the prime object for which the charitable benefactors gave their money. Moreover, it may be said without fear that medical teachers, medical students, and nurses will find means to accommodate their habits to the demands which any shifting of their centre of activity may make on their convenience. Any opposition that may come, then, from such quarters cannot be considered single-eyed, and we think well enough of our hospital staffs to believe that they are prepared to carry out their hospital work in a public-spirited manner, if they are convinced that the transference of hospital sites to other quarters is in the interest of the people and of the institution. We lately viewed the spectacle of the obstinate retention of that grand old institution St. Bartholomew's on its extravagantly expensive site by its governing body, who appeared to regard its removal to a cheaper, more salubrious, and more accessible neighbourhood with as much horror as his followers displayed over the fate of their patron saint. But, dispassionately regarded, it is nothing less than an anomaly that the chief hospitals should be huddled together in the inner ring of London, when the vast suburbs not only need their ministrations at their own doors, but can provide them with cheaper sites, more healthy surroundings, and purer air. We have often dealt with these questions, but the view we wish to present at the moment seems to us to remove the principal practical objection to any scheme for planting the larger hospitals at some distance from the main thoroughfares of a great city. We mean the question of transport for sick, and especially for accident, cases. Owing to the praiseworthy activity of the Metropolitan Street Ambulance Association, almost every one of the County Councillors returned at the last election is pledged to support a plan for instituting an efficient ambulance service for London. Now, then, is the opportunity for placing the whole question of sick transport on a satisfactory basis. The ambulance service of the Metropolitan Asylums Board provides for the removal of cases of infectious diseases, and the Board is unwilling to add to its responsibilities in the matter. The field, therefore, is clear for a fresh authority to take the matter up, unhampered and with a clear conscience. Let us state what is urgently needed. First, a rapid and efficient method for dealing with street accidents. Secondly, a good and expeditious means of transporting injured people to hospital. Thirdly, machinery for quickly disposing of minor accidents and slight wounds without interference with the normal work of a busy hospital. And, finally, a means whereby poor persons dangerously ill may be transported from their own homes to hospital. Were the streets and houses of London properly served in this respect, the need for aggregating great hospitals in the centre of the city would lose its last claim to consideration on the part of those responsible for their direction. These indications would seem to us to be met most completely by providing dressing-stations for the treatment of slight injuries and sudden illness at each police-station, under the charge of a young medical man of the house surgeon type. Attached to each such station should be a well-equipped motor-ambulance always in readiness, which could be summoned by policemen on their beats in the neighbourhood by telephone or other call. On receiving a summons the surgeon should go at once with a driver to the scene of the accident, the ambulance being given the precedence of other traffic now accorded to fire engines. By this means a qualified man with all the necessary

apparatus would be on the scene of any accident in a few minutes, prepared to deal with the case, and, if necessary, send it off to hospital by a rapid and easy method of transport. Finally, by a system of such ambulances—more than one would be required at each station—severe cases of illness, strangulated hernias, ruptured gastric ulcers, bad pneumonias and so on, could be taken to hospital from their own homes in half or three-quarters of an hour at the most. It would probably, also, be found advantageous that a nurse should accompany each ambulance to minister to and control the patient on the way, for the medical man having dealt with the case would return at once to the dressing-station on foot or in a cab. In order that such a system should come into being, there would have to be harmonious co-ordination between the County Council, the hospital authorities, and the Home Office, but we think that the diplomacy of the County Council ought to be equal to the occasion. That some such scheme as we have outlined is a *desideratum* few will doubt, for the present haphazard method of dealing with street accidents is a grave reproach to the first City of the Empire and of the world.

Notes on Current Topics.

The Medical Side of the Great Port Arthur Fight.

The medical aspects of modern naval warfare are of great interest to the public as well as to the medical profession. It is with great pleasure, therefore, that we are able to publish authoritative details straight from official sources of the naval fight at Port Arthur on February 9th last. Six of the Japanese ships reported losses in action to the extent, all told, of four killed and sixty wounded. The *Mikasa*, the flag-ship of the commander of the Japanese squadron, had seven wounded. The chief injuries were 34 lacerated wounds, including compound fractures, 13 penetrating, 8 perforated, 3 burns. Eleven fragments of shell, some as large as the palm of the hand, were found buried in the tissues. All surgery is strictly aseptic, and most of the wounds have progressed favourably. Moderate reactionary fever of a few degrees appeared in the severer cases, but the temperature fell to normal in the course of a few days. The whole of the medical organisation, which is of the most modern and scientific type, is under the direction of Deputy-Inspector General Tuzuki, Surgeon-in-Chief of the combined squadron of the Imperal Japanese Navy.

What is Brandy?

Last week a London Magistrate raised the pertinent question "What is brandy?" The case that suggested the need of a definition was a prosecution by the Islington Town Council of three persons for selling as brandy an article not exclusively derived from the grape, and, therefore, in legal jargon, "not of the nature, quality, and substance demanded by the purchaser." It is to be hoped that this enlightened action of the Islington authorities will settle once and for all whether the purchaser of an article labelled "brandy" is entitled to a spirit obtained from the grape, or derived from potatoes and other ignoble sources remote from the sunny vineyards where cognac is begotten. This very question was discussed by The Medical Press and Circular on April 22nd, 1903. We began by quoting Murray's definition of brandy as "properly an ardent spirit distilled from wine or grapes; but the name is also applied to spirits of similar flavour and appearance, obtained from other materials." It is around the latter half of that definition that the battle of the Islington prosecution will be waged. The subject is one of much importance alike to the public, the publican, the real cognac distillers, the producers of the potato and other, so to speak, artifical brandies, and the medical profession. In our article above mentioned we remarked that "from a medical point of view this inaction of the local authorities is a very serious matter, as brandy is, when pure, one of the most trustworthy and generally useful of our therapeutic remedies." The difference between good old cognac and publican brandy is not unlike that which exists between two forms of carbon, the diamond and charcoal. The decline in the popularity of brandy of recent years has been probably due mainly to the substitution of raw corn and potato spirit for the genuine product. The wise physician knows the bedside value of fine old cognac from houses of classic fame like those of Hennessy, Martell, Gautier and other prominent houses.

Tramps and Small-Pox.

Sooner or later legislation will have to settle the question of vagrancy, if only in relation to its malign influence in the spread of communicable diseases. That particular danger has been shown over and over again to exist in the case of small-pox, a disease which, as a rule, can be readily tracked to its original lair. An important contribution to the literature of the subject has recently been made by Dr. Armstrong, the well-known Medical Officer of Health for Newcastle-on-Tyne. His communication takes the form of a report based on inquiries addressed to local authorities throughout the Kingdom. The answers show that out of a hundred and eleven districts invaded by small-pox the disease was introduced in more than 50 per cent. by the agency of tramps. The cost of dealing with these outbreaks must inflict, both directly and indirectly, an enormous loss upon the community. The question arises, apart from any communal defensive right in the control of communicable disease, whether any one class of persons should be permitted to continue such a drain upon the public purse. They are, it is true, products of our social system, and worthless citizens though they be, the State has recognised their right to Poor-law maintenance. In return for that kind of relief, however, it is surely reasonable to insist upon conditions that will prevent injury to society at large. The private citizen becomes liable if he spreads disease

wantonly and is placed under careful surveillance if by contact he has become liable to convey infection. Why should the tramp, who is often worthless and incorrigible, be allowed to carry devastating disease far and wide at the expense of the ratepayer?

A Pro-Mortusectionist.

AN anti-vivisectionist may object to experiments on the bodies of live animals without entertaining a similar prejudice with regard to experiments on himself—at least, so it appears. One has been accustomed to think that operations of an experimental nature should not be practised on human beings, but an anti-vivisectionist may hold a contrary opinion. One has grown used to many inconsistencies from the emotional sisterhood and brotherhood of Victoria Street, but one was not prepared for this. Miss Francis Power Cobbe, who died the other day, was an anti-vivisectionist of the anti-vivisectionists, and no one in her day was a louder or more persistent champion of the "rights" of various sections who were supposed to be down-trodden or kept under. The "flayed" dog and the "baked" cat were paraded for public delectation, and the grossness and brutality of the medical profession were continually held up to public obloquy. One rubs one's eyes to see if one is awake, therefore, when one reads that in the will of that philanthropical—or more correctly philthereutical—lady she desired that on her body should be performed the operation of "completely and thoroughly severing the arteries of the neck and wind-pipe, nearly severing the head altogether, so as to render any revival in the grave absolutely impossible." Note that this operation could be of no advantage to anybody unless she were still alive. In that case the operator would be what the common law would call a murderer. Giving Miss Cobbe every credit for the courage that would be required to lie still when this ghastly proceeding was in preparation, one still fails to see how it is reconcilable with a prejudice against operations on living beings. It is reported that this solemn farce was actually carried out, the penalty being that if it were omitted all the bequests in her will were to be void. The fear of being buried alive that dictated this injunction was, of course, a mere bogey, so that the proceeding really resolved itself into sectio cadaveris, but the intention on the part of the testatrix to destroy life "if necessary" remains. Truly the ways of the anti-vivisectionists are past finding out.

Defective Hospital Administration.

THE Bolingbroke Hospital at Wandsworth is an institution founded on admirable principles. That there is room, however, for improvement in its medical organisation is the strongly expressed view of the district coroner and of his jury. It was shown in evidence at a recent inquest that a child was taken to the hospital suffering from severe burns, and was seen once by the "house surgeon." There was not room in the hospital for the reception of the child, and the whole of the subsequent medical attention was said to have been conducted by a nurse, who dressed the burns on seven different occasions. The child died from pneumonia, a complication that is not surprising under the circumstances. It would hardly be possible to imagine a more hazardous happening for a badly-burnt child than to be carried to and fro, in all weathers, between a poor home and an out-patient hospital department. Surely if the Bolingbroke Hospital authorities could not admit the child, they, recognising the dangerous nature of the injury, should have made it their business to procure the patient's admission to some public or Poor-law infirmary. It would be interesting to learn how many of the hospital beds were occupied at the moment by chronic or well-to-do patients, who, there is reason to suspect, encumber many of our charitable institutions. The chairman of the Bolingbroke Hospital states that the child was seen by the medical officer in charge of the out-patient department on three separate occasions. It is a pity his statement was not made at the inquiry, and it should be made clear whether his description applies to the house surgeon or to a member of the honorary medical staff.

Confessions.

THE recent translation into English of "The Confessions of a Physician," by V. Veresaeff (V. Smidovich), gives our profession the opportunity of reading a book that created a tremendous stir in Russia when it was first issued. Dr. "Veresaeff" might be said to have "given the show away" as far as the practice of medicine in Russia was concerned, and naturally the Russian doctors did not like it. Moreover, a large number of students were induced to give up reading medicine and take to other studies when it was brought home to them what their lot would be when they had attained their *desideratum*—a medical degree. The confessions divide themselves into two parts, one a disclosure of what the lot of the Russian doctor dependent on his profession for a livelihood consisted in, and the second a rather jaundiced view of the potentialities of medicine to achieve any good at all. As to the first part, it may be said at once that the practice of medicine among the poorer classes of Russia seems considerably worse than the practice of medicine under Irish dispensary conditions, which are bad enough in all conscience. As to the second, there is much that is unfortunately true in great measure. Dr. "Veresaeff," after discussing the powers and applicability of medicine in various conditions, asks whether, as the knowledge of its operations is so empirical, medicine can really be learned at all. "What," he says, "I could not reconcile myself to, and what shook my satisfaction in my life's work, was the utter fictitiousness of these powers in the face of modern reality." Few of us have not felt the same at one time or another, but, if one looks at the alternative—surely, it is far better that the practice of medicine should be in the hands of honest men who work, as far as may be, on logical lines,

than exploited by vicious and unscrupulous adventurers whose only object is to fill their own pockets. If Dr. "Veresaeff" looked back a hundred years would he hesitate to say that the sufferer is in an infinitely better position with regard to relief and cure than he was before anæsthetics, antiseptics, and Röntgen rays were thought of? Study, patience, and zeal will yet bring to light many other arcana of still greater benefit.

Human and Bovine Tuberculosis.

The most important pronouncement yet made bearing on Koch's views of the difference between human and bovine tuberculosis has just appeared in a volume published by the German Imperial Health Office. It contains an account of the experiments conducted jointly by Professor Kossel, Dr. Weber, and Dr. Heuss, at the suggestion and according to the plan of a committee of men of science who were unconvinced of the truth of Koch's views. Over fifty attemtps were made to produce tuberculosis in calves by inoculation with tubercle bacilli obtained from human sources. The investigators report that in the immense majority of instances they found that the bacilli of human tuberculosis and of *perlsucht* were quite distinguishable, not only culturally but also morphologically. So far, their conclusions entirely support Koch's views. Some curious and suggestive results, however, tend in the other direction: In some cases typical *perlsucht* was produced in calves by inoculation with bacilli from cases of miliary tubercle occurring in children. This, of course, suggests the possibility of a converse transmission, *i.e.*, from mammary tuberculosis in cows to miliary tuberculosis in children, and would prove the advisability of maintaining all precautions against infected or suspected milk. At the same time a problem of far-reaching importance suggests itself: does the bacillus of miliary tuberculosis differ in kind from the bacillus of the commoner local infections? Is miliary tuberculosis not merely a disease of different distribution, but a different disease? There are no facts at present from which to argue with any show of probability, but nevertheless the idea is not to be carelessly scouted. Professor Kossel and his colleagues, while admitting that in the main their results are in support of Koch's theory, very properly point out that they are still far from conclusive.

Cancer and Radium Bromide.

Mr. Plimmer, of the Lister Institute, has published an important communication on the treatment of cancer with radium bromide. He experimented on seventeen cases, in which the diagnosis of the disease was established microscopically. (*a*) With one exception, the cases treated were schirrus, primary or secondary, secondary nodules, and one fungating mass, secondary to an epithelioma of the jaw. The exception was a sloughing epithelioma of the lip, the most hopeful case for the application of radium. As the applications reported, however, were made only for five or ten minutes between November 18th and 20th, it is hardly surprising that no good results are recorded. Applications of at least fifteen minutes, extending over several weeks, or months, and regulated according to effects, would constitute a fairer trial of the radium. The general conclusion arrived at by Mr. Plimmer is the following:—"It appears as if the emanations from radium can only act upon young and rapidly-growing cells, and that older cells, especially if surrounded by fibrous tissue, are less and less easily affected, and if there be an excess of fibrous tissue the cells are not at all affected." This seems to confirm the generally accepted view that radio-active agencies cannot so far be applied effectively to any but surface epitheliomata, and possibly some accessible sarcomata, together with early recurrent nodules.

(*a*) *Lancet*, April 16th, 1904, p. 104.

"Bennett's Stave o' Thumb" Fracture.

It is more than twenty years since Mr. Bennett, of Dublin, first drew attention to the fact that fracture of the base of the metacarpal bone of the thumb is a common injury. He maintained, indeed, that it is the most common fracture of the metacarpus, but that it is often overlooked. In support of his thesis he detailed instances of fourteen cases, met with either in the museum or in clinical practice. Curiously enough but little reference has been made in the text-books either to the fracture or to his description. In fact, in a somewhat exhaustive survey of surgical literature, Messrs. Miles and Struthers, of Edinburgh, have found only two recorded cases outside Mr. Bennett's own writings. Many of the text-books mention the injury as a rare one, and some of them, without any argument, state that it is one of the rarest, even of metacarpal fractures. The injury, however, is not so rare as is supposed, and we believe most surgeons in charge of out-patient departments have seen more than one case. Messrs. Miles and Struthers, in a recent article, (*a*) have reported their own conclusions from no less than fifteen clinical cases seen by them during the last three years. On every point they are in harmony with the original describer, not only as to the relative and absolute frequency of the injury, but also in regard to causation and treatment they can make no advance. They explain the lack of notice which the fracture has received as being due, on the one hand, to the carelessness of the text-books, and on the other to the fact that the patient usually regards the accident as a trivial one.

The Risks of Radiographers.

Every week brings to our knowledge new fields of radio-activity and new uses—diagnostic and therapeutic—of Röntgen and other rays. But "he that increaseth knowledge increaseth sorrow" is a true saying, and we are not surprised to find an article in an American contemporary entitled

(*a*) *Edinburgh Medical Journal*, April, 1904.

"Dangers of the X-ray Operator." At first we imagined that the intention of the author was to warn the public against the unscrupulous wielder of the eight-inch tube, but on perusing the article we found that the author, being an operator himself, was in reality recounting his own sufferings, both in retrospective and prophetic mood. And one gathers that in his opinion the uses of X-rays are not at all as numerous as their dangers. There seems to be no conceivable disease or lesion, from baldness to blindness, and from cancer to "spasmodic muscular œdema (whatever that may be), which is not liable to be produced by the rays in their irresponsible omnipotence. We read of the occurrence of "pain and suffering, hyperæsthesia and paræsthesia, which no language, sacred or profane, is adequate to describe." It is doubtless an instance of adaptation in Nature that "cicatrices form, drawing the angles of the mouth downwards, giving the operator a sad expression of countenance." One operator, we are told, lost his nose, another his arm, and another his hair. Other gentlemen have escaped with mottled features, black and white or scaly skin diseases, profuse hæmorrhages, and abscess at the roots of the teeth, all as a result of exposure to the rays. While in some, as we have said, baldness is produced, in others there is, most unfairly, "an erratic or redundant growth of hair." It is stated also that insanity with hallucinations is an occasional sequel, and, indeed, the paper before us is suggestive. We miss from his list one risk which severely threatened operators in Ireland recently—that of being mulcted in damages for permitting any injury to take place.

The Neuropathic Factor in Membranous Colitis.

THAT variety of colitis which is characterised by the passage of membranous casts of the mucous coat of the large intestine is of great clinical interest, partly, no doubt, on account of the fact that its origin is often veiled in obscurity. The irritation to the mucous membrane resulting from injury or septic conditions may give rise to the formation of casts, but these are seldom, if ever, recognised during life. The special form of the disease which has been called dyspeptic membranous colitis by Hale-White, is a most troublesome infection, of more or less chronicity, and is frequently accompanied by wasting and depression. It is much commoner in women than in men, and is rarely seen in children. In several cases of membranous colitis under the care of Mr. C. H. Golding-Bird, of Guy's Hospital, the plan was adopted of giving complete physiological rest to the colon by performing colotomy, and in 1895 a case was exhibited before the Clinical Society in which this had been done with success. At a discussion upon this subject recently held at the Société Médicale des Hôpitaux, MM. Linossier and Barth concurred in the view that the so-called membranous colitis is a symptom rather than a distinct morbid entity. The frequency with which nervous troubles are associated with this affection has struck all observers, the neurasthenic or neurotic temperament being generally well marked in these patients. The beneficial results of operation may, perhaps, be explained by the necessary manipulations of the bowel interfering with the formation of the membrane. Of the exact manner in which the mental factor is responsible for the morbid process we are still ignorant. One thing remains, however, namely, that it is not always sufficient to restore the mucous membrane of the colon to its normal condition by lavage, douches, or even by operative measures. The nervous system must be treated at the same time.

Red Light and Small-pox.

THE beneficial effect of the red light treatment of small-pox may now be accepted as one of the interesting facts of medical science. Not only is the rash less severe, but its after scarring is lessened or even altogether avoided. This result appears to be due to the exclusion of certain rays of light that have an irritant effect upon the eruption. The red light treatment is simple and readily applied, and it is somewhat surprising that it has not come into general use. It might be carefully tested, and its result compared with a number of other cases treated under ordinary light conditions in many small-pox hospitals. Dr. Herbert Peck, the Medical Officer of Health for Chesterfield, has applied it to patients suffering from the malady in question under his charge at the borough hospital. He has reported favourably on the therapeutic effects of the light treatment, both on the progress and the after-effects of the malady. "I am inclined," he adds, "to attribute the low mortality to the agency of the red rays; but the experiment must be tried on a much larger scale before success can be claimed for it." The example of Dr. Peck in this direction might well be followed by those in charge of small-pox hospitals in various parts of the Kingdom. Unhappily, the prevalence of the disease is likely to furnish a wide field for that special experimentation.

A Medical Amazon.

IT was generally expected when women were admitted to the ranks of the medical profession that they would confine their activity to treating their own sex, with occasional excursions into the domain of pediatrics. Those who were guileless enough to suppose so did not know what an "emancipated" woman would be, nor to what lengths her emancipation would go. Women's hospitals are now entirely staffed by women doctors in some instances; some children's hospitals cater for women house surgeons and assistant surgeons; while several infirmary and asylum posts are regularly held by women. Women missionaries, some with medical qualifications and some with a year or two's "medical training," go abroad, and one hears of ovariotomies and cataract extractions of daily occurrence in their practice. But hitherto the field of military surgery has not been sought by them in great numbers, or, at least,

not with the sanction of the responsible authorities. But that the medical Amazon was *in posse* if not *in esse* has been shown by the recent departure of a Dr. Anita Newcomb MacGee, in command of a contingent of the Red Cross Society, for the front, or perhaps the base, of the Russo-Japanese operations. This enterprising lady is said to be a commissioned officer in the American Army, so she should perhaps be designated Surgeon-Lieutenant MacGee. At any rate, she went through the Spanish-American war with credit to herself and advantage to her patients. One cannot, however, allow her the title of the first military lady doctor the world has had, a distinction which the American paragrapher, with his usual grandiloquence, has claimed for her. It has been persistently stated that a once-distinguished Surgeon-General in our own Army was a woman who had managed to conceal her sex from girlhood, and certainly during the Ashantee campaign of 1900 a woman doctor was employed at the base hospitals on the Gold Coast—the shortage of men doctors caused by the drain of the South African campaign being so great that sufficient numbers were not forthcoming. The departure from tradition that Dr. Anita MacGee has just taken may be unusual, but it is not unprecedented.

Delusions at an Inquest.

Were the delusions of every asylum patient to be treated seriously, a special coroner would be needed for every lunatic establishment of any size. It seems hardly credible, indeed, that the assertions of admitted delusional insanity should be able to set in motion the machinery of a coroner's court. Such was the case, however, last week at Hoxton Asylum, where a formal inquiry was conducted on the body of a late inmate, aged sixty-two. The inquiry was held in consequence of an application made by the widow of deceased for a post-mortem examination, because her husband told her that drugs and starvation would soon cause his death. The jury found that death was due to natural causes, and that there was no truth whatever in the allegations. The incident has its humorous side, and the idea of taking official action on the strength of a lunatic's ravings is worthy of the grotesque imagining of comic opera. The fact that an inquest could be obtained under such circumstances throws into comforting relief the safeguards that nowadays surround the Poor-law lunatic under the enlightened guardianship of the London County Council. It is to be feared that he is not always so well off in the insane wards of workhouse infirmaries both in the metropolis and in various parts of the United Kingdom, a point the Local Government Board might well take in hand.

Small-pox

From various parts of the Kingdom alarming reports continue to come in as to the prevalence of small-pox and the occurrence of further outbreaks. Fresh cases are being almost daily reported in Nottingham, Derby, Leicester, Grimsby, Stockport, and many other places. At Derby no less than twenty-two cases were reported within a few days at the beginning of last week, and at the end of the week some forty patients were in hospital. Two weeks ago Sheffield was pronounced free from the disease, but fresh cases have appeared, apparently introduced from Coventry. Bristol has become exposed to infection by a tramp who slept in that city one night, and was discovered to have small-pox a few days afterwards in a neighbouring village. In London there is a considerable amount of the disease, but not more than may be expected in the way of recrudescence after a great epidemic. The unprotected population of the metropolis, however, has been to a great extent diminished either by attacks of small-pox or by the panic-stricken resort to vaccination or re-vaccination. The prevalence of small-pox in London, nevertheless, as often pointed out, is a menace to the safety of the rest of the Kingdom. At the present moment the whole of England and Wales, of Scotland and of Ireland, may be said to contain the potential and actual germs of widespread epidemics of small-pox. Fortunately next month will witness the cessation of the seasonal curve of greatest incidence of the disease, which in this particular instance attains its maximum between January and May.

Coroners and the Medical Profession.

To the list of coroners who have taken up a position in opposition to the medical profession must be added the name of Mr. Christopher Friery, Coroner for the North County Dublin. At a recent inquest held on a patient, who was brought in dead into the Royal City of Dublin Hospital, this gentleman held forth in no measured terms on the "practice which had sprung up amongst the members of the medical profession of refusing to give an opinion in cases such as this as to the cause of death unless they held a post-mortem examination." "It is monstrous," he continued, "to think that a post-mortem examination should be held in such a clear case as this, and I am determined, so far as I can as coroner, to put an end to the practice in my district." We are informed that the facts of the case were that the patient had formerly attended the hospital during the life of the late Sir George Duffy, but had not been there for some time. Finally, he was brought in dead, and the resident surgeon very properly refused to give a certificate on a matter on which it was obviously impossible for him to form a definite opinion. We understand that the coroner is a member of the solicitors' profession, and it may be that his early training or his subsequent work in his profession may not have taught him that it is the desire of all those who are in any way interested in the prolongation of human life that, so far as possible, attempts should be made to ascertain the causes of death with at least approximate accuracy, as very much depends on the correctness or otherwise of

the vital statistics of a country. This fact may not have been within Mr. Friery's ken, and he may not have recognised that he was setting himself against the concensus of scientific opinion. But Mr. Friery, as a lawyer, must know, or should know, that the introduction of a practice that medical men should give certificates based on supposition in the case of sudden death would be fraught with the most dangerous consequences to the safety of the community. We wonder if Mr. Friery happens to have read the comments of a certain learned English judge on a medical man who gave a certificate of death in a recent case of poisoning by antimony. If he has not done so, we commend them to his attention, not because they were practical comments, as they insisted on an impossibility, but because, if they meant anything, they meant that certificates of death should be refused whenever the smallest doubt existed in the mind of the medical man. Mr. Friery considered that in the present case the resident surgeon should give a death certificate to the effect that a man had died of heart disease because another member of the medical profession had treated the man for that complaint. We wonder what Mr. Friery's comments would be on a member of his own profession who ventured to support his statements on behalf of a client by similar "evidence." We strongly advise medical men to allow the Coroner for North Dublin to take on himself the responsibility which he is so desirous of assuming, and in no case of sudden death to give certificates based on mere assumption.

PERSONAL.

HER MAJESTY THE QUEEN has graciously accepted the office of President of the London Hospital, in place of the late Duke of Cambridge, who held the position for the long period of half a century.

MR. JOHN ATKINSON, the famous bone-setter, died on the 16th instant at his London residence.

MAJOR J. WILL, R.A.M.C., has been appointed Principal Medical Officer of the East Africa and Uganda Protectorates.

MR. J. E. PANTON, M.D.Durh., M.R.C.S.Eng., has been placed upon the Commission of Justices of the Peace for Bolton.

DR. F. DREW HARRIS, Medical Officer of Health for St. Helens, has tendered his resignation to the Council. He will relinquish his duties at the end of July.

WE regret to learn that Dr. Dalton, Mayor of Cambridge, is suffering from an acute attack of influenza, complicated with pneumonia. His case is considered serious, but not hopeless.

SIR T. N. FITZGERALD, who received the K.C.B. for his services in the field hospitals during the South African War, has been ordered a voyage from Melbourne to Colombo on account of ill-health.

LIEUT.-COLONEL HUGHES, of the Royal Army Medical Corps, Principal Medical Officer at Dublin, has been appointed Administrative Medical Officer at Bombay, *vice* Colonel Corbett, deceased.

SHORTLY after the outbreak of hostilities between Russia and Japan, Deputy-Inspector-General S. Suzuki was appointed surgeon-in-chief of the combined squadron of the Imperial Japanese Navy.

DR. P. H. BRYCE, Secretary to the Provincial Board of Health for the Province of Ontario, Canada, has been appointed Medical Inspector for the Departments of the Interior and of Indian Affairs.

SIR FREDERICK BANBURY, in the House of Commons last week, moved a curious motion to the effect that "in the opinion of this House no operations for the purposes of vivisection should be performed on dogs."

THE Lords Commissioners of the Admiralty have awarded the Greenwich Hospital Pension of £50 a year, vacant by the death of Deputy-Inspector-General L. H. G. Hayne, to Deputy-Inspector-General W. D. Longfield.

DR. C. T. CULLINGWORTH, obstetric physician to St. Thomas's Hospital, will deliver the Ingleby Lectures of the University of Birmingham on May 10th and 17th, on "A Plea for Exploration in Suspected Malignant Disease of the Ovary."

MR. J. B. STORY, the General Secretary of the Royal Academy of Medicine in Ireland, has intimated his intention not to seek re-election in October next. We are informed that Dr. James Craig and Dr. Travers Smith are candidates for the office.

DR. HENRY HORACE DIXON has been appointed to the Professorship of Botany in Dublin University, rendered vacant by the resignation of Professor E. Percival Wright. Dr. Dixon is well known for his original work in botanical subjects.

THE following surgeons of His Majesty's Fleet have been promoted to be staff-surgeons, *viz.*:—T. S. Jeans, M.B., J. H. Pead, M.B., M.A., H. S. Burniston, M.B., H. P. Jones, A. O. Bobardt, M.D., S. T. Reid, C. H. J. Robinson, and H. Huskinson, M.B.

IN answer to the request of the Ameer of Afghanistan to send him a medical man to treat him for an injury to his hand in a recent shooting accident, Lord Curzon replied:—"I am sending my own doctor, Major R. Bird, who is leaving Simla to-morrow for Kabul."

THE Central Conservative Council of the East Grinstead Division of Sussex on Saturday selected Mr. E. M. Crookshank, Professor of Bacteriology at King's College, London, as the candidate to contest the division at the next election in the place of the present member, the Hon. G. Goschen.

THE sessional prizes for the surgeons under special instruction at the Royal Naval Hospital, Haslar, were presented on the 7th instant by Inspector-General Sir John D. Macdonald, K.C.B., M.D., F.B.S., Director-General of the Medical Department of the Navy. The Blue Ribbon of Haslar, in the shape of the gold medal, was won by Surgeon W. P. Yetts, late of St. Bartholomew's Hospital, London.

Special Correspondence.

[FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

ENTERIC FEVER AND SHELL-FISH.—In his annual report, Dr. Barras, medical officer of health, Govan, Glasgow, states that in the month of July, 1903, a family went to a watering-place for their holidays. While there, they all on one occasion partook of raw cockles, and brought home with them to Govan a supply which they gave to some of their friends. The family, four in number, were all removed to the hospital suffering from enteric fever, which proved fatal

to the father and a son. In other cases where the cockles were boiled before being eaten no disease followed, while in several cases where, again, they were used raw, symptoms of enteric developed. Dr. Buchanan, bacteriologist for the City of Glasgow, who examined some of the shell-fish, found them contaminated. Other cases similar to those described occurred in Glasgow, and where contaminated shell-fish had been consumed.

Royal Infirmary Reconstruction Scheme.—At a meeting of the Institute of Architects, held recently, the successful designs for the above were again subjected to adverse criticism by the President, who expressed the hope that the scheme might yet be much modified. The height of it seemed to be a serious objection, and reference was made to the remarkable modern hospital in Belfast, which is only one storey high, and the one contemplated in Birmingham, which is to be two storeys in height. In view of that, and for other reasons, "he could not help seeing the ill-advisedness in spending a large sum of money after the manner of a bygone generation." We understand that the Institute of Architects will consider this matter again later on.

Small-pox in Glasgow.—Notwithstanding that this disease prevails to a considerable extent, there being 128 cases in Belvedere Hospital at present, nothing is heard of re-vaccination on the part of the medical men in the city. Many, of course, ignored the invitation issued by the authorities to re-vaccinate on account of the paltry fee offered. The disease has now existed for such a long time that surely more drastic measures should be adopted for stamping it out than have obtained for some time back. Is the Corporation afraid to face the expenditure of a few thousand pounds in having re-vaccination thoroughly done throughout the city, and by medical men, not sanitary inspectors and others?

BELFAST.

Newtownards District Nursing Society.—The Marchioness of Londonderry presided at the annual meeting of this society, which was held on Friday last. The report showed that during the year the nurse had attended 120 patients and had paid 4,283 visits. In speaking of the work done, Lady Londonderry laid stress on the fact that the nurse is not meant in any way to take the place of the doctor, but is only to act under his orders. She suggested a plan for the better support of the society, by which the working classes would pay small weekly sums, and where the workers in a factory of any sort subscribed more than £3 10s. per year they should have a representative on the committee of management. Already she had had favourable replies from several factories to which she had suggested her scheme. It is to be regretted that among those who took part in the meeting no medical men appeared. It is sincerely to be hoped that they have not taken up an attitude of hostility to a society which can be of so much use to them as this can be.

Anti-Vivisectionists in Belfast.—Vigorous efforts are being made to get some support for a local branch of the London Anti-vivisection Society, but, apparently, with a very moderate amount of success. Last week the secretary of the parent society appeared on the scene with Dr. Stephen Townsend, who gave an address to a number of ladies and a few clergymen, who were afterwards entertained to tea. As regards the part clergymen take in these functions, it is certain that the medical profession is somewhat to blame, for many of them do it through pure ignorance, having heard one side of the question only, and if their medical man will only take the trouble to put the truth before them, many are quite open to conviction. Your correspondent, for instance, lately asked one who had given his name to the committee of this branch why he had done so. He said that one of the lady members of his congregation had asked him to join, and he had done so, but knew nothing about it. On being asked if he would allow antitoxin to be used for his children if they had diphtheria, he said that he certainly would, and was quite surprised to hear that if this society had its way antitoxin could never have been discovered, nor could fresh supplies be prepared. His name does not appear as attending the meeting, and is never likely to do so.

Correspondence.

[We do not hold ourselves responsible for the opinion of the correspondents.]

PALMAM QUI MERUIT FERAT.—A PROTEST.

To the Editor of The Medical Press and Circular.

Sir,—How often will it be necessary to protest against the statement—repeated in the current number of The Med cal Press and Circular—that Lord Lister is the founder of aseptic surgery?

It is not even correct to say that the aseptic system is the outcome of the antiseptic. That the former followed the latter is true, but it was as a protest against it, and a distinct advance upon it.

The men who advocated the aseptic system under the name of *cleanliness* only met with abuse—as witnesseth my double rejection by a London society because of my views on this subject—and even now do not get the credit which is their due. This, too, in the face of the fact that in his address at Berlin Lord Lister renounced his system.

The late Mr. Lawson Tait's record of 136 consecutive ovariotomies without a death, and my own of ninety—in a public hospital—still stand unrivalled. These operations were done under a system of simple *cleanliness*.

I only ask for fair play, which is supposed to be a characteristic of the British mind. Is it too much to expect that this will be forthcoming?

I am, Sir, yours truly,

Geo. Granville Bantock.

14 Upper Hamilton Terrace, N.W.

ALOPECIA AND DENTAL CARIES.

To the Editor of The Medical Press and Circular.

Sir,—Your correspondent, "M.R.C.S., L.D.S.," appears to forget he is writing in the columns of a medical journal. His statements are, therefore, made to medical men, who have an incurable habit of weighing and analysing propositions before accepting them. On reading his assertion that Tomes said the hard dental tissues once deposited never underwent subsequent change, I rubbed my eyes and reflected that dental surgery and physiology must be fast attaining the position of an exact science. I then sought to get information from "M.R.C.S." as to the grounds on which so dogmatic an assertion had been made.

"M.R.C.S." has not adopted the obvious course of giving me the exact citation from Tomes, so that I might verify the quotation.

He has bespattered me with sarcasm invective. The personal element in our argument was introduced by him. He has accused me repeatedly of gross ignorance of the subject. That is neither here nor there, as the subject under discussion is a general affirmative statement attributed to Tomes, and from that point I refuse to be drawn.

Let "M.R.C.S." dismiss, if possible, the bogey of my ignorance from his mind, and let us turn for a moment to his own intellectual methods. He says (p. 380) that—"'Medicus Senex' will recognise the absurdity of suggesting the possibility of the phenomena of absorption, hypertrophy, repair, &c., in enamel and dentine." He then goes on to explain that "the absorption of the roots of milk teeth is brought about by the action of their external vascular covering, not through activity in the hard tissue." That is to say, absorption in one sentence is an absurdity; in the next its method or causation is indicated. A thing cannot both be and not be. That is a primary law of thought.

I never suggested that the hard dental tissues took an active part in any possible changes. Heaven forbid! I have asserted nothing, only sought to get at the attitude of "M.R.C.S." with regard to what, if

true, must be a most interesting and suggestive point in physiological investigation. So far, however, "M.R.C.S." has not held up the necessary light. As a medical reader of THE MEDICAL PRESS AND CIRCULAR of average education, I surely have a right to ask what are his authorities and his chain of logical argument in support of what seems to be the dogmatic proposition we are often obliged to accept in place of statement capable of exact proof on the basis of ascertained phenomena. In other words, the physiology and pathology of the teeth has not yet obtained the unassailable position of an exact science.

I am, Sir, yours truly,

MEDICUS SENEX.

April 20th, 1904.

PHYSICAL EDUCATION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I think it would be well when we are considering such questions as that of physical deterioration and how to reform it, to look back some forty or fifty years, and see how things were managed in those days at one of our Universities. It is very doubtful whether we shall do any good by bringing education to bear upon the exercises and athletics of English boys and girls. It may suit German boys to be drilled and disciplined, but English boys hate everything of the kind. Those who can look back to the training days at Cambridge about forty years ago, when Charles Kingsley, and Leslie Stephen and many other well-known men might have been seen on the banks in keenest excitement watching the boats as they came down for the May races, will acknowledge that the discipline was strict and the language select that entered into it; but it was all in the hands of the "men" themselves, and no dons' influence, except subscription to the College Boat Club, was allowed. No; English boys do not want drilling. It is better to leave them alone to discipline themselves. A good eight, or a good eleven, and a good football team is not badly disciplined. What has spoilt our sports of late has been the betting, and the public exhibitions, and the far too great contentious sentiments that have come into the exercises of our public schools and Universities. We shall have to look to something else than education if we wish to reform the deterioration of to-day.

I am, Sir, yours truly,

R. L.

Obituary.

EBENEZER DONALDSON, B.A.Dub., L.R.C.S.I., L.R.C.P.I.

WE regret to announce the death of Dr. Donaldson, at the age of 49, in Londonderry on April 7th. He was a native of Cork, and educated in the Dublin School of Medicine. He afterwards became Dispensary Medical Officer of Burt, near Derry. He founded the Londonderry Eye and Ear Hospital, of which, with Dr. Hunter, he was joint surgeon. Among other offices he filled that of President of the North-West Branch of the British Medical Association, and was for many years its secretary and representative on the General Council. An able, gifted and versatile man, his loss will be mourned by a large circle of friends in all classes of society.

B. C. GOWING, M.R.C.S.Eng., OF STOCKSBRIDGE.

THE death of Mr. B. Gowing took place on Sunday evening, at his residence at Stocksbridge, in which district, and in partnership with Dr. Ross, of Penistone, he had practised for a considerable number of years. He was also the medical officer to the Wortley Board of Guardians for the parish of Stocksbridge, in addition to other offices which he held locally. Deceased studied at Guy's Hospital, and took the diploma of M.R.C.S. Eng. so long ago as 1865, and that of L.S.A. in 1866. Although in failing health for some time, the deceased gentleman had attended to his professional duties up to three weeks ago. He leaves a widow, a son, also in the medical profession, and several daughters.

FRANCIS JOSEPH LANDER, M.R.C.S.Eng., L.R.C.P.

A FATAL accident occurred at Stamford on the 14th instant. Mr. Lander, who lived on Barn Hill, went for a cycle ride in the country, accompanied by his wife. In riding down a hill, it is supposed the brake failed to act, and he was carried at a great pace into the main thoroughfare, which passes at right angles. Just at that moment a brewer's float was passing, and into this Mr. Lander was hurled with great force. Medical aid was immediately summoned, and Mr. Lander was taken home, but he died during the night. Deceased studied at the London Hospital and took the M.R.C.S.Eng. in 1891. Mr. Lander, who was in the prime of life, had only been in practice in Stamford a few months, having purchased the practice of Dr. Mackenzie. He was formerly in practice in Nottingham.

SAMUEL SMILES, M.D.

WE regret to announce the death of Samuel Smiles, the author of "Self-Help" and other well-known books, at the ripe age of 92. Born at Haddington, N.B., in 1812, he entered the medical profession, and for six years was engaged in practice as a surgeon in his native county. He then became editor of the *Leeds Times*, and secretary of the Leeds and Thirsk Railway. He came prominently before the public as an anti-Corn Law lecturer, and in 1854 was appointed secretary to the South-Eastern Railway, a post which he retained until 1866. His *magnum opus*, "Self-Help," has attained a circulation of some 250,000 copies. Among his other works may be mentioned "Duty," "Thrift," "History of the Huguenots," biographies of John Murray, Nasmyth, George Moore, George and Robert Stevenson, and a "History of Ireland." His life has been emphatically that of a busy, industrious, and talented man, guided by high practical ideals of usefulness and honour.

SURGEON F. C. STEARN, R.N.

WE regret to record the death of Surgeon F. C. Stearn, who had been one of the surgeons doing duty at Portsmouth Dockyard surgery since November, 1902, who died at his residence in the dockyard. Dr. Stearn was appointed to the Walsall Hospital in October, 1892, and resigned in October, 1894. After his partnership with Dr. Scott Wilson, he was appointed surgeon in the Navy. He was taken suddenly ill on the previous Thursday evening with peritonitis, and, although two or three medical men were in constant attendance ever since, Surgeon Stearn passed away as stated. The deceased officer leaves a widow and one child. He was a most popular officer, and will be greatly missed. He was medically educated at Guy's Hospital, and took the qualification of M.R.C.S. Eng. and L.R.C.P. in 1892.

TIMOTHEUS JOHN HARAN, L.R.C.S.I.

THE death is announced of Inspector-General Timotheus John Haran, a distinguished naval surgeon, at Kensington, on the 10th instant, at the age of 74. When assistant-surgeon with the *Harlequin*, in 1851, he was employed in charge of the boats in the attack on Lagos, when he was mentioned in despatches, and subsequently was engaged in the suppression of the slave trade on the West Coast of Africa. During the war with Russia he was assistant-surgeon of the *Viper* in the Black Sea, being repeatedly in action, and taking part in the battle at Eupatoria, in the capture of Kertch, in the expedition in the Sea of Azoff, in the night attacks on the sea defences of Sebastopol, and in the capture of Kinburn, for which he received the medal with clasps for Azoff and Sebastopol and the Turkish medal. In 1862, while surgeon of the *Brisk*, Mr. Haran accompanied Commodore Wilmot on a mission to the King of Dahomey, at

that time considered a perilous enterprise. He received the honour of being appointed Hon. Surgeon to His Majesty the King.

COLONEL R. de la COUR CORBETT, M.D.R.U.I.

We regret to announce the death at Lucknow, in his 60th year, of Colonel Robert de la Cour Corbett, principal medical officer of the Oude and Rohilkund districts. He was a son of Dr. Richard Corbett, of Innishannon, county Cork, and was educated at Queen's College, Cork, and at Trinity College, Dublin. He joined the medical service of the Army in 1867, and, becoming a surgeon-major in 1879, served with the Burmese Expedition in 1886-87 in charge of No. 5 Field Hospital. He was senior medical officer with the Bhamo Expeditionary Force and acting principal medical officer with the Burma Field Force. He obtained mention in despatches and was rewarded with the Burma medal with clasp and the Companionship of the Distinguished Service Order. He became a colonel in June, 1898, and in September of that year was appointed an administrative medical officer in Bengal. Colonel Corbett took the M.D.R.U.I. in 1867, and was elected a Fellow of the Royal College of Surgeons of Ireland in 1880.

EDMUND EYRE LLOYD, LATE I.M.S.

Mr. Edmund Eyre Lloyd, a retired deputy surgeon-general of the Indian Medical Service, died on Friday at Markham House, Wokingham, Berks, in his 75th year. He was a son of the late Mr. Edmund Lloyd, of Barham, Kent, and entered the Madras Medical Service in January, 1855. He was for some time Zillah surgeon and superintendent of the gaol at Tanjore, and was placed on the retired list as a deputy-surgeon-general in 1885.

JOHN MARTIN, M.D., OF CLEVEDON.

The sudden death of Dr. John Martin, M.D., of Albert Road, Clevedon, has caused widespread regret in the district. The deceased gentleman was well known and highly respected in the town, where he had resided for a number of years. The cause of death was heart failure. Dr. Martin was connected with the Cottage Hosptal in an honorary capacity, and was also a Freemason, besides which he always showed he had the true welfare of the town at heart. He leaves a widow and a grown-up son and daughter. His medical education was acquired at Birmingham and Glasgow. He took the M.D.St. And. in 1898, the F.R.C.S.Ed. in 1876, and the L.R.C.P. in 1872.

Literature.

ANDERS' PRACTICE OF MEDICINE. (*a*)

The fact that this American manual has in six years run to as many editions is, in itself, a sufficient evidence of its usefulness and popularity. From the absence of controversial matter, and on account of the precise directions which are given for treatment, we consider that, on the whole, it is a very complete text-book, well adapted to the needs of the student or practitioner. The chapter upon typhoid fever is one of the best in the book. The diagnostic value of the Widal reaction is discussed at length, and there is a good account of the different clinical types of the disease. Five pages are devoted to a description of hydrotherapy as applied to enteric fever, under which treatment the average mortality is stated to be 7·3 per cent. Photographs are given of a form of portable bath-tub which, as it only weighs twenty-five pounds, should not be difficult to manipulate at the bedside. Due mention is made of that group of affections comprised under the term "paratyphoid" fever. It is a little curious to see a description of mountain sickness following immediately after that of typhoid fever, the only excuse for which procedure would appear to be that the "mountain fever" of older writers was nothing less than a modified form of enteric.

The section on tuberculosis is very full, and the views of Koch and others are set forth concisely. Considerable stress is rightly laid upon the prophylaxis of consumption. One of the most useful features of the book are the tables of differential diagnosis, which should afford great assistance to the busy practitioner, or to refresh the memory of the student prior to an examination.

Great pains have evidently been taken to bring the book up to date, and in many places references are given to British and Continental authorities. In spite of this, however, there are a few conspicuous omissions. Thus we look in vain for a description of late rickets, achondroplasia, or Banti's disease, and the name of sleeping sickness is not given as an alternative title to the article on trypanosomiasis, though the symptoms of that affection are well described. We do not like the term "opiumism" as applied to chronic poisoning with opium.

(*a*) "A Text-Book of the Practice of Medicine." By James M. Anders, M.D., Ph D., LL D., Professor of Medicine at the Medico-Chirurgical College. Philadelphia. Revised Edition. Pp 1,271. With illustrations. W. B. Saunders and Co. 1903. Price 24s. net.

THE DENTAL ANNUAL, 1904. (*a*)

We have nothing but praise to bestow upon the first issue of this book, and as the new edition contains much additional information and displays various improvements, we can but endorse our verdict, and repeat that the Annual must prove an indispensable requisite for the great majority of dental surgeons. This edition contains a dental directory of all registered practitioners arranged topographically under the towns of the United Kingdom alphabetically classified. No other such list being published, this feature alone makes the Annual worth its price to the busy practitioner. The information brought together upon education, organisation, legal decisions, and the proceedings of the General Medical Council is given in wider scope than in the first edition, whilst the summaries of recent research and work are both extended and improved, more especially by restricting the number of cross references. This department of the Annual alone makes it worth its price to all those in any way actively concerned in dental science and dental literature.

CHARLES WHITE, F.R.S. (*b*)

This octavo volume of fifty-six pages not only offers to the reader an interesting and instructive biographical sketch; it presents a truly inspiring object-lesson to every medical practitioner who truly loves his profession, and is desirous of making his own career worthy of his noble calling. Charles White, the subject of the sketch which now lies before us, was not only a *truly* "great provincial surgeon and obstetrician" in the ordinarily accepted (and too frequently abused) sense of such epithets; he was a man of the widest culture and most advanced philosophical views and attainments in all the important domains of science. His contributions to the literature and science of his own profession were numerous; and it may safely be affirmed that there is not one of them which will not be found to contain matter of original discovery, or new and profound views of previously recognised facts. Charley White was a through-and-through Manchester man; he was born in that city in 1728, and died near it in 1813, in the eighty-fifth year of his age.

In the clinical and lecture-room teaching of the present day, the name of Charles White is frequently mentioned as one of the earliest and most skilful of the pioneers in the excision of joints; and as the devisor of reduction of unmanageable dislocations of the shoulder-joint, by the method of "vertical upward exten-

(*a*) "The Dental Annual and Directory, 1904: a Year-Book of Dental Surgery. The Practioner's Guide to the Current Literature and Resources of Dentistry." London: Bailliere, Tindall and Cox, 1904. Price 7s. 6d.

(*b*) "Charles White, F.R.S., a Great Provincial Surgeon and Obstetrician of the Eighteenth Century. An Address Delivered before the Medical Society of Manchester, Octobe 7th, 1903." By Charles J. Cullingworth, M.D., F.R.C.P., &c., &c. With Notes and Illustrations. London: Henry J. Glaisher. 1904.

sion." But nearly all his communications will be found on examination to contain correspondingly original and important views and methods, although many of the latter have necessarily been superseded in the progress of time.

There is one of his works which is seldom referred to by physicians and surgeons of the present generation; but which will, we trust, be permanently remembered in the history of scientific progress, as a landmark of a period down to which, at least, medical men were nearly always the pioneers in every department of natural and physical science. The paper we refer to was published (in quarto form) in 1799. It bears the title, "An account of the regular gradation in man and in different animals and vegetables, and from the former to the latter." The curious reader who cares to take the trouble to examine this volume will probably be much more surprised than edified to find that its pages contain many of the most "profoundly *original*" views with which the author of the "*immortal*" "Origin of Species" electrified the scientific—and theological—world, exactly sixty years afterwards!

MACMILLAN'S GUIDE TO SWITZERLAND. (*a*)

THIS new Guide to Switzerland, though it may never take the place of the well-known "Baedeker" in the affections of many travellers, cannot but commend itself by the excellence of its maps, its up-to-dateness, and thorough information as to routes, hotels, and others details, and by the very convenient general arrangement of the book as a whole. The first part of the Guide contains articles which should be of interest and use, especially to those visiting Switzerland for the first time. A history of the country is given with details as to its government and interests, and this is followed by various articles containing valuable hints to travellers on such important points as outfit, luggage, languages, health precautions, climbing, &c. No pains have been spared in the planning out of the various routes, and the descriptions of the natural landmarks, mountains, glaciers, towns, villages, and places of interest are very complete. The Hotel List is well arranged in alphabetical order, and by slight differences of type the tourist can see at a glance what hotels or pensions are most suited to his individual taste. The maps are excellent. We have no hesitation in recommending this Guide, and wish it the success it deserves. Medical men will find it of much service in affording assistance in the selection of health stations for their patients and holiday resorts for themselves.

ALPINE FLORA. (*b*)

AMONG the thousands of tourists who yearly visit the High Alps there must be few who are not awakened into enthusiastic admiration of the wonderfully brilliant floral carpets which cover their slopes and upland pastures. The amateur botanist will therefore gladly welcome this translation of Dr. Hoffman's valuable handbook on "Alpine Flora," as it will afford him a means of easily identifying and classifying the most important plants he may meet on his mountain rambles. The arrangement of the book is admirable, but its chief attraction lies in the forty coloured plates, some of which are reproductions of the original water-colour drawings by Herman Friese, while the remainder of the figures were painted from nature. The Natural Orders are grouped on De Candolle's system and only the Most important characteristics of the various plants are described in the text. The book is of convenient size and ought to be a valued companion to many botanists during the next Alpine season. Many medical men will gain much delight from a perusal of this artistic volume.

(*a*) "Macmillan's Guide to Switzerland." London: Macmillan and Company. 1903.

(*b*) "Alpine Flora." By Dr. Julius Hoffman. Translated by E.S. Barton. London: Longmans Green and Company. 1903.

Medical News.

The Registration of Nurses.

AN important meeting was held in Dublin on Friday last, in support of the proposal to introduce a Bill in Parliament providing for the State registration of nurses. The meeting took place in the Royal College of Physicians, Dr. Little in the chair, and was very largely attended. Mrs. Bedford Fenwick delivered an address on the subject, in which she pointed out the great necessity for the establishment of some mechanism by which the trained nurse could be plainly distinguished from the untrained. The Bill which it was proposed to introduce provided for the establishment of a central executive body of thirty-one to control the registration of nurses in the three countries, the duties of which body had not been too closely defined, as what was desired was that a Bill should be brought forward which could be discussed in committee by those qualified to do so. What they wanted was that the first principles of training should be laid down by scientific men. They could not get the very best material unless they provided a standard of education suitable to the times. In some of the London hospitals no change had been made in the curriculum for fully forty years. They wanted better clinical teaching. At present it was a perfect gamble as to who was selected for the teaching of probationers. This was to a great extent also true of the selection of matrons. What they wanted was that a high standard of professional responsibility should be maintained, and that the nurses should be protected from the competition of the unworthy and the untrained. Sir John Moore, in proposing the following resolutions, very sensibly pointed out that it was unwise of the nurses to describe their calling as a "profession," and that it would be much more correct to term it a "calling." This may appear to be a splitting of words, but we also consider that the use of such a term would make it perfectly clear that there was no attempt, as in the case of the Midwives Bill, to introduce an inferior type of medical practitioner. The resolutions proposed were as follows:—(1) That it is essential the nurses throughout the United Kingdom should be efficiently educated for the performance of the responsible duties entrusted to them. (2) That a minimum standard of education and common rules of discipline can be secured only by an Act of Parliament. (3) That, as a preliminary to such legislation, it is desirable a Select Committee of the House of Commons should be appointed at an early date to inquire into the whole nursing question. Dr. O'Carroll seconded the motion and it was adopted with a few dissentients. On the motion of Sir Charles Ball, seconded by Dr. Hayes, a vote of thanks was passed to Mrs. Fenwick, and the proceedings terminated.

The Medical Tournament.

BY permission of the Northwood Golf Club, the annual medical tournament will be held on the Northwood links, on Thursday, June 9th. An 18-holes handicap competition against bogey will be decided in the morning, the players being divided into two classes—handicaps of 12 and under, and handicaps exceeding 12. In the afternoon there will be a foursome competition.

Flogging in the Navy.

THE following letter has been sent to the Right Hon. the Earl of Selborne, First Lord of the Admiralty:—

"MY LORD,—The Committee of the Humanitarian League desire to bring the following matter to your notice. There is, as you are aware, a widespread but erroneous impression that corporal punishment has been abolished in the Royal Navy, whereas, in fact, the birch and the cane—the latter very frequently and for a number of minor offences—are still inflicted on boys and young men up to the age of 18. With a view to enlightening the public on this subject, the Humanitarian League proposes to placard the walls of London, and the chief sea-port towns with a pictorial representation of a naval caning or birching; and as

we are anxious that the picture shall be in every way accurate, and not liable to any charge of exaggeration, we venture to ask whether the Admiralty will allow photographs to be taken of the punishment as inflicted.

As such great interest is felt in the Navy, and as it is generally held to be desirable that the public should be made familiar with the features of so popular a Service, we trust that you will see your way to granting this request.

I remain, my Lord, your obedient servant,

Hon. Secretary,
Humanitarian League.

Presentation to a Medical Practitioner.

Mr. Sidney C. Lawrence, M.R.C.S.Eng., L.R.C.P. Lond., D.P.H., lecturer and examiner of the St. John Ambulance Association and honorary surgeon to the Earls Barton division of that Association, has been presented with a pair of opera glasses as some acknowledgment of the valuable assistance which he has given to the cause of first aid and nursing at Earls Barton during the past seven years.

The Society for Relief of Widows and Orphans of Medical Men.

At a quarterly Court of the directors of this Society, held on Wednesday last, the president, Mr. Christopher Heath, F.R.C.S., in the chair, one new member was elected, and the deaths of six members reported. Two widows had become ineligible for further grants. Fresh applications for grants were read from four widows, and assistance was given to three, the fourth not being eligible under the bye-laws. Fifty-four widows, fourteen children, and four orphans on the Copeland Fund applied for a renewal of their grants, and £1,319 was voted for distribution at the next Court. A legacy of £1,000 from the late Mrs. Du Pasquier was announced. The following gentlemen were nominated for election at the annual general meeting to fill the vacancies in the Court of Directors :—Mr. Snell, Mr. Bell, Dr. Godson, Mr. May, Dr. James, Mr. Green and Dr. West. The expenses of the quarter were £57 3s. 6d. It was decided to hold the annual General Meeting on Wednesday, May 18th.

Royal College of Surgeons in Ireland.

The election of examiners will be held on Tuesday, May 3rd, 1904, as follows :—Two examiners in Anatomy, four examiners in Surgery, two examiners in Physiology and Histology, one examiner in Pathology and Bacteriology, one examiner in Pathology, one examiner in Midwifery and Gynæcology, one examiner in Biology, two examiners in Ophthalmology, one examiner in Sanitary Law and Vital Statistics, one examiner in Engineering and Architecture, two examiners in Chemistry and Physics, two examiners in Dental Surgery and Pathology, two examiners in Mechanical Dentistry, one examiner (not being a Fellow or Licentiate of the College) in Languages, one examiner (not being a Fellow or Licentiate of the College) in Mathematics, Physics, Dictation, and English Essay. Candidates are requested to lodge their applications in writing with the Registrar, at the College, on or before Tuesday, April 26th, at 10 a.m.

PASS LISTS.

Royal College of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh, and Faculty of Physicians and Surgeons of Glasgow.

The quarterly examinations of the above Board, held in Edinburgh, were concluded on 11th inst., with the following results :—

First Examination—Five Years' Course.—Of twenty-five candidates entered the following thirteen passed the Examination : — Zerk Daniel Lotter-Luther, Andrew Johnstone (with distinction), Cecil Berry, Charles Kingsley Carroll, Thomas Mohan (with distinction), Maria Shepherd Allen, Daniel Johannes Joubert, Michael Joseph Hayes, Cornelius Alexander O'Driscoll, Edward John Lumsden, Graham Smith, Easton Spence Shiach, and Jacobus du Toit Malan.

Second Examination—Four Years' Course.—One candidate passed in the division of Materia Medica.

Second Examination—Five Years' Course. — Of twenty-four candidates entered, the following sixteen passed the Examination :—Archibald McKendrick (with distinction), Edward Albert Williams (with distinction), Harold Hubert Babington, James Haig Johnston (with distinction), Ronald Wingrave Duncan, Wilfrid Metcalfe Chambers, Arthur Patrick O'Connell, Joseph Benjamin, Norman Raphael-Tom, Howard Douglas Stewart, Krishnaji Waman Dani, John Theodore Anderson, Douglas Llewellyn George Radford, Herbert Moncrieff Sturrock, Herbert Charles Orrin, Thomas Wrenn Faulkner, and Lakshmi Narayan Ghosh, and two passed in Physiology.

Third Examination—Five Years' Course. — Of nineteen candidates entered, the following nine passed the examination :—William Wallace Dunlop (with distinction), James Wilson (with distinction), Henry Traill Simpson (with distinction), George Augustus Stewart Hamilton, David James Melville Legge, Henry Albert Pascoe (with distinction), Thomas McLaren Gallowav (with distinction), William Fleming, and John Edmund Cox, and one passed in Pathology, and one in Materia Medica.

Final Examination.—Of fifty-one candidates entered the following twenty passed the Examination, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G. :—Alford Rogers, Andrew Sergeant McNeil, John Alexander Tolmie, Marian Theresa Pool, John Clegg Pickup, William Douglas Yuille, Harry Andrew Foy, Phirozshaw Cooverji Bharucha, Edmund O'Shaughnessy, Abdul Hakim Khan, Gunamal Santdas Thadani, John Cretin, Dora Mann, Edwin Nelson Jan, Chauncey Eugene Coke, Herbert James George, William Thomas Clarke, George William Armstrong, Arthur Charles Lodge La Frenais, and David John Lewis, and three passed in Medicine and Therapeutics ; two in Surgery and Surgical Anatomy ; nine in Midwifery, and three in Medical Jurisprudence.

The London School of Tropical Medicine.

Of the students of the above school who presented themselves for the examination at the end of the January-April Session, 1904, the following have passed :—Dr. Norah Lenwood, Dr. A. L. Hoops (Colonial Service), Dr. W. M. Eaton, Dr. J. B. Cleland, Dr. Olive McDougall, Dr. K. McGahey (Colonial Service), passed with distinction ; Dr. J. Eldon, Dr. J. E. M. Brown (Colonial Service), Dr. M. E. Leicester, Dr. A. E. E. Twynam (Colonial Service), Dr. R. L. Roe (Colonial Service), Dr. H. G. McKinney (Colonial Service), Dr. G. E. Whyte (Colonial Service), Dr. C. T. Costello (Colonial Service), Dr. C. W. Somerville.

Naval Medical Service.

Combined Result of the Examination in London on Entry and of the one at Haslar Hospital.

Name of Officer.	Total Marks.	Name of Officer.	Total Marks.
W. P. Yetts	4,678	E. R. Townsend ..	3,301
T. D. Liddle	4,151	J. C. Bringan	3,278
N. S. Meiklejohn ..	4,028	W. G. M. Anderson	3,225
R. H. St. B. E. Hughes	3,824	G. L. Buckeridge ..	3,161
		A. D. C. Cummins	3,115
F. M. V. Smith....	3,681	T. W. Jeffrey	3,073
C. J. Boucher	3,641	P. D. Ramsay	3,068
A. H. S. Richardson	3,516	E. P. G. Causton ..	3,046
H. Woods	3,494	G. D. Walsh	2,939
G. H. S. Milln	3,479	J. E. Johnston	2,925
D. H. Vickery	3,455	F. Cock	2,830
E. B. Kenny.....	3,450	A. R. Davidson ..	2,803
A. R. Schofield....	3,353	B. R. Bickford	2,779
J. Shipsey	3,320	C. M. Woods	2,609
F. J. Gowans	3,306	L. C. E. Murphy ..	2,516

Surgeon W. P. Yetts, late of St. Bartholomew's Hospital, London, the gold medal. Surgeon T. D. Liddle, M.B., late of Queen's College, Belfast, the microscope. Surgeon N. S. Meiklejohn, late of St. George's Hospital, London, the silver medal and books.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communication if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

MEDICUS (Salop).—We are not aware that in this country any proposal has been seriously made to exclude tuberculous pupils from schools. That step has been recommended by Dr. G. W. Webster, President of the Illinois State Board of Health, or, at any rate, the segregation of such children. On many grounds the suggestion is worthy of most careful attention at the hands of those responsible for educational hygiene.

G. H. E. (Bolton).—The question of the advisability of removing both Fallopian tubes in a case of ectopic pregnancy is still debatable. On the whole, however, the balance of opinion appears to be in favour of removal of both tubes. Cases are on record where tubal pregnancy has occurred in an apparently healthy Fallopian tube after removal of an ectopic gestation from the other side.

A RELATIVE.—We will make inquiries, and if the required information can be obtained, it will be given in our next issue.

SIR JAMES PAGET'S WIT.

WHILE the late Sir James Paget was staying at the country house of a colleague of great fame, the conversation turned on the number of letters which each received. When the post arrived only one or two letters came for Sir James Paget, while his friend received an imposing bundle. The friend good-naturedly called attention to his mail, but Sir James Paget, with a twinkle in his eye, observed, "Yes, but I see yours are all in black envelopes."—*Medical Book News.*

RESIDENT PATIENT (Bournemouth).—The advertisement is open to grave suspicion, and has, we understand, been discontinued by the journal in question. On ordinary grounds of prudence it is obviously unwise to lodge a "registration" fee of one or two guineas without having proof of the absolute *bona-fides* of the advertiser.

A LUCRATIVE APPOINTMENT.

THE post of Inspector-General of the Insane for Victoria, Australia, is advertised in our columns, and carries with it a salary of £1,500 per annum, with the advantages of an official position. We are glad to call the attention of such of our readers as may think it desirable to apply for an appointment of this nature. The Agent-General for Victoria, 142 Queen Victoria Street, London, E.C., is prepared to receive applications from legally qualified medical practitioners, accompanied by, say, five recent testimonials. He will also be glad to furnish particulars.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, APRIL 20th.

ROYAL MICROSCOPICAL SOCIETY (20 Hanover Square, W.).—8 p.m. Exhibition of Pond Life.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. H. L. Barnard: Clinique. (Surgical.) 5.15 p.m. Dr. D. Grant: Some Common Errors in the Diagnosis and Treatment of Diseases of the Nose.

NORTH-EAST LONDON POST-GRADUATE COLLEGE (Tottenham Hospital, N.).—4.30 p.m. Mr. B. P. Brooks: External Diseases of the Eye.

THURSDAY, APRIL 21st.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. J. Clarke: Circumcision.

FRIDAY, APRIL 22nd.

CLINICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8 p.m. Exhibition of Clinical Cases followed by Discussion. Patients will be in attendance from 8 p.m. to 9 p.m.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. N. MacLehose: Clinique. (Eye.)

Vacancies.

Bradford Royal Infirmary.—Dispensary Surgeon. Salary £100 per annum, with board and residence. Applications to William Maw, Secretary.

Bridgnorth and South Shropshire Infirmary.—House Surgeon. Salary £100 per annum, with board and lodgings in the Infirmary. Applications to the Hon. Secretary, Infirmary, Bridgnorth.

County Borough of St. Helens.—Medical Officer of Health. Salary £450 per annum. Applications to the Chairman of the Official Staff Committee, Town Hall, St. Helens.

Inspector-General of the Insane for Victoria, Australia.—Inspector-General of the Insane. Salary not to exceed £1,500 per annum. Applications to the Agent-General for Victoria, 142 Queen Victoria Street E.C.

Leeds Hospital for Women and Children.—Resident House Surgeon. Salary £80 per annum, with board. Applications to the Secretary of the Faculty.

Nottingham General Hospital.—Assistant House Surgeon.—Salary £100 per annum with board, lodging, and washing in the Hospital. Applications to the Secretary.

Robben Island Lunatic and Leper Asylum.—Senior Medical Officer. Salary £600 per annum. Free quarters and four rations. Applications to the Agent General for the Cape of Good Hope, 100 Victoria Street, London, S.W.

Robben Island Lunatic and Leper Asylum.—Second Assistant Medical Officer. Salary £250 per annum. Free quarters and two rations.—Applications to the Agent-General for the Cape of Good Hope, 100 Victoria Street, London, S.W.

Royal Alexandra Hospital for Sick Children, Dyke Road, Brighton.—House Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to A. F. Graves, Secretary.

Royal Halifax Infirmary.—Third House Surgeon. Salary £80 per annum, with residence, board and washing. Applications to Oates Webster, Secretary.

Royal Sea-Bathing Hospital, Margate.—Resident Surgeon. Salary £80 per annum, with board and residence. Applications to the Secretary, R.S.B.H. Offices, 13 Charing Cross, London, S.W.

Seamen's Hospital Society ("Dreadnought"), Greenwich, S.E.—House Physician. Salary £65 per annum, with board, residence, and washing. Applications to P. Michelli, Secretary.

Seamen's Hospital Society ("Dreadnought"), Greenwich, S.E.—Junior Resident Medical Officer. Salary £40 per annum, with board, residence, and washing. Applications to P. Michelli, Secretary.

Sussex County Hospital, Brighton. Stephen Ralli Memorial.—Pathologist. Salary £300 a year. Applications to the Secretary of the Hospital.

The Middlesex Hospital, W.—First, Second, and Third Assistants to the Director of the Cancer Research Laboratories at the Middlesex Hospital. Salary of the First Assistant £200 a year, Second £150, Third £100. Applications to F. Clare Melhado, Secretary-Superintendent.

Tiverton, Devonshire, Infirmary and Dispensary.—House Surgeon and Dispenser. Salary £80 per annum and all found. Applications to Arthur Fisher, Hon. Secretary.

Westminster General Dispensary.—Resident Medical Officer. Salary £120 per annum, with rooms, gas, coal, and attendance. Applications to the Secretary, 9 Gerrard Street, Soho, W.

Appointments.

CARSBERG, A. E., M.B., B.C.Cantab., Certifying Surgeon under the Factory Act for the Burton District of the county of Somerset.

FRUMAN, W. T., M.D.Durh., F.R.C.S., L.R.C.P.Lond., Senior Physician to the Royal Berkshire Hospital.

HIGHET, JOHN, M.D., C.M.Glas., D.P.H., Medical Officer to the Post-offices of Troon, Dundonald, and Symington.

HILL, P. E., M.R.C.S., L.S.A., Medical Officer of Health for the Crickhowell Combined Districts.

MICHELL, JOHN CHARLES, M.R.C.S.Eng., L.S.A.Lond., Medical Officer of Health to the Lynton (Devon) Urban District Council.

OLIVER, F. HEWITT, L.R.C.P.Lond., L.S.A., Surgeon-Accoucheur to the City of London Lying-in Hospital.

PRITCHARD, W. L., M.B., C.M.Edin., Certifying Surgeon under the Factory Act for the Brynmawr District of the county of Brecon.

Births.

PACE.—On April 16th, at Tavistock, Lea Bridge Road, Leyton, the wife of Harold Everitt Pace, M.B.Lond., of a son.

Marriages.

AMOS—LEACROFT.—On April 12th, at St. James's Church, Derby, Archibald Drakeford Cradock Amos, M.A., youngest son of the late Rev. James Amos, of St. Ibbs, Hitchin, and Paston House, Cambridge, to Florence Ada (Lily), daughter of Dr. and Mrs Leacroft, of Hartington Street, Derby.

ANDERSON—BROWN.—On April 14th, at All Saint's Boyn Hill, Maidenhead, Kenneth Anderson, M.B.Lond., of Banwell, Somerset, youngest son of the late Sir William Anderson, K.C.B., F.R.S., to Dorothy Mary Sneade, eldest daughter of the late Rev. J. H. Brown, Rector of Bedstone, Shropshire, and Mrs. J. H. Brown, Heartsease, Boyn Hill, Maidenhead.

ANDREWS—MATTHEWS.—On April 16th at St. Paul's Church, Hampstead, Major Louis James Andrews, Indian Army second son of the late Surgeon Major Charles Gould Andrews, Bengal Army, to E. Margaret eldest daughter of John B. Matthews, of the Limes, New Southgate.

Deaths.

DONNELLY—On April 12th, at his residence, 90 Stephen's Green, Dublin, Michael A. Donnelly, F.R.C.S.I. R.I.P.

FAULKNER.—On April 12th, at Westcliffe-on-Sea, Herbert Faulkner, M.R.C.S.Eng., L.R.C.P., late of Clifton, aged 47 years.

HIGHMORE.—On Thursday, April 14th, at Hardibrow, Alumhurst Road, Bournemouth, Nathaniel Jarvis Highmore, M.D., late of Bradford-on-Avon, aged 62.

THOMSON.—On April 2nd, at Oxford, Frances M. E. Thomson, of Richmond, youngest daughter of the late Anthony Todd Thomson, M.D., F.R.C.P., F.L.S., of London.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, APRIL 27, 1904. No. 17.

Original Communications.

ON THE APPLICATION OF PESSARIES AND THEIR DANGERS (a)

By H. MACNAUGHTON-JONES, M.D., F.R.C.S.I.&E.

It might appear that nothing further remains to be said on the subject of pessaries. Their use and abuse have been so frequently discussed, and so much has been written with regard to them, that it might be concluded that the question had been exhausted. I hope to-night to prove that this is not so, and that the time has arrived when more definite ideas should prevail as to the objects to be attained by, and the dangers which may follow, this method of treatment. Such accuracy of idea comes to be more necessary, when we reflect on the fact that in general practice treatment by pessary is probably more resorted to than is any other therapeutical step in the conduct of a gynæcological case. It is true that the more barbarous contrivances of the past have disappeared, though, indeed, some still figure in the catalogues of instrument-makers. Also, with the advance of surgical measures for the relief of uterine displacements, and the better understanding of their causation, as well as the various anatomical points of departure from the normal relations of the pelvic viscera involved in their stages, pessaries are not now so indiscriminately used, nor does every other woman who happens to have a backache move about with an internal prop. Time was, and not so long since, when for every pain in the back, every sense of weight or bearing down, every vesical trouble attributable to the uterus, any descent of the latter, a commencing rectocele or vesicocele, a pessary was at once adjusted as at least affording a temporary means of relief. It was not considered how far such a temporising with the commencement of affections which, should they increase in magnitude or extent, must entail in their ulterior consequences far greater suffering on the woman, and involve her in operative procedures of much greater severity than those which might have rectified her trouble had they been adopted in its early stages, would go. Prolapse of the vagina, before involving either rectum, bladder, or uterus; relaxation of the vaginal outlet or defect in the perineum, before they bring about descent and retro-displacement of the uterus; hyperplasia and subinvolution of the uterus, before procidentia and ultimate retroversion and prolapse; interstitial myomata leading to displacement and hæmorrhage, are some examples of the effects of such procrastination and expectant treatment.

To clear the ground of misapprehension, let me distinctly say that no one appreciates the utility and therapeutical value of pessaries more than I do, and if I do not adhere to everything I have elsewhere said and written with regard to their use, I still believe

(a) Read at a meeting of the British Gynæcological Society, April 14th, 1904.

" that in all forms of displacement, where its employment *is clearly indicated*, a pessary generally gives material relief. I know few steps in gynæcological therapeutics attended with such obvious and immediate benefit and comfort to a patient as the restoration of a retroverted uterus to its normal position, and its support and retention by a well-fitting pessary." Or, again, " that by replacement of the uterus, the use of a pessary, and the adoption of the postural plan and periodical reposition in the knee-elbow position, in cases of retroversion, the uterus and its supports can be restored to a healthy state, so that in time the necessity is obviated for any mechanical appliance."

Again, " Let me, then, again express my opinion that a very large proportion of cases of retroversion can be treated and cured by the aid of a pessary, that a smaller number, *assuming that the patient may have time and opportunity to avail of the treatment*, can be cured not only of the displacement, but of its complications, in the same manner."

As also that, " Every mobile and reducible uterus should be treated in the first instance by a support, which should be worn for a space of time proportionate to the tendency there is on the part of the uterus to revert to the backward position. Associated adnexal conditions are frequently amenable to treatment in such cases, and it should follow the reposition of the uterus."

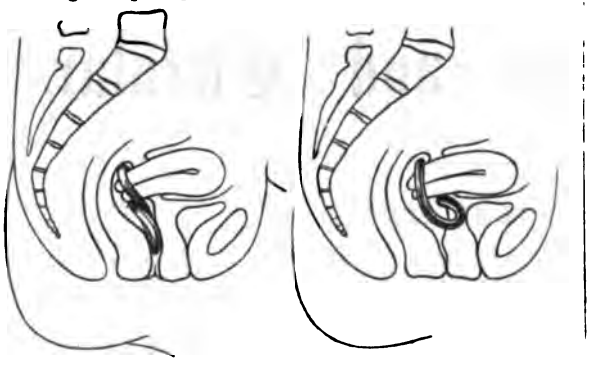
To prove that some of the most distinguished pioneers in gynæcology recognised not only the futility, but also the danger, of the misuse of pessaries it is sufficient to mention the names of Marion Sims, Matthews Duncan, and Gaillard Thomas. Marion Sims recognised in their use a necessary evil. " We should," he says, " always do without them if possible, but if it be impossible, then it is the part of wisdom to resort to such appliances as will best answer the indications of the individual case. . . . The man who is not a mechanic should not trust himself to use a pessary."

" Think twice," says Matthews Duncan, " before beginning the often baneful practice of using any instrument, teaching a woman to depend on what, if not positively useful, is positively injurious, though perhaps not much. Many a woman has suffered from, and many a woman has died of, a pessary; but most pessaries, as I find them, are nearly innocuous for evil or for good. . . . When everyday experience teaches that every kind of pessary in cases of anteversion or retroflexion frequently fails to give relief, and often only creates distress, we shall hesitate before we place in the vagina for this variety of uterine displacement a pessary of any kind."

Writing as far back as 1876, Gaillard Thomas, referring to the general use of pessaries, says: " Were I asked at the present moment whether I believed that in the aggregate they accomplished more good or evil, I should be forced to give a doubtful reply." He goes on to attribute the injurious consequences not so much to the instruments themselves as to their mode of application.

" I myself believe," says Schultze, " that anyone who is able to replace a retroflected uterus in its normal

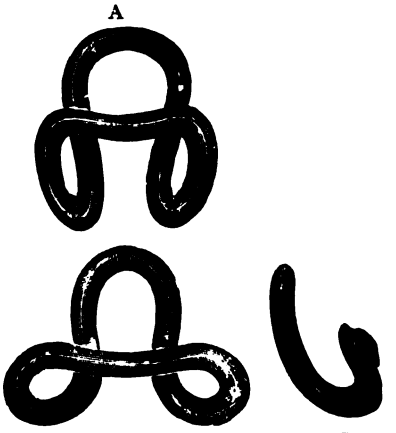
position by the bimanual method can manage to make out of a rubber-covered ring of wire a figure-of-eight or sledge-shaped pessary of a suitable shape, and can



1. 2.

1. *Schultze's figure-of-eight pessary in position.*
2. *Schultze's sledge-shaped pessary in position.*

afterwards introduce it properly. Anyone who is unable to replace the uterus in its normal position wants no pessary to retain it there, but may go on sticking some indiarubber ring, or one of Hodge's pessaries, under the somewhat elevated but still retroflected uterus.



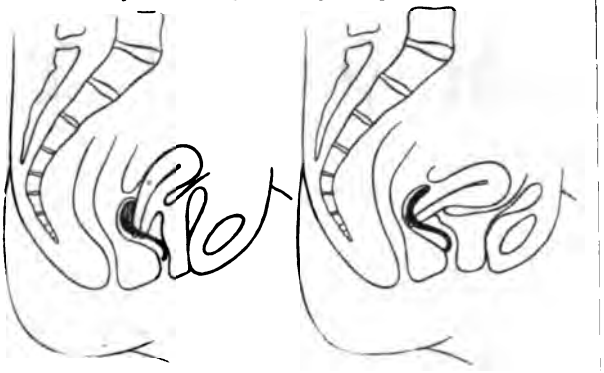
Two of Schultze's sledge shapes. A and B. *Moulded from ring.* C. *Side view.*

"There is still a very widespread misconception that a uterus can be brought out of an anomalous position into the normal one by the pessary. No pessary in existence can do this. The normal position must first be restored bimanually; a pessary *may* afterwards maintain it." Referring to the introduction of a Hodge or ring, he says that for those who can content themselves with giving a little relief, these will always remain in use, though all they can possibly do is to diminish the painful mobility of the uterus. "The troubles and inflammatory complications arising from an unreposed retroflected uterus are, however, very often made decidedly worse by the introduction of a pessary underneath it."

The questions I should like discussed are these:—(1) What is the action, and what the purpose, of a properly designed and adjusted pessary? (2) What are the pathological conditions which make the use of a pessary dangerous? (3) What are the best forms of pessary for use under the different circumstances in which their application is indicated?

I cannot improve on the description given by Goodell of the principle of the ordinary Smith-Hodge or lever pessary, whatever the material be of which it is made. And this description refers, of course, also to the same class of pessary which has a cushion posteriorly. To a certain extent it also applies to Fowler's cradle pessary, and to Schultze's figure-of-eight support.

"As its name indicates, this pessary acts on the principle of a lever; but the mechanism of its action is twofold. By stretching the vagina upward and back-



3. 4.

3. *Position of curved celluloid cushion (Smith-Hodge), keeping uterus in fairly normal position.* (Author.)
4. *Uterus restored to the normal position—the S pessary of author applied.*

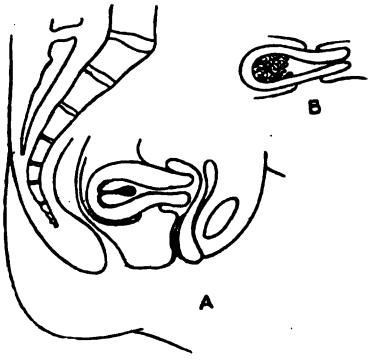
ward, it draws the cervix in the same direction. The womb then turns on its central point of ligamentous attachment as on a fixed pivot, and the fundus is consequently tilted forwards. The womb itself thus becomes a lever, of which its point of attachment to the bladder is the fulcrum. The power is applied to the cervix, and the fundus becomes the weight or resistance. This action remedies retroversions, but *not retroflexions, unless complicated with retroversion, as they usually are.* The anterior vaginal wall, with the visceral pressure above it, now becomes the power applied to the lower limb, or 'long arm,' of the lever; the posterior vaginal wall is the fulcrum, or support; and the upper limb, or short arm, lying behind the cervix, directly pushes the weight or fundus uteri. This action tends to remedy both retroflexion and retroversion. For instance, during the act of inspiration the descending diaphragm crowds down the abdominal viscera upon the bladder, to which are attached the cervix uteri and the anterior wall of the vagina. These organs, therefore, descend. As a result, the lower or fore end of the lever is necessarily pushed down by the descending anterior wall of the vagina, on which it rests, while its upper or hind end proportionately rises up and tilts forward the retroverted or the retroflexed fundus. In expiration, the reverse takes place. The pressure is, therefore, not a steady, but a gentle rocking one, which is the most efficient of all. This, also, is one least liable to inflict injury on the soft parts, because the points of pressure are varying ones. But to attain these ends the pessary must be mobile, *and never so long as to put the vagina on the stretch; otherwise it loses its distinctive character of a lever, and degenerates into an ordinary ring pessary. It should further impinge on the soft parts only, and take no bearings on the solid structure of the pelvis. . . .*" A certain degree of stretching is, however, inevitable in the drawing back of the vaginal portion.

Schultze is naturally somewhat prejudiced in favour of his figure-of-eight and his sledge-shaped pessaries. We may, therefore, in some degree qualify what he says, but it is in the main true.

"Both by Hodge himself," he remarks, "and by Braun, who first introduced it to us, the instrument was extolled distinctly upon the ground that it rendered reposition by the sound, the method at the time practised, unnecessary. . . . The question remains whether, after reposition, this pessary can keep the uterus in its normal position, an effect attributed to it by many gynæcologists.

"As a matter of fact, if the uterus has been previously replaced, Hodge's pessary does in some cases keep it in its normal position, and does so because, by extending the posterior vaginal vault backwards and upwards, it compels the vaginal portion to keep in its proper position, well at the back of the pelvis.

"But the posterior vaginal vault, if tender, as it very often is directly after the elevation of a retroflexion, cannot be put sufficiently upon the stretch to fix back

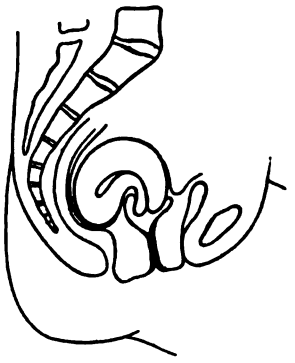


5.

5. (A) *Complete retroversion. Pouch of Douglas occupied by fundus, with pediculated polypus in the cavity. Rectum encroached on and the bladder drawn upwards and backwards.*
(B) *Same uterus with fungoid or carcinomatous mass in fundus.*

the portio vaginalis. If the upper and back part of the vagina be roomy and relaxed, a condition in which it very commonly is in retroflexion, we may stretch the vaginal vault as far backwards as ever we like without thereby compelling the vaginal portion to remain in the back of the pelvis; it slips forward in the loop of pessary, and though the latter is in a proper position, the uterus falls back over it into retroversion, just as if it were not there at all.

"It is only when the vagina is fairly rigid as well as long, and where there is no tenderness in the posterior



6.

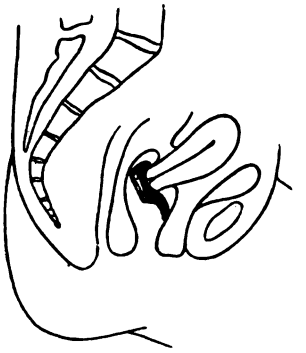
6. *Large retroflexed uterus, obliterating the pouch of Douglas and pressing on the rectum, drawing the fundus of the bladder backwards.*

vaginal vault—a combination of circumstances not often found with retroversion—that Hodge's pessary actually replaces the uterus, forces the vaginal portion into a posterior position, and thereby transfers the intra-abdominal pressure on to the posterior surface of the uterus."

There are certain points which must be remembered in regard to all pessaries: First, the consequent stretching of the vaginal walls and the distension of the canal, especially at its uterine end. Secondly, the necessity for perfect mobility of the pessary. Thirdly, the need for adaptation in size and shape of the pessary to the dimensions of the canal, and to the length of the portio vaginalis. The support should not interfere with the normal acts of defæcation, nor impinge on the neck of the bladder or urethra so as to cause either distress to the bladder or impediment to micturition. The main points to be considered are—the capacity of the vaginal fornix, the length of the canal, and the size of the portio vaginalis; after the application of the pessary, the comfort with which it is worn while standing, walking, and sitting in different positions, and the absence of any sense of distension or pressure. In order to fulfil its action in retro-displacement and support the uterine fundus, while it retains it in position, its posterior curve should be such as to occupy the posterior fornix so as to prevent a doubling over of the uterus on the pessary during such acts as those of defæcation, any strain of the abdominal muscles in lifting weights or during fits of coughing and the unavoidable pressure resulting from over-distension of the bladder. A pessary also should be as light as possible consistent with its strength and hardness. The material should resist the corroding or solvent action of the vaginal secretions, and one which can be easily kept clean. The rings I show are of two kinds: the first are my own celluloid and wire rings, made for me many years since by Arnold. They can be moulded into any form desirable. The others are Schultze's celluloid rings. These are the most perfect that can be conceived. They are so light that the weight of the ring is hardly felt. On the other hand, when moulded by means of boiling water they become very hard, and though elastic never alter their shape.

When the position of the uterus is such that a pessary can be taken out and replaced by the woman herself it is well that it should then be of such a kind as will enable her to do this easily. Such conditions involving the application of an ordinary lever pessary cannot be fulfilled unless it be moulded at the time according to the anatomical peculiarities of the vagina and uterus. Nor can this frequently be decided on its first adaptation. It has to be worn for a certain time before its efficacy and comfort can be finally determined. The application of a pessary without such determination as to its suitability from these points of view is obviously wrong. What we want specially to avoid is that over-distension of the vaginal walls which leads to an atonic condition of the muscular structure and subsequent relaxation of the vesical and utero-rectal supports. Even supposing that a uterus be kept in position temporarily by such over-stretching, when the pessary is removed the tendency is to recurrence of the deviation, and the last state of the woman is often worse than the first, relaxation of the vagina assisting in the downward and backward movement of the uterus.

If we look at a Fowler's pessary, we see that its posterior projection rests against the junction of the infra-vaginal with the supra-vaginal cervix, tilting the



7.

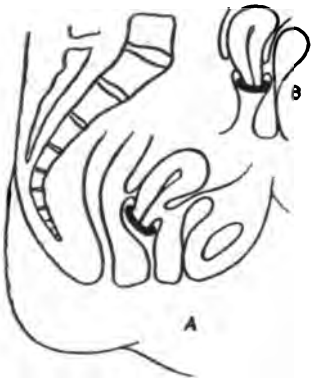
7. *Fowler's cradle pessary in position.*

latter, with the fundus, forwards, while the smooth and convex surface of the bowl fills the posterior fornix. The narrow end of the cradle lies in front of the cervix against the vaginal wall, and should not press on the urethra. The pessary itself should be made in one piece, so that there can be no chance of any want of continuity which would permit the entrance of vaginal secretions into the hollow space between its walls.

Such pessaries as those I have mentioned, if properly adjusted to the individual case of retro-deviation, assuming that any form of pessary will maintain the uterus in anything approaching its normal axis, exert

their action by tilting forward and at the same time supporting the fundus, the cervix being thrown backwards. No bad effects follow. A ring of any kind is quite different. It is not a lever in the sense of the Smith-Hodge, and does not support the uterus in the same manner. A movable ring lying obliquely in a rigid unrelaxed vagina is useful, but in the majority of cases of retroflexion in a relaxed vagina it is absolutely useless. It plays as active a part in retaining the uterus in position as the ring on the woman's finger.

With regard to stem pessaries, I can only repeat what I have several times said and written. For years I have not inserted one into the uterus save after an



8.

8. (A) *Glycerine ring in position in the vagina. Uterus has been replaced, but not quite in the normal position.*
(B) *Effect on same uterus by over-distended bladder.*

operation for stenosis with anteflexion, and then only rarely. In few cases is the use of a stem required, and the risks incurred during the time it is worn, the constant supervision required from the medical attendant, and the unpreventable carelessness of patients render its employment particularly hazardous in busy general practice. I am always uneasy while a stem is in the uterus, and in applying it give the patient strict injunctions regarding rest and medical supervision. (1) I never place one in the uterus immediately before a menstrual period, and, when one is worn, I remove it on the approach of a period. (2) I always teach the patient how to remove the instrument by means of a string attached to its lower end, and direct her to do so on the least indication of uneasiness, pain, chill, or a feeling of general *malaise*. No stem should be placed in the uterus if there be signs of recent perimetritis, or during an inflammatory state of the endometrium. I use a smooth, straight,

9.

9. *Celluloid stem of author.*

10.

10. *Method of moulding the figure-of-eight ring.*

or slightly curved stem, such as my celluloid bulbous one. The stem should not reach the fundus of the uterus.

I have removed stems which had been worn in the uterus for months, and, apart from my pity for the patient, my regret was that the person who had placed the stem in position was not present to learn a lesson from the effects of its sojourn there.

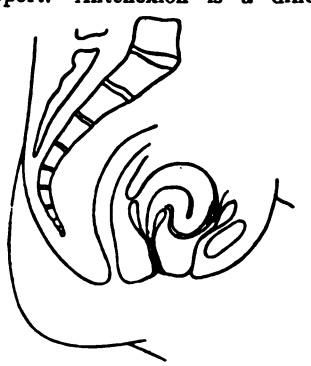
Schultze, speaking of intra-uterine stems, in connection with flexions, regards one as a suitable addition provided there be no active inflammation present, preferring the independent stem to the combination of pessary and stem, and only using it where the flexions are such that they cannot be permanently adjusted.

"They are," he says," the only cases in which, with our present knowledge of the normal and abnormal positions of the uterus, there can be any indication for their application.

"The more cases of retroflexion I have to treat, the fewer are those in which I meet with this exceptional indication for the use of intra-uterine pessaries. Years have repeatedly passed without my coming across it, because in all cases of the sort coming under my observation, in which the circumstances were not such that I had for the time to abstain from reposition, either the peritoneal adhesions which caused the anomalous position of the uterus were discovered and removed, or the action of the parametric cicatrices could be compensated with vaginal pessaries of appropriate shape."

The views Professor Schultze held some years since are practically those he advocated in 1898, which, he says in a letter to me, "hold as good now as when they were written."

In regard to anteversion and anteflexion, though we still have to include degrees of the former condition in our text-books, we all now know that it is not correct to speak of an anteverted womb as a displacement. If the womb leans forward at an angle of forty-five degrees and upwards, it is then out of the normal plane and has an abnormal relation to the pelvic axis, and may then require support. Anteflexion is a different state



11.

11. *Anteflexed uterus with elongated cervix pressing on bladder, altering the position of the pouch of Douglas, and drawing on the rectum. Ovary prolapsed anteriorly.*

Most frequently it is not merely the abnormality we have to deal with, but we have also present stenosis of the uterine canal, possibly enlargement from hyperplasia, or tumour in the anterior wall of the fundus.

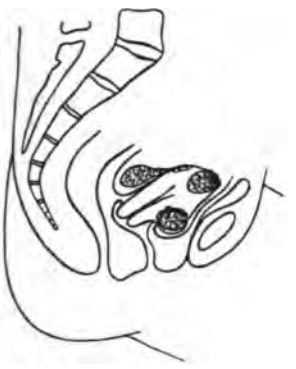
"I have learned to unlearn," says Goodell, "that anteflexion and anteversion in themselves, that is to say, as displacements merely, and without narrowing of the uterine canal, are necessarily pathological conditions of the womb"; and he goes on to urge the mistake of attributing to this natural position of the womb such an affection as irritability of the bladder, naturally dwelling on this frequently occurring symptom, which is often attributed to pressure of the uterus when it is in reality due to an impaired nervous system with lack of brain control. "Upon making a vaginal examtnation, the fundus of the womb is found resting on ihe bladder, where it naturally should rest, and the conclusion is jumped at that the whole trouble is due to the existing natural anteflexion or anteversion as the case may be. The surgeon racks his brains to adap-

or devise some pessary capable of overcoming the supposed difficulty, heedless of the dilemma that the upward or shoring pressure of the pessary on the bladder must be greater than the counter or downward pressure of the womb to which he attributes the vesical irritability."

For my own part, I have not, in anteflexion, for years used any pessary save either one which I have moulded myself from a ring, such as I show here, or a Galabin, which it practically resembles.

Ventro-suspension of the uterus, or the enucleation of a myoma, will rapidly and completely cure symptoms of bladder trouble, even in cases where a urinal has to be worn.

I may now briefly summarise the pathological conditions which contra-indicate the use of any pessary, and where its presence constitutes a distinct danger.



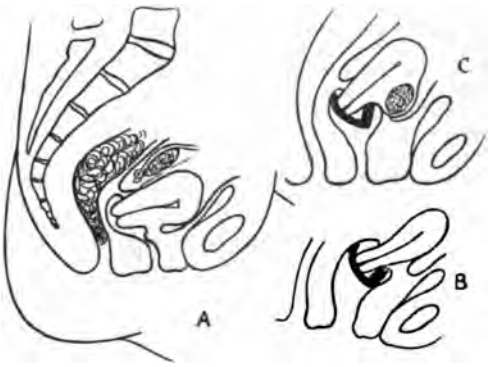
12.

12. *Myomatous uterus—nucleus in anterior wall pressing on bladder—pediculated tumour in the pouch of Douglas.*

(1) Displacements which are associated with inflammatory states of the endometrium, until such endometritis be cured. (2) Those which are complicated by adhesions, rendering restoration of the uterus to its normal position impracticable. (3) Those associated with adnexal tumours and inflammatory conditions of the ovaries and tubes. (4) Those complicated by other than adnexal tumours in the pouch of Douglas, such as an enlarged, sensitive, and prolapsed ovary, cysts of the ovary or meso-salpinx, pus cysts of tube or ovary, ectopic sacs, pediculated myomata, solid tumours of the ovary or Fallopian tube. (5) All cases in which, after reasonable trial of a pessary and palliative treatment of the displacement, the prolonged use of a pessary is necessitated, inasmuch as without the latter the displacement recurs, and when, even with the pessary *in situ*, the uterus cannot be kept

13.

13. (A) *Pouch of Douglas occupied by a large pyo-salpinx adherent to the uterus or incorporated with it and altering its position—mistaken for retroflexion. This may be a myoma, an ectopic sac, an ovarian cyst, or a tumour of the meso-salpinx or Fallopian tube.*
(B) *Idea of the nature of tumour conveyed on examination by vagina and rectum, confusing it with myoma.*

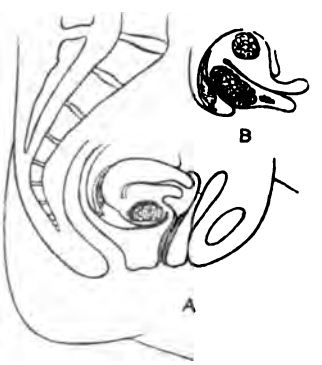


14.

14. (A) *Large uterus encroaching on the bladder, which is elongated as the result of pressure and over-distension. Loaded rectum pressing on adnexa in the pouch of Douglas.*
(B) *Galabin's pessary supporting the uterus.*
(C) *Galabin's pessary supporting uterus with myoma in anterior wall.*

in the normal position. It is altogether unsurgical to consign a woman to the lifelong burden of an irksome appliance in the vagina.

In my own experience I have seen, not once but several times, pessaries worn when one or more of those pathological conditions I have enumerated have been present. It is not necessary to dwell on the risks and dangers thereby entailed. Nor is it any matter for surprise that such conditions have not been detected



15.

15. (A) *Myoma in posterior wall of retroflexed uterus. Ovary and tube in the pouch of Douglas.*
(B) *Myomatous anteflexed uterus, which has become retroverted.*

when *complicating* a retroflexion, for they are out of reach, and, save under an anæsthetic and by the bimanual method, it is impossible to detect their presence. And even with this advantage the most experienced gynæcologists are liable to err in diagnosis. It may be thought more inexcusable to confound the occurrence of any of these with a retroflexion, but here, again, so intimately associated are certain growths—cystic tumours, pus sacs, and solid tumours—with the uterus, so hard and resistent do they become, and so difficult is it to dissociate and define what is uterine from that which is extra-uterine, that it is a matter of common knowledge that operators of the highest skill and the widest experience have not detected the error of diagnosis until the abdomen has been opened. How much less, then, is the surgeon in general practice to be blamed if he fail occasionally to differentiate a mass in the pouch of Douglas! I have elsewhere recorded some such "pitfalls" in my own practice, and

have been present when even the most wary have slipped. Accidents, we know, happen to the most cautious and knowing of rodents. Only lately I saw a case in which a pessary had been worn for some time, an opinion afterwards being given that there was nothing seriously wrong. Finally, a distinguished surgeon pronounced the case to be one of myoma, another experienced gynæcologist viewed it as a case of inoperable carcinoma. I came on the scene, and concurred in the view of myoma. It turned out to be one of old pyo-salpinx.

Quite recently I operated upon a case the full particulars of which I intend soon to report, with a peculiar history. The facts would fit in with the presence of an ectopic gestation sac, a molar pregnancy, or a long-standing pyo-salpinx, forming a hard adnexal tumour in Douglas' pouch. The latter was the view I took in the first instance. Under anæsthesia, before operation, by bimanual examination, different views were expressed as to the nature of the tumour. Before proceeding to open the abdomen, I proved with the sound that the uterus was in its proper position, and that the mass was not part of the uterus, though closely incorporated with it.

On exposure of the pelvis, an old infiltration was found extending from side to side, raising the broad ligaments and extending as far as the second lumbar vertebra; the mass behind the uterus, which was firmly incorporated with it, proved to be a large infiltration, communicating with a pyo-salpinx, and tunnelled through by a portion of the bowel.

When we ourselves trip and stumble into one of these pitfulls, we usually feel what an American calls "pretty bad." Is it a brotherly feeling that makes us so sympathetic to a fellow-traveller on the same road that we cannot restrain the desire to talk of his misfortune? Or, is it the philanthropic motive to make him serve as an object-lesson which may prevent others from following in his rash footsteps?

An ovum of half truth, when impregnated by the dual germs, insatiable love of gossip and cancrous jealousy, develops not infrequently into a twin monster of insinuation and falsehood, which even its original generative force would not recognise as its own conception. Let, then, the Gods of gynæcology be lenient in their judgment on the errors of the less infallible mortals who, treading the rougher highways and byways of general practice, occasionally make such mistakes as those I have referred to—mistakes to which even the immortals themselves have been proved to be liable.

All I have here said with reference to my second question tends to show that a pessary is not the harmless appliance it is generally thought to be, and that before it be applied it is our duty, by bimanual examination and, should doubt exist, under anæsthesia, to exclude those often obscure pathological conditions which altogether contra-indicate its use.

I need not refer to the dangers of allowing a pessary to remain too long in the vagina without being cleansed or changed. I once showed at this Society a ring pessary which had been worn for nine years; it was covered with a calcareous coating, and had worn a deep groove in the walls of the canal. It is not so very long since that I removed a pessary which had been worn without change for five years. Such occurrences should not be possible were the dangers emphasised to the patient when leaving the immediate care of the surgeon who inserts the pessary.

As to the best forms of pessary for application under the different circumstances in which they are indicated, I believe that for retroversion or retroflexion the well-curved S pessary, which the practitioner himself moulds for the vagina in which it is to rest, and adapts for the uterus that it has to keep in position, is the safest and best. After the uterus has been first replaced, and where we suspect that the uterus will not remain as we have replaced it, a Fowler's pessary, carefully selected as to its size, is an admirable one. So, also, are the celluloid cushion and Schultze's figure-of-eight.

When we require a pessary for anteflexion or extreme forward displacement of the uterus Galabin's pessary, which can easily be kept clean and be worn without change for some months, I consider the best. Here, again, the most important points are its width and length, as if these be not attended to the pessary is certain to cause distress. Also, care must be taken in its removal, for if roughness be used in abstracting it, considerable pain will be caused, and the outlet may be bruised and injured. The pessary has to be got by the finger with the long axis of its arched portion corresponding to the long axis of the outlet, and the perineum has to be well drawn back so as to permit of the escape of the broad portion of the pessary.

Where the uterus is anteflexed, and there is a myoma in its anterior wall, or where there is relaxation of the vagina, with tendency to cystocele and prolapse, with attendant retroversion, it is as good a support as we can use. It does not prevent conception. If a Galabin be not at hand, a pessary much on the principle of Schultze's sledge-shaped one can be fashioned from a celluloid ring and adapted in size and shape to the anatomical conditions of the individual case. It acts much in the same way as Galabin's, and is useful under similar conditions.

With regard to prolapse, in its earlier stages, when retroflexion is the first consequence of relaxation of the utero-sacral folds, and where reposition of the uterus is called for as a palliative measure, a pessary is of use, and a celluloid cushion support or one moulded for the case from a ring is indicated; a glycerine ring of suitable size often affords considerable relief. But when both the uterus and vagina begin to descend, when the uterus is retroflected, while the vaginal outlet is relaxed, and there is prolapse of some portion of the vaginal wall, operative measures are called for and a pessary of any kind is injurious, and becomes more so in proportion as the vagina is stretched by it. By early operative measures, those more serious ones which have to be considered in the later stages of procidentia will, in all probability, never have to be undertaken. Hardly any of those cases in which operations on the utero-sacral ligaments, extirpation of the vagina, in whole or part, or removal of the procident mass are indicated would ever occur were suitable operative steps taken instead of the attempt being made to palliate the woman's troubles by resort to an appliance which is not intended to cure, and, as a rule, aggravates the mischief. For those who will not consent to operation, the best support will be that which is moulded by the surgeon himself to suit the degree of the prolapse, and in some extreme cases under the same circumstance, Godson's wire modification of Zwancke's pessary, if care be taken with regard to cleanliness, I have known afford the greatest relief. I trust that I have shown that a pessary, whether we view it from the point of view of the positive mischief it may do or the negative consequences that follow its use by delaying suitable and efficient treatment, is not the harmless agent it is often thought to be.

Notes on Therapeutics and Materia Medica.

By DAVID WALSH, M.D.Edin.,
Senior Physician, Western Skin Hospital, London, W.

MULTIPLE MEDICATION—URANIUM.

THE obstinacy of a malady in resisting treatment may be fairly well gauged by the number of drugs recommended for use in that particular condition. Take, for instance, rheumatoid arthritis as an illustration of that general statement. The stock internal remedies for that complaint are arsenic, iron, cod-liver oil, guaiacum, the iodides and the salicylates, and general tonics. In spite of that list, however, every practitioner knows that drugs are useless in the cure of arthritis deformans, to use the more scientific name, when once established. The condition appears

to be, in its chronic form, a slow progressive infection attacking the articular and peri-articular structures. Rheumatism, gout, influenza and gonorrhœa are common preceding conditions, and there is good reason for the view that a phthisical family history is extremely common in patients afflicted with arthritis deformans. It is in this complex etiology that we shall most likely find the key to the remedies that have been vaunted by various authorities. Where the brunt of the mischief has fallen on the structures around the joint good results may possibly result from iodide of potassium. The salicylates, again, may be of use in the acute febrile forms of rheumatoid arthritis, or in those cases of chronic articular rheumatism which are difficult to distinguish from arthritis deformans, and which ultimately merge into that condition.

The hot air treatment of arthritis deformans, however, has in many cases placed in the hands of medical men a cure for the disease in its earlier stages, and the means either of arresting its progress or of lessening its bad effects in the later stages. Massage and surgical measures may also lessen the mischief.

The displacement of drugs by physico-therapeutic measures is going on apace in the treatment of many diseases. As yet it is impossible to forecast the future therapeutic applications of radium. One point is, that many of our trusted remedies are more or less radio-active. Supposing the tissues of a patient to be charged with one or other of these particular drugs, then it would be easy to expose him to conditions in which general radio-active saturation would be set up.

Recently Dr. Morton, of New York, has raised an interesting point in an article entitled "The Artificial Fluorescence of Living Tissue in Relation to Disease."(*a*) He charges the body with a fluorescible solution such as that of quinine, and then exposes a given part to radium or the X-ray tube. In this way he sets up local fluorescence, and claims that the therapeutic action of the radium or of the focus-tube is thereby increased. The idea is suggestive. For instance, the value of a seaside visit in the treatment of many obstinate maladies is a fact well known to the physician. More good is often done in a week near the sea than by month after month of physic and nursing at home. Possibly the change to radio-active surroundings of sun or sea or shore have fluoresced the drugs that have lain inert in the patient's tissues and roused them into fresh and energetic action. Morton, in some cases, exposes the whole of the body to the action of the X-rays, whereby he seeks to flood the tissues with fluorescence from the drug that has been previously administered. It seems not unreasonable to assume that chemical or physico-chemical effects would be in that way "brought into very intimate internal relations with vital processes."

Radio-activity in some form or other may possibly be found one day to account for the action of certain drugs, which will have to be investigated from an entirely fresh point of view. Let us turn for a moment to uranium, the metal first obtained from pitch-blende in 1789 by Klaproth. A capital account of the properties and therapeutics of uranium is given by Dr. C. D. F. Phillips in the third edition of his invaluable book on "Materia Medica and Therapeutics." Uranium was first brought into general notice by Dr. Samuel West (*Brit. Med. Journ.*, ii., 1895) as a remedy for diabetes. Mr. Symonds failed to detect it in the urine of some of Dr. West's patients taking the drug, an observation that was confirmed by Dr. Bond. On the other hand, Lecomte, in 1851, had stated that small doses caused glycosuria in dogs. Chittenden produced a similar result, and the appearance of sugar was preceded by nephritis. He found evidence of tolerance, namely, that given doses, which caused at first albuminuria, ceased to do so at a later period. Dr. West found that full doses caused dyspepsia. Dr. Phillips himself gave uranium nitrate a fair trial in twenty-five cases of diabetes mellitus. For two months he kept his patients under the influence of the drug. The first week he gave half a grain thrice daily; the second week three grains, and afterwards five grains. The diabetic symptoms were not relieved, and in no case was albuminuria or dyspepsia produced. In some cases there was slight looseness of the bowels, but no diarrhœa.

A writer in the *Therapeutic Gazette* (October, 1888, p. 698) states that uranium is liable to produce inflammation of the intestines and kidneys, sugar in the urine, with nervous symptoms, such as cardiac paralysis and failure of locomotor power. May it not be possible that these effects are due to the irritation of the intestinal mucous membrane by the slow passage of a radio-active substance through the bowel?

Sir G. Duncan Gibb, many years ago, recommended uranium nitrate as a spray in sore throat. Possibly the instinct of these observers may have led them to the verge of the discovery of an important remedy. At any rate, the action of uranium, and possibly of many other forgotten or half-forgotten remedies, deserves careful scientific investigation in the light of recent physical or chemico-physical advances.

(*a*) *New York Med. Journ.*, February 13th, 1904.

A CASE OF MYOMA OF THE RIGHT BROAD LIGAMENT SUCCESSFULLY ENUCLEATED BY ABDOMINAL SECTION. (*a*)

By FREDERICK EDGE, M.D., F.R.C.S., &c.,
Surgeon to the Wolverhampton and to the Birmingham and Midlands Hospital for Women.

The patient is a multipara, æt. 43, well nourished and generally healthy, except that she is anæmic and careworn; last child, æt. 12.

She has suffered from painful and profuse menstruation, which has become worse and worse. There was pressure on the bladder and consequent frequent micturition with tenesmus. On examination there was found, *per vaginam*, a round, cystic swelling of the anterior vaginal wall about the size of a walnut. This was diagnosed as a retention cyst. The uterus was found to be enlarged irregularly, chiefly to the right, and a sound passed four and a half inches, which was about half the distance it would have entered had the uterus been continued to full extent of the tumour. Therefore it was considered that the myomatous mass was chiefly subperitoneal, but it was not diagnosed as intra-ligamentary. As the tumour was growing, the bleeding increasing, and the pressure symptoms causing great suffering, especially from the bladder, I advised operation.

(*a*) Read at a meeting of the British Gynæcological Society, April 14th, 1904.

On opening the abdomen, the parietal peritoneum was found to have been carried up the front wall, and this for a moment obscured matters. However, by noticing the size of the uterine fundus it was evident at once that the myoma was intraligamentary. I shelled it out, but found that it had a very intimate union with the right anterior lower uterine wall, where its vessels entered. There was severe bleeding when I divided this, but only one or two arteries spouted, and were tied. The venous bleeding was controlled by sutures drawing together the uterine tissue. The cavity in the broad ligament shrank a good deal, and its peritoneal coat was sutured to the parietal peritoneum at the lower angle of the wound. The rest of the operation was finished as usual. The retention cyst in the vagina was emptied. The patient recovered uninterruptedly and without any reaction.

I have removed several broad ligament myomata, where no connection with the uterus was present, but it is a question whether the majority of broad ligament myomata are not originally pedunculated uterine growths.

Calculus of the Bladder formed on Silk Sutures used in Performing Hysterectomy.

This calculus was removed by vaginal lithotomy three years after panhysterectomy of a myomatous uterus.

It was encysted and not easy to sound. Dilatation of the urethra and traction with forceps failed to remove it. I therefore incised the base of the bladder, *per vaginam*, and removed it with the finger. The vaginal incision was not sutured, but the bladder was drained. The wound healed within the week, and there was no leakage. I have treated several cases in this way, and consider that where there has been considerable alteration of the parts by contraction of cicatrices, it is best not to suture, especially if the bladder is septic or in a doubtful condition.

A Displaced Spleen Simulating a Broad Ligament Cyst Successfully Removed by Abdominal Section.

The patient, a school teacher, æt. 24 and unmarried, in August suffered from peritonitis and was sent to Birmingham by Dr. Wilson, of Barnsley. To me she complained of paroxysmal pain in the abdomen. She had had amenorrhœa for three months, and before that time scanty menstruation; she was costive, but had no swelling of the feet, and her general organs were normal. A rounded tumour was to be felt on the right side of her small uterus; the hymen was intact. *Per rectum* the tumour was diagnosed as a cyst of the broad ligament.

After abdominal section and the separation of adhesions I enucleated a reniform tumour from between the broad ligament and omentum; as, owing to twisting of the pedicle the mass was black with extravasated blood, and it seemed doubtful of vitality if left, it was therefore removed. There was, however, some question as to how to treat the pedicle, as from its shape the tumour appeared to be a kidney. On cutting into the mass it proved to be a spleen, and the pedicle was therefore ligatured and dropped.

The blood, examined after the operation, showed some deficiency in the red cells (4,000,000), a slight increase in the leucocytes and a good many polynuclear cells. A week later the blood was normal. The patient did perfectly well, and has returned to her work.

Clinical Records.

Case of Dermoid Cyst of both Ovaries. Treble Twist of Pedicle with Strangulation of the Left. (a)

By FREDERIC BOWREMAN JESSETT, F.R.C.S.,
Surgeon to the Cancer Hospital

I AM indebted to Dr. Balgarnie, who kindly called me in to see the patient with him, for the note of this case until the date of our consultation.

B. B., æt. 21, had always enjoyed good health. Catamenia regular and without pain. One child born May, 1903.

In November, 1903, she had a sudden attack of pain referred to the left hip, causing faintness and sickness: she was in bed for four days, but saw no doctor. About noon on Februrary 24th, 1904, just at the termination of an uneventful period, she again had severe pain referred to the left hip, accompanied by faintness and sickness. Dr. Balgarnie was called in to see her in the evening of the 25th. She was then in bed and complained of "sciatica." She had a rapid pulse, 120. Temperature normal. On examination of the abdomen a tumour was noticed in the lower abdomen, slightly tender. Morphia was given by the mouth, but was rejected at once. Fomentation and a second dose of morphia gave relief. On February 26th, her condition was much the same—pain, very severe, was relieved by hypodermic injection of morphia. On the 27th, unknown to Dr. Balgarnie, she was led into another room; by the evening her symptoms were much more severe, with a rising pulse, temperature 101°, increased sickness, tenderness much more marked over tumour, which until now had been more or less defined. Its outline was obscured by obvious peritonitis; subsequently the symptoms gradually abated. On February 29th I saw the patient with Dr. Balgarnie. She had a rather anxious expression, and some tenderness over the lower abdomen. The abdominal muscles were tense and it was with difficulty that anything like a defined tumour could be felt. *Per vaginam* there was distinct fulness in the left fornix, tender on pressure, and somewhat tense. Bimanually this fulness was distinctly connected with that of the lower part of abdomen. On the right side, the right ovary was prolapsed, distinctly cystic and about the size of a Tangerine orange. The uterus was somewhat fixed and tender. The diagnosis was rather obscure, but I arrived at the conclusion that we had to deal with a ruptured tubal gestation or an ovarian tumour and twisted pedicle.

I advised early operation; as, however, the symptoms had abated and the patient was in every way better than she had been, and it was necessary to remove her to the Cottage Hospital, because no convenience existed at her own home, we decided to wait and continue the treatment she had been having.

On March 7th, she was removed to the Cottage Hospital, and on the 12th I operated, with the assistance of Dr. Balgarnie, Dr. Adams administering the anæsthetic.

On opening the abdomen in the middle line by an incision about three inches in length, between the pubes and umbilicus, I found the omentum adherent to the parietes by recent adhesions; on carefully separating these the omentum was found to be adherent to the tumour. This was carefully detached. On endeavouring to pass my hand around the tumour I found it wedged into the pelvis and very adherent to the parietal walls in front and the intestines above and behind. These adhesions were separated by sweeping the hand carefully round the tumour, which extended quite down into the pouch of Douglas. I next extended my parietal incision upwards as high as the umbilicus, and by passing my hand into the pouch of Douglas, lifted the tumour bodily out, not, however, without the rupture of a small cyst on its posterior surface. The pedicle was then seen to have three distinct twists and was quite black, and very shortly would have become

(a) Read at a meeting of the British Gynæcological Society, April 14th, 1904.

gangrenous. I transfixed the pedicle and tied it in the usual manner.

I next examined the uterus, which was normal, and drew up the right ovary, which was, as I had discovered, cystic and enlarged. I removed this. The patient, with the exception of a stitch abscess, made an uneventful recovery.

On cutting into the larger tumour it was found to be a dermoid, and on bisecting the smaller right cystic ovary a distinct dermoid cyst is seen in the centre.

I have ventured to bring the case forward as ovarian dermoids are sufficiently rare to make them of interest. Thus Olshausen has collected a series of 2,275 ovariotomies performed by various operators, and among them there are only eighty cases of dermoid cysts (3·5 per cent.), and to find both ovaries so affected is still more rare. The case is also remarkable on account of the treble twist of pedicle. In my experience the pedicles of dermoid or solid tumours are much more liable to become twisted than those of ordinary cysts of the ovary. The diagnosis was also somewhat uncertain, as although the sudden pain experienced pointed to ovarian tumour with a twisted pedicle, yet the fact that *per vaginam* a distinct fulness was felt in the left fornix rather suggested the possibility of a tubal pregnancy.

Case of Large Fibroid Springing from the Anterior Surface of the Cervix Uteri, Pushing up the Bladder and Peritoneum to within an inch of the Umbilicus.

Mrs. D., æt. 48, married, no family, was sent to me by Dr. Case, of Fareham, suffering from an abdominal tumour. About five years ago she first noticed pain in the lower abdomen, for which she consulted Dr. Case; at that time there was no tumour. A year later she suffered from menorrhagia, with pain in the back and right side, which continued with greater or less severity until about a year ago, when, notwithstanding treatment, it increased considerably, and the tumour, which had been noticed for some time, began to enlarge. When she consulted me on March 3rd, I found a tumour situated in the lower abdomen, extending as high as the umbilicus and very slightly mobile. Bimanually, it extended to within two inches of the outlet of the vagina, and the os uteri could not be clearly defined, but was pushed backwards by the growth. The whole tumour seemed to be somewhat fixed.

The patient suffered from rather frequent desire to micturate, menorrhagia, and pain. She was blanched, and moved about with decided discomfort. I advised operation, and on March 13th, with the assistance of Mr. Hugh Case, I operated, Dr. Hanson giving the anæsthetic, Dr. George Case being present.

On making the usual incision in the middle line between the pubes and umbilicus and dividing the parietes, I failed to find the peritoneum, but came down upon what was apparently the bladder, and had to extend my incision upwards to the umbilicus before I could get into the peritoneal cavity. On passing my hand downwards into Douglas' pouch behind the tumour, and endeavouring to lift it out, I found it was firmly bound down. I then separated the bladder from the tumour and introduced Doyen's myoma screw, and by firm traction upon the tumour and digging around it with my disengaged hand, I succeeded with difficulty in drawing it out of the pelvis. Having ligatured the arteries on that side, I enucleated the tumour from the fibres of the uterus.

The body of the uterus was then seen to be in the abdominal cavity covered by its peritoneum. As there was very considerable oozing from the surface of the uterus from where I had peeled the tumour I thought it advisable to remove it. There was a considerable cavity left from where the tumour had been extracted; this I laced over by several strands of catgut in the manner described by Dr. W. Duncan at our last meeting. By this means the cavity was closed and much of the oozing stayed. I, however, introduced a gauze drainage into the lower angle of the wound, and having carefully closed the divided peritoneum in the abdominal cavity I closed the parietal wound by means of three layers of ten-day gut sutures. The patient made a good, although rather slow, convalescence.

Remarks.—This tumour evidently sprang from the anterior surface of the cervix uteri and extended laterally to the right, splitting up the right broad ligament. It thus extended forward and upwards, carrying the bladder and the peritoneum upwards. The notable points about the operation were, first, the bladder, being directly under the parietal wound, was in great danger of being cut into, and, secondly, the difficulty of extracting the tumour was very great, and had I not had the myoma screw would have been very much more so.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

CLINICAL EVENING, HELD FRIDAY, APRIL 22ND, 1904.

DR. FREDERICK TAYLOR, President, in the Chair.

MR. F. J. STEWARD showed a case of movable knee-joint, three and a half years after operation for extensive tuberculous disease. The limb had remained in a plaster of Paris splint for two years. No attempts had been made to produce movement.

Mr. T. CRISP ENGLISH referred to a case of tuberculous disease of the ankle in which post-operative spontaneous movement had supervened, and also to a case of acute general septic arthritis of the knee-joint, following gonorrhœa, in which similar results had been obtained after freely opening the joint.

Dr. F. PARKES WEBER exhibited a case of

POLYCYTHÆMIA WITH ENLARGED SPLEEN AND CHRONIC ERYTHROMELALGIA.

The patient was a married woman, æt. 36, a Jewess, who had had previous good health, but after her last confinement, seven years ago, she suffered from "inflammation of the womb" with swelling of the whole of the left lower extremity, which lasted a month. Burning sensations in both feet appeared about three years ago, and when first seen, in 1903, the feet were turgid with blood, hot and painful. All these signs were much more prominent in the left foot. At the present time the erythromelalgia was practically limited to the left foot, the skin over which presented several discrete purplish patches. The spleen was enlarged, but there was no cyanosis. An examination of the blood showed that the hæmoglobin was about 125 per cent. of the normal; red cells, 9,000,000 per c.mm.; white cells, 8,100. Polymorphonuclear leucocytes were 73·75 per cent. The heart and lungs were normal. The pulse was 88, regular, and of rather increased tension.

Dr. JAMES GALLOWAY said that Dr. Weber's case appeared to revive the original conception of erythromelalgia as described by Weir-Mitchell, for arterio-sclerotic changes were certainly not prominently marked. Many of the cases recently described showed that the condition could be well simulated as a result of such vascular degeneration, and he referred to a case under his own care in Charing Cross Hospital from an examination of which he had come to the conclusion that cases of redness, pain in one extremity, leading to necrosis, in an adult over middle age were more likely to be due to ischæmia of arterio-sclerotic origin, rather than to true erythromelalgia. He thought, moreover, that a revised classification of the cases was called for, based upon the blood-changes rather than upon the actual condition of the vascular walls.

Dr. WEBER, in replying, said that the case could not very well have been mistaken for anything else when it was seen in the acute stage. Radiograms of the affected side revealed a lighter shadow than that seen in the opposite limb, but he feared that this would not prove of much diagnostic value.

Mr. T. H. OPENSHAW showed (1) a case of firm ankylosis and contracture of the left knee treated by elastic steel bar traction in a patient, æt. 15, who had been able to walk about during the application of the apparatus. (2) A case of osteo-arthritis of the knee-joint following a fracture of the femur, improved

after removal of pressure by means of a splint, which had transferred the weight of the body from the pelvis to the ground, thus giving the affected joint rest.

Mr. LAWRIE H. MCGAVIN called attention to the resemblance of the joint in the second case to the condition met with in Charcot's disease. He thought that a fracture of the femur would hardly account for such disorganisation as was present.

Dr. W. P. HERRINGHAM concurred in this view.

Dr. WILFRED HARRIS exhibited a girl, æt. 20, the subject of acromegaly. The disease was in an early stage, the symptoms having only appeared about two years ago. She had suffered from slight epileptiform attacks and headache. Prognathism was well marked, and the hands were enlarged. There were no urinary nor ocular changes.

Dr. PARKES WEBER inquired if the patient were above the average height.

Dr. HARRIS replied that she was 5ft. 5in. in height, and appeared to be still growing.

Dr. LEE DICKINSON showed a woman, æt. 27, with congenital heart disease. She was not cyanosed, but there was a long rumbling murmur and thrill audible in the second left interspace close to the sternum, occupying the whole cardiac cycle. The pulmonary second sound was indistinguishable. A provisional diagnosis of patent ductus arteriosus was made.

Dr. WILLIAM PASTEUR asked if the murmur were heard at the back.

Dr. HERRINGHAM referred to the great difficulty which was almost always experienced in arriving at such a diagnosis, and suggested that the lesion was chiefly confined to the pulmonary artery.

Dr. WILFRED HARRIS said that the murmur bore a strong resemblance to that heard where an aneurysm of the aorta had ruptured into the pulmonary artery.

The PRESIDENT remarked that several cases had been recorded in which the diagnosis of patent ductus arteriosus made during life had been subsequently confirmed at the autopsy, and he referred to one published by the late Dr. Hilton Fagge in the *Guy's Hospital Reports* in which a long-way murmur was heard in that situation. He would incline to the view that the present case was an instance of that abnormality.

Dr. DICKINSON replied.

Mr. R. P. ROWLANDS showed a case of congenital malformation and deformity in a woman, æt. 30. The principal defects were absence of the ear and seventh and eighth cranial nerves. There was complete facial paralysis and nerve deafness on the left side. Portions only of the external ear were present. There was also an absence of the radius and upper part of the humerus on the same side, with abnormal smallness of the shoulder, scapula and clavicle. Two metacarpal bones were absent, while there were only four carpal bones. The elbow was flail-shaped.

Mr. MCGAVIN inquired as to the condition of the Eustachian tube upon the affected side.

Mr. ROWLANDS replied that this canal was present, but that the catheter passed a shorter distance than normal, the tympanum being absent. The non-development of the two cranial nerves, including the pars intermedialis, explained the loss of taste, which also existed over the left half of the tongue.

Mr. ROWLANDS also showed a case of premature puberty in a child, æt. 2, in whom the external genitals were similar to those of a boy of fifteen. In the few recorded cases of this condition it had been generally found that senile changes commenced at a much earlier age than usual.

Mr. CHARTERS J. SYMONDS exhibited a man, æt. 45, with gangrene of the tips of the fingers of both hands. The condition had begun two years ago. He was a horse-keeper, but had not been exposed to cold more than this occupation would suggest. There was no arterial or nervous disease, nor any diabetes. The patient was under the care of Mr. Golding-Bird at Guy's Hospital.

Dr. PASTEUR thought that the possibility of Raynaud's disease could not be excluded, especially as some of the cases went on to the more profound changes without the earlier ones being specially manifest.

Mr. SYMONDS also showed a man, æt. 42, in whom a spontaneous fracture of the neck of the femur had occurred while he was kneeling to open a cupboard.

Mr. ANTHONY A. BOWLBY said that the fact that one of the earliest signs of tabes dorsalis might be spontaneous fracture was hardly sufficiently appreciated. He referred to two cases in which this accident preceded all other signs of the disease.

Mr. SYMONDS replied that there were as yet no definite signs of locomotor ataxy in his case with the exception of a suspicion of some insufficiency of the ocular muscles.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, APRIL 14TH, 1904.

PROFESSOR JOHN W. TAYLOR, President, in the Chair.

SPECIMENS AND CASES.

MR. J. FURNEAUX JORDAN read notes of (1) a case of Hydrometra, and (2) one of Double Hydro-salpinx, exhibiting the specimens from the latter. The notes of these we shall publish in our next issue.

The PRESIDENT said that hydro-salpinx might sometimes be accounted for by the swelling and occlusion of the ends of the Fallopian tubes, owing to the influence of an inflammation which, while it gave rise to a watery exudation, was independent of micro-organisms, but these two cases seemed to bear out an idea that had been advanced, but the truth of which he had been inclined to doubt, that hydrometra was rather a late stage of hydro-salpinx. The President then alluded to the presence of several distinguished visitors, including the President of the Obstetrical Society, Dr. Prochownic, of Hamburg, and Dr. Fellner, of Franzenbad, and welcomed them in the name of the Society.

Dr. FREDERICK EDGE exhibited (1) a Myoma of the Broad Ligament, (2) a Vesical Calculus formed on a hysterectomy ligature, and (3) a Spleen taken to be a Broad Ligament Cyst and removed from the right side of the pelvis, and read notes, which will be found on page 445.

Dr. HEYWOOD SMITH remarked that it was but rarely that the spleen became a pelvic tumour. Some years ago a case sent to him as an ovarian growth turned out on examination to be splenic. Mr. G. Sutton operated and found it behind the uterus on the left side.

Dr. BEDFORD FENWICK, referring to the first specimen shown by Dr. Edge, said that myomata of the broad ligament were always muscular or fibroid growths, and different in structure from the tissue of the broad ligament; in such cases—and he had operated on several within the last few months—he had invariably been able to trace some connection with the uterus. In one case, quite recently, a calcareous fibroma, attached to the omentum, had a fine pedicle projecting downwards, which had evidently at some time been connected with the uterus and afterwards become detached. It was, of course, not unusual to find calcareous degeneration in a fibroid with a very slender pedicle. He thought the spleen shown most interesting; the entire removal of the spleen was sufficiently rare to make the blood condition of the patient, when some months had elapsed, an important point, and he hoped that Dr. Edge would report upon it.

Dr. MACNAUGHTON-JONES maintained that myomata of the broad ligament were sometimes quite independent of the uterus. In regard to what the President had said about hydro-salpinx being a sequence of pyo-salpinx, Dr. Charles Hanley had recently published a very able paper which showed that hydro-salpinx might be quite independent of any pyogenic invasion whatever.

Dr. EDGE, in reply, said that he should not think

of removing a displaced spleen if there was no torsion, but would replace and fix in with a few sutures. Many cases had been successfully treated in that way. In myomata of the broad ligament, in the majority of cases, there was, in his experience, a certain connection with the uterus which led him to think that they had their origin in that organ. They sometimes became detached, but it was a mistake to suppose that there was no tissue in the broad ligament itself of the kind from which a fibroma might arise. Every opportunity would be taken to ascertain the condition of the blood in the patient, who had gone back to Warwickshire without her spleen.

Mr. BOWREMAN JESSETT read notes of a case of Bilateral Dermoid Cysts, with torsion of one pedicle, and of a large Cervical Fibroid elevating the bladder nearly to the umbilicus, which will be found under "Clinical Records," on page 446.

In reply to a question from Dr. Edge, Mr. JESSETT said that the bladder had not been injured in any way.

Dr. T. ARTHUR HELME read a paper on

SUGGESTION OF A NEW METHOD OF TREATMENT IN PUERPERAL ECLAMPSIA.

After brief reference to the fact that, whilst our knowledge of the etiology and pathology of eclampsia, of pregnancy and the puerperium is so unsatisfactory as to afford no rational basis for treatment, it was generally agreed that the phenomena are largely dependent upon the presence of toxic material in the maternal blood, the nature of the toxin and its manner of producing the convulsions being still *sub judice*. Dr. Helme alluded to the three chief indications in the method of treatment, upon each of which there exists a bewildering diversity of opinion. The chief object of the paper was to advance a suggestion that the convulsions are dependent upon an increased cerebro-spinal tension—an intracranial pressure. Dr. Helme alluded to the fact that in order to control the convulsions, when once they had set in, we must at present chiefly depend upon the use of drugs. He suggested, as a safer method, the withdrawal of a quantity of cerebro-spinal fluid by means of lumbar puncture, in order to reduce the cerebro-spinal tension; and reported a case in which the treatment had been successfully employed.

The PRESIDENT described the paper as a very valuable communication on a most important subject.

Dr. MACNAUGHTON-JONES said that it would be premature to express any opinion on a mode of treatment the action of which had been ascertained in one case only. If further experience substantiated Dr. Helme's view, puncture of the spinal canal would be recognised as a most valuable method of dealing with one of the most terrible contingencies which medical men had to face. Personally, he thought that in pilocarpine they had a means of relieving eclampsia, the value of which was not sufficiently recognised, and he instanced two cases of its successful use. The first was one occurring at midterm; the patient was brought to him one day complaining of loss of sight, and as there was incipient choking of the disc and the urine was loaded with albumin, he advised the induction of labour. This course was adopted, and, labour coming on at night in his absence, delivery was effected by Dr. Bland Sutton, but eclamptic convulsions ensued and continued the whole of that night and part of the next day, when he administered a hypodermic injection of pilocarpine, which induced profuse diaphoresis; the convulsions immediately ceased, and the woman made a perfect recovery. The second case was a woman who, during pregnancy, had suffered from much gastric disturbance and hyperemesis, and, after delivery, from post-partum hæmorrhage. A quantity of clots were removed from her distended uterus, and she seemed to be doing perfectly well, but after a time was attacked with rapidly succeeding convulsions; on the injection of 10 minims of a 2 per cent. solution of pilocarpine the convulsions ceased for some hours, and an injection of 5 minims more was followed by total cessation of the fits, and perfect recovery.

Mr. J. FURNEAUX JORDAN asked what the total amount of the cerebro-spinal fluid was supposed to be. It was an important point what quantity of the fluid should be withdrawn, and he hardly thought that the removal of merely a drachm and a half would relieve the intracranial pressure as much as venesection to, say, 15 ounces.

Dr. BEDFORD FENWICK agreed that, as Dr. Helme had clearly explained, the real cause of the fits in puerperal eclampsia was intracranial pressure, and that the treatment should be directed to the vascular system. He (Dr. Fenwick) thought that it was an error to suppose that it was entirely the nervous system which was at fault, and that more attention to the condition of the heart and to the vascular condition of the brain and nervous system generally would lead to a clearer perception of the proper lines of treatment of the eclamptic condition, and to an increase in the recoveries from that condition. Some years ago, on the supposition that the convulsions were due to intracranial pressure, he treated a succession of cases by bleeding to from 15 to 25 ounces, without drugs or injections of any kind, and they all recovered. Even without bleeding to such an extent, he thought that better results than hitherto might be obtained by tapping the pelvic circulation by means of sulphate of soda, and reducing the heart pressure by the use of nitrate of amyl.

Dr. R. H. HODGSON remarked that the convulsions of epilepsy, in which it was not asserted that there was any increase of the cerebro-spinal fluid, were very like those of puerperal eclampsia. From personal experience he could confirm all that Dr. Macnaughton-Jones had said as to the beneficial effects of pilocarpine.

Dr. EDGE asked what position the patient was put into for the spinal puncture.

Dr. HELME, in reply, said that his paper was in no way intended as a criticism of the action of any drugs individually, but simply to record the effects of a method independent of drugs. Pilocarpine was a remedy of great value, but one that required careful watching, because of its depressing influence upon the heart, and though in some cases of eclampsia there was a robust, bounding pulse, in others the pulse was weak, and in the latter he would prefer not to give pilocarpine. He was not aware that the amount of cerebro-spinal fluid in the human body had been ascertained, but just as the removal of a few drops from an india-rubber ball full of water would materially diminish the tension of its wall so he had no doubt that the abstraction of a drachm and a half of fluid from the cerebro-spinal canal would profoundly influence the tension in the cerebro-spinal system. There was an element of danger in withdrawing too much; one case he knew of in which an intense headache, associated with chronic Bright's disease and lead poisoning, had been relieved after puncture and allowing the drainage to go on till it stopped, so that perhaps the whole of the fluid might, in some cases, be removed without a fatal result; in other instances, the abstraction of six drachms had been followed by coma, not necessarily fatal. For the operation, which was quite easily performed, the patient was placed under chloroform, on her left side, so bent as to arch her back; the needle was inserted at a point about half an inch to the right of the line of the spinal processes at the level of an imaginary line joining the posterior iliac spines, and with a simple upward movement was passed between the laminæ of the two vertebræ.

Dr. MACNAUGHTON-JONES then read a paper "On the Application of Pessaries and their Dangers," which will be found on page 439 of this number, illustrated by a series of sections of the female pelvis projected by the epidiascope.

On the motion of Dr. HEYWOOD SMITH, it was agreed to postpone the discussion of the paper to a future meeting of the Society.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

OBSTETRIC SECTION.

MEETING HELD APRIL 15TH, 1904.

The President, Dr. ALFRED SMITH, in the Chair.

DR. GLENN showed specimens of Dermoid Tumour of the Ovary, Sarcoma of the Ovary, Carcinoma of the Ovary, and Epithelioma of Clitoris and Labia Minora.

Dr. E. H. TWEEDY showed a specimen of Sarcoma of the Uterus.

Dr. GORDON FITZGERALD showed a very interesting Tubo-ovarian Cyst.

The PRESIDENT read a paper on

TUBERCULOSIS OF THE VAGINAL PORTION OF THE CERVIX,

and gave notes of a case. He said the patient, æt. 25, was admitted to St. Vincent Hospital in January last. The history of the case was that of an incomplete abortion, with foul-smelling discharge. The temperature on admission was 100·4° F., which was put down to septic absorption. On inspection a fungous ulcerating mass projected more or less uniformly around the os. It broke down easily on pressure with the finger, causing a well-marked hæmorrhage. Cancer was provisionally diagnosed, but the examination under the microscope of a piece cut out of the cervix showed it to be tuberculous. Section demonstrating the tuberculous system was shown under the microscope. Both lungs were affected with tuberculosis, and large quantities of tuberculous bacilli were found in the sputum. Hence palliative treatment. The chief points of interest discovered were (1) the rarity of the affection; (2) consideration as to the source of the infection; (3) some points in differential diagnosis.

Dr. WM. DARGAN said the tuberculous process as shown under the microscope had extended pretty deeply into the muscular tissue, separating, where it had not destroyed, the muscular fibres, and sparing here and there the blood-vessels. At the advancing part typical tuberculous systems with their giant-cells and epithelioid cells can be made out between the muscular bundles, and suggest having been formed in the lymph spaces, as many of them are completely surrounded by normal muscular bundles. Tuberculous bacilli could not be demonstrated in the section.

Drs. Glenn, Tweedy, and Neville also discussed the paper.

Dr. E. H. TWEEDY read a paper on

SOME RECENT METHODS OF OPENING AND CLOSING THE ABDOMEN.

The President, Drs. Glenn and FitzGibbon spoke, and Dr. TWEEDY replied.

The meeting then adjourned.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD APRIL 14TH, 1904.

DR. JAMES BARR, the President, in the Chair.

CARCINOMA OF THE ŒSOPHAGUS: GASTROSTOMY.

MR. PHILIP NELSON related a case of carcinoma of the œsophagus, which occurred in a woman, æt. 50. Difficulty in swallowing had only existed for three months, but had rapidly increased. Her voice was hoarse, and there had been several attacks of laryngeal spasm. Upon examination, there was found to be complete paralysis of the left vocal cord, and abductor paralysis of the right cord. An œsophageal bougie became arrested at a point opposite the cricoid cartilage. Gastrostomy was performed by Mr. Paul in June of last year. The patient obtained marked relief from the operation, and all went well until January of this year, when she died. Subsequent examination showed that the growth had opened into the trachea, and the right lung was the seat of a large abscess.

EXCISION OF GASSERIAN GANGLION.

Mr. DAMER HARRISSON related two cases in which he had removed the Gasserian ganglion for paroxysmal neuralgia. The first case was that of a man, æt. 45, who for years had suffered from severe neuralgia, corresponding to the distribution of the inferior dental and infra-orbital nerves. The inferior dental nerve was exposed in the bony canal, and a portion of it excised; the infra-orbital nerve was exposed and stretched. The operation was followed by complete relief of the symptoms. Some months later, however, there was a return of the neuralgia, and Mr. Harrisson, after reflecting the zygoma, exposed and tore through the middle and inferior divisions of the fifth nerve. Pain was relieved for ten months, but it returned again. Finally the Gasserian ganglion was excised by Rose's method. This operation was performed seven and a half years ago, and since then there has been no return of the neuralgia. In the second case the neuralgia was confined to the distribution of the inferior dental nerve, which Mr. Harrisson exposed near the base of the skull, and tore through. Marked temporary relief followed; but some months later, owing to a return of the neuralgia, the Gasserian ganglion was excised by the same method as in the previous case. This operation was performed in 1896, and the patient has been entirely free from pain ever since.

THE TECHNIQUE OF ASEPTIC SURGERY.

Mr. PAUL, in opening a discussion on this subject, said that the recent changes in the treatment of wounds did not constitute a revolution like the introduction of Listerism, but they were unquestionably very important, and he thought there were many advantages in discussing the details of their practice. He first dealt with the preparation of the skin of the patient, and said there was a strong tendency among surgeons to leave this important matter too much to the discretion of the nurses. The hands of the surgeon were next considered. For his own part he employed the permanganate method, and was well satisfied with it. Except in septic cases he did not wear rubber gloves, but his assistants did. For ligatures and buried sutures, he much preferred catgut, prepared according to a method he described, to silk; and for skin sutures he used silk-worm-gut. He did not hesitate to employ drainage in the form of a glass tube or gauze, if there was any reason to expect an accumulation of serum in the wound. For dressings he preferred plain sterilised gauze and absorbent wool. In conclusion, he said that, while the introduction of Listerism had been the means of saving many lives, the introduction of the aseptic method had been the means of saving much time in the more perfect healing of wounds.

Sir WILLIAM BANKS said he had followed the whole course of antiseptic surgery from 1865, when he had learnt its tenets from Professor Lister, until to-day, and had practised it in every phase of its development. More and more it was resolving itself into simple but thorough surgical cleanliness. He deprecated the lavish expenditure upon modern operating theatres, and said he found his operations done in private just as successful as those done in the most elaborately built hospital theatres. He boiled everything that came in contact with the wound, and for this reason preferred silk to catgut as a ligature. As to skin cleansing, if the skin was well shaven a good scrubbing with any mild antiseptic was all that was necessary. He had a strong opinion that aseptic surgery would soon resolve itself into boiling everything that could be boiled, and shaving everything that could be shaved.

Mr. THELWALL THOMAS thought the term aseptic, when used as opposed to antiseptic, unfortunate; there was no such thing as aseptic surgery in the strict sense of the term, for every surgeon used chemical antiseptics for the skin. He was convinced that the deeper parts of the skin were never rendered sterile, and was an ardent advocate for the wearing of rubber gloves by the surgeon and his assistants. He considered the question of aerial infection a negligible quantity in private practice, but in hospital theatres, where septic and clean cases were operated upon, a matter for serious consideration, and he strongly

approved of the principle of special theatres and wards for septic cases.

Mr. Newbolt compared the results of 126 consecutive cases of hernia operated upon without and with rubber gloves, the conditions otherwise being the same. In the first series one case in five suppurated, in the second series suppuration occurred in one case in seven.

Mr. George Hamilton said he had performed 125 major operations since May last, and in only five of those had suppuration occurred.

Mr. Larkin, Mr. Damer Harrisson, Dr. Alexander, Dr. Briggs, Dr. Grimsdale, Mr. Rushton Parker, Dr. John Gemmell, and Dr. E. T. Davies also took part in the discussion.

France.

[FROM OUR OWN CORRESPONDENT.]

Paris, April 24th, 1904.

Treatment of Cerebral Arterio-Sclerosis.

What is arterio-sclerosis? asks Professor Huchard. It is an endarteritis characterised by hypertrophy of the conjunctive tissue of the internal tunic of the arterial vessels. When it is localised in the small arteries, it generally affects an obliterating character and tends towards the obstruction of the diseased arteries. In vessels of average and large calibre it assumes the fibro-calcareous form which is the characteristic of atheroma, and by means of its effect on the elasticity of the arterial walls invaded by the calcareous deposit it disposes the arteries to permanent distension (aneurysm) and to rupture.

The etiology of arterio-sclerosis is dominated by three factors—family predisposition, abuse of animal food, alcoholism. Other causes of lesser importance might be mentioned—mental strain, worry, syphilis, abuse of tobacco, late hours and chronic intoxications in general. Arterio-sclerosis is generally observed in persons over fifty years of age, but it would be a mistake to consider it the apanage of mature or old age. It can, although very exceptionally, be found at any age and even in children. The affection has a marked tendency to become generalised, but at the beginning it is localised in certain arterial districts. In any case it would be an unpardonable error to conclude from its absence in the superficial arteries (radial) that the deep vessels were sound. The rigidity of the radial arteries spoke more in favour of atheroma of the large vessels than of sclerosis of the small arteries ramifying on the visceræ. One of the most frequent localities of arterio-sclerosis is represented by certain arterial systems of the brain. This cerebral sclerosis, relatively frequent in individuals close on fifty, passes easily unperceived in its inception, as it develops very insidiously. It declares itself by vertigo and diminished resistance to mental fatigue, weakening of the memory, unusual irritability, cephalalgia, curious sensations which the patients localise in the occiput, vaso-motor troubles, local asphyxia of the extremities (fingers)—in a word, those manifestations which in the present day are frequently put down to the account of neurasthenia. However, in treating as a neurasthenic a patient who presents symptoms of cerebral sclerosis, the practitioner would hasten the development of the gravest accidents, attesting that, in certain portions of the brain, the small arteries attacked in the structure of their walls have become incapable of filling their *rôle*, or have become fragile and liable to break. The initial manifestations would become aggravated, the morbid irritability would degenerate into attacks o mania, the temporary weakness of the memory into mental confusion, vertigo into *absences*.

On these "cerebral congestions," as they are called in popular language—an improper term, as in reality it is a case of attacks of ischæmia—would follow sooner or later regular seizures of apoplexy, symptoms of hæmorrhage or softening of the brain. All this train of possible accidents may be obviated by judicious treatment of the cause—arterio-sclerosis—when not too advanced, by a drug which has almost the value of a specific.

To Dr. Huchard is due the merit of presenting iodide of potassium as the only efficacious treatment of the malady. He gives it at the daily dose of from 15 to 50 grains. In order to favour its tolerance he associates with it small doses of extract of opium :—

Iodide of potassium	ʒiiss.
Ext. of opium	grs. ii.
Water	ʒx.

Two tablespoonfuls a day at meals in a little milk or beer.

He begins by small doses and gradually increases them. The treatment is continued for a year or eighteen months with monthly interruptions of eight days at first, and somewhat longer later on.

Dr. Erlenmeyer has recently published the results of his treatment to advocate the simultaneous employment of iodide of potassium and iodide of sodium.

He begins with small doses :—

Iodide of potassium	grs. xv.
Iodide of sodium	grs. xv.
Water	ʒix.

Three large tablespoonfuls daily in Vichy water, Each time the prescription is renewed, he raises the dose by 15 grains, so that when the patient has renewed it ten times, he absorbs ʒi of iodides daily. At the end of that bottle he has been taking iodides thirty-seven days, and absorbed during that period two ounces of each kind.

The same author insists on the necessity of establishing an alimentary *régime* for such patients. Prohibition of all fluids and acidulated drinks, as little meat as possible, light repasts, proscription of alcoholic drinks, &c.

Germany.

[FROM OUR OWN CORRESPONDENT.]

Berlin, April 23rd, 1904.

At the thirty-third annual meeting of the German Society for Surgery, Hr. R. Körte related a case of Suture of Vessel for Popliteal Arterio-venous Aneurysm.

A boy, æt. 13, received an injury in the right popliteal space, which was sutured by a surgeon and which healed up. On account of swelling in the region developing later, he was admitted into the Urban Hospital on January 16th, where the speaker found an arterio-venous aneurysm. As there was severe eczema of the part, he first tried to reduce the swelling by pressure, but without success. After the eczema had to a great extent subsided, the operation was performed. It was found that the popliteal artery and the popliteal vein were grown together for a distance of six millimetres. After separation the opening in each was sutured. Recovery was uninterrupted except for a slight suppuration in the skin on account of the eczema that was not completely healed. The continuity of the vessels had been restored and the pulse in the anterior and posterior tibials could be plainly felt.

Hr. Franz followed with a paper on

Clinical and Experimental Contributions in Regard to Arterio-venous Aneurysm.

He related a case with raised temperature, when

as a rule the temperature was lowered. A successful operation was performed. He also related the results of his experiments on animals in forming an artificial union between arteries and veins, and also in the formation of a sac between an open artery and an open vein. In suture of vessels the whole wall may be punctured without doing any harm as a thrombus only took place from infection. The conditions immediately after an experimental operation were the following—the blood poured at once out of the artery into the peripheral end of the vein, which became greatly distended, when the central end collapsed with peculiar longitudinal folds. After the lapse of fifteen minutes the central end was also filled and the arterial blood could be followed as high as the vena cava. By forming an intermediary sac the filling of the vein was delayed.

As regarded the typical anacroty or widening of the apex of the curve seen by some observers and denied by others, it was typical in his experimental cases. Careful observation, however, showed that immediately after the injury there was a typical arterial curve in the veins, but that in the course of two or three turns this was changed into an anacrotic curve.

The thrill and rushing sound in an arterio-venous aneurysm had been held to be due to vibration of the walls of the vessels. Other observers considered them to be simple fluid sounds. The speaker had now discovered the following law for them. When the central part of the vein was ligatured the continual rushing in the vein disappeared; if, on the other hand, the peripheral end was ligatured the sounds became strong, a proof that they were caused by the inrush of the arterial blood into the veins. If both ends were ligatured only arterial sounds were heard. With ligature of the veins, thrombosis of the arteries always took place. As regarded temperature after some time it was raised in the neighbourhood of the injury, but it was about normal in the peripheries.

THE PATHOGENESIS OF LUPUS AND ITS SIGNIFICANCE IN REGARD TO TREATMENT.

This subject is discussed by Dr. L. Philippson in the *Arch. f. Dermat.*, September, Bd. 67, H.1. Henames two groups of lupus which must be kept quite distinct from every other, not only on scientific but also on clinical grounds. One, which he calls primary, is a local disease, caused by infection from without and occurring in an individual previously healthy; when the second, which he calls secondary lupus, occurs in an individual already tuberculous, the skin affection is the result of infection from the tuberculous disease already in existence. The skin affection in this case is only a new symptom of the old disease. The first form leads, only slowly and only under certain conditions in which the resistance in the skin is lowered, to disease which really deserves the name of "eating spots." In most cases of secondary lupus commencing in childhood, on the other hand, the general weakness of constitution and possible fresh infection from the original disease lead to rapid advance. Generally the infection proceeds from some disease in the neighbourhood of the skin, the bones, joints, sheaths of tendons, lymph glands, the nasal mucous membrane; it more rarely is of embolic origin from distant organs such as the mesenteric and bronchial glands. The curability of this form of lupus depends essentially on that of the primary disease, and the treatment must in the first instance be directed to this. As the complete cure of this can often not be effected the prognosis in a bad case of secondary lupus is grave, in spite of the newer methods of treatment such as the Finsen light and the Röntgen rays.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 23rd, 1904.

FORMALIN IN MILK.

AT the meeting for Pädiatria and Internal Medicine Moro raised the all-important question of milk as a foodstuff, its danger of transmitting tuberculosis and its preservation by the addition of formalin. Moro thought that Behring had added another unit to our knowledge in the immunising of milk by the addition of formalin. Milk has been charged with a number of evils, particularly in the cultivation and transmission of bacteria or their poisons, which has stimulated many active minds to devise some method for the removal of this grave danger. With this knowledge Behring set himself the difficult task of attempting something to ameliorate, if not remove, the poisonous property. He commenced regularly planned experiments on animals to prove the efficacy of every method he could think of. Among these, formalin appears to have met with the most favour. This substance can be added to milk without affecting its taste or smell, yet arresting all vegetable growth in the fluid for an incredible length of time. Formalin may be added to milk in the proportion of 1 in 500, without taste or smell, but for bactericidal purposes 1 in 4,000 is sufficient, and this is not possible to be detected in the milk by taste or smell. Examples were shown to the members where the milk had been kept for two months without any sign of change or decomposition, although some of the samples had been kept in the laboratory for six days at summer heat. Two in a 1,000 is a good proportion in which to adminster this diet, which has neither taste nor smell, according to Behring's judgment. This is sufficient to destroy any tuberculous germs that may chance to be in the milk, thus proving it to be a protective for infants or invalids, who use milk largely as a diet.

The result of this practice is left for the future, which may be discovered to be injurious to the organism, even in small doses, when constantly supplied to delicate children. Already cases are put forward where renal complications have arisen from its use, but such conclusions should be received with caution. Behring himself acknowledges this danger as he thinks formalin should not be used in milk for very young infants. Some others of his colleagues have discovered in this form of treatment an eclectic bactericidal property, as the addition of formalin to milk does not reduce or destroy the Bacillus coli communis, but rather, on the other hand, increases its growth in new milk. As practitioners we must be careful in the adoption of such theoretical methods, notwithstanding the authoritative pronouncement of Behring.

Hypothetically, this appears to be a safe way of using raw milk, but how are we to reconcile this method with the experiments of Schottelius, who found that all these dreaded bacteria in milk would not live in the bowel of an infant, and far less propagate under such circumstances? Fundamentally, our knowledge in feeding infants with cows' milk is somewhat in error. We have too many theories irreconcilable in themselves to be of any use practically as a substitute for mothers' milk, and as long as this exists we had better keep close to Nature's example in using the milk without any adjunct that may ultimately prove to be injurious, as boiling milk has proved to be.

HÆMATOMA SEPTI NARIUM ABSCENDENS.

Königstein exhibited a child, æt. 4, on whom he had operated for hæmatoma protruding from both nostrils.

A few weeks ago the child fell and injured the nose, after which two large tumours, about the size of a cherry, appeared, entirely blocking up the lumina of the nose. Both of the tumours were fluctuating and free from the sides of the nose, except at one part in the septum.

Incising the tumours and examining the septal cartilage no opening or communication could be found existing between the two nasal cavities. Conservative methods were tried without success. Finally, the nose was split and small flaps of mucous membrane removed at the seat of growth with perfect success.

In connection with this case he reported another, where a child, æt. 2½, was reported by Friedländer, with a similar history, except the previous accident. He operated on the nasal tumours and histologically found a great hypertrophy of the mucous membrane, blood-vessels and lymphatics. There was also much thickening of the deeper fibrous tissue involving an irregular area of the cartilaginous septum.

Roth said that these injuries often produced hæmatoma in the walls of the nasal cavities of varying sizes which passed unobserved for many years, leaving no history of their primary origin. He was convinced that these accidents were more common than the profession had as yet recognised.

Königstein was surprised at the bilateral neoplasm, which is easily explained when the histology of the part is examined. Throughout the whole quadrangular cartilage there is a system of fine canaliculi, rapidly carrying the blood from one side to the other. We can thus understand that if an abscess or an accumulation of blood occur in one side and become infected it will rapidly affect the other side, and thus produce a pair of fluctuating tumours in the nose, instead of one as might be expected. If pus happens to form instead of blood, the same result would occur. He quite agreed with the treatment as the radical operation was the only successful method to adopt.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

Aspiration of Pericardium for Sudden Increase of Heart Dulness.—Mr. Mayo Collier operated on a case of heart disease presenting symptoms of unusual interest and difficulty. The patient, æt. 24, was admitted into the North-West London Hospital on March 6th last. He had never been strong, and the last three or four years had suffered from indigestion, with pain after meals. Nine months ago he had complained of weakness in the legs. There was no history of rheumatism, chronic cough, or any other serious affection. On the day of admission, the temperature was 102°, respiration was 30, pulse 72; tongue furred, but skin moist. The apex of the heart was outside the middle line. There was a systolic murmur at the apex, and an occasional thrill; varying murmurs could be heard all over the cardiac area. These were looked upon as exocardial. There was no definite murmur over the aortic orifice, although the pulse was distinctly aortic in character. The area of cardiac dulness was increased outwards, but not increased upwards or to the right. Pulsation could be seen in the arteries of the face and extremities. There was a thrill over the great vessels at the root of the neck. Moist sounds were apparent on both sides of the chest. There was crepitation at the left apex with dulness and tubular breathing. There was apparently nothing abnormal in the abdomen; there was no albumin in the urine. There was no optic neuritis or other nerve lesions. The patient was inclined to be delirious at times. Up to the 22nd, the patient did not improve. There was now a distinct aortic diastolic murmur. The apparent pleuritic sounds had become less marked, and the cardiac dulness was less. The moist sounds of the lungs had not increased. The patient was now very weak and unable to sit up for examination. The heart sounds were distant and the pulse very weak, although the area of cardiac dulness had not increased. The case was seen by five or six members of the staff. On the 24th, Mr. Collier was asked to see the case with the physician in charge with a view to operative interference. The area of dulness was now considerably enlarged, extending some ten inches from right to left, and some nine inches from above downwards. The patient was rapidly becoming worse. the smallest exertion producing heart failure. The diagnosis lay between acute dilatation of the heart and purulent effusion into the pericardium. Mr Collier said the condition of the patient precluded any set operation on the pericardium such as should be undertaken were the patient in a less critical condition. The safer procedure would have been, if possible, to cut down on to the pericardium, and removing a portion of rib, if necessary. To aspirate the pericardium in a doubtful diagnosis, the risk of puncturing the heart must necessarily be run. In this case the extremely sudden increase of heart dulness, with the rapidly failing powers, pointed to fluid in the pericardium—pus or serum. The patient was evidently moribund. Mr. Collier thought it was right to run the risk of aspirating the area of dulness with a hope of relieving the urgent heart symptoms. Ether being administered after a strychnine injection, Mr. Collier passed a fairly large size needle and trochar into the lowest point of dulness. On entering the pericardium, the needle oscillated, being apparently in contact with the heart. On being slightly withdrawn, aspiration produced about two ounces of fairly red blood. A second aspiration produced the same effect. No pus or serum was mixed with or accompanied the blood. The patient ceased to breathe, and the heart failed immediately after the second aspiration and before the trochar was withdrawn. At the post-mortem there was ulcerative endocarditis on all the valves in an early stage. There was moderate dilatation of the heart; there was an oblique punctured wound at the right ventricle, valve-like in character, the internal and external openings being some distance from each other; there was very little blood in the heart; the pericardium was healthy, and contained twenty-four ounces of serum and clot; there was recent tuberculosis of the left apex. Mr. Collier said this case was full of interest, both from a medical and surgical point of view. The only surgical procedure that could be adopted was adopted in this case. The extremely sudden dilatation of the heart cavities rendered the diagnosis uncertain. The puncture of the ventricle in the condition of extreme distension and thinning of the right ventricle was followed by a rapid and extensive outpouring into the pericardium. The condition of the heart post-mortem showed few signs of the condition previous to death, and from the position and direction of the needle puncture, it was difficult to see how any quantity of blood could have escaped into the pericardium. The malignant endocarditis and tuberculous disease of the lung were the immediate causes of this man's deplorable condition.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 27, 1904.

THE DEVELOPMENT OF BRITISH SPAS AND WATERING-PLACES.

IT is to be hoped that the wave of sentiment in favour of all things national which has recently swept over the country will gather unto itself consistency as well as strength. As regards our spas and health resorts, both inland and by the sea, the United Kingdom enjoys a selection almost incomparable for variety, beauty and salubrity. Yet the average Briton and, it is to be feared, also his medical attendant are prone to patronise and to recommend any foreign resort in preference to those that lie near at hand within their own sea-girt shores. The reason is not far to seek. As a general rule the English health resort is not properly developed, and offers few attractions to visitors in the way of promenades, shelters, music and organised amusements, to say nothing of adequate hotel and boarding accommodation. Contrast that state of things with the perfect and public-spirited municipal machinery of the average Continental spa, and the diversion of patronage to the Continent is readily explained. It is not that France, or Germany, or Switzerland possess medicinal springs of greater value or air of purer or more health-giving quality; it is because the visitor in hotels or apartments can amuse himself with bands, clubs, winter gardens, golf, sleighs, and finds everything carefully and prudently arranged to anticipate his wants, hobbies, caprices and eccentricities. It is true that of recent years some of the more progressive of the British health resorts have risen to the occasion, and have added to the natural attractions of their towns the requisite house-room, together with the hardly less necessary equipment of recreation and social intercourse. Among such places may be mentioned Buxton, Scarborough, Harrogate, Folkestone, St. Leonards, Bournemouth, Yarmouth, Eastbourne, Blackpool, Woodhall Spa, and many others. A great deal has been done to develop the attractions of the Isle of Wight, but much remains to be done with regard to the Isle of Man, the Shetlands, Orkneys, the islands of the Forth and the Scilly Islands. Nor can the beautiful English lakes be said to have ever been properly developed, as they would have been in the hands, say, of a Swiss Canton. Still less have the indescribable beauties of the Irish lakes ever been rendered accessible and attractive to the British people in search of health, or of rest and change. To some extent the railway companies have been to blame, by reason of the costliness and inconvenience of their service. Of late years, however, the great railway corporations have shown a most laudable desire to develop the health resorts on their routes in every way in their power. In this way the Great Eastern, the London and North Western, the Great Western, the London and South Western, the London, Brighton, and South Coast, South Eastern and Chatham, and the North British, to mention only a few, have rendered a vast public service by making known the manifold attractions of marine and inland watering-places, by cheapening and extending the service of trains, and, in some instances, by supplying hotel accommodation. The Highlands have been greatly developed in this way, and by the combination of rail with steamboat and coaching accommodation; but much still remains to be done in those directions. The matter is one in which the medical profession is considerably interested, for it may be assumed that most medical men would prefer having their patients at home in charge of British practitioners than abroad, under the care of foreigners, however skilful and conscientious. A similar feeling of additional comfort and security would probably be felt by the patients themselves, especially by those not conversant with one or more foreign languages. So far as the medical profession is concerned, a few spasmodic attempts have been made at a collective investigation of the merits of British health resorts from both the scientific and the social standpoints. A great deal more is required, however, to bring the information to the high general standard desirable in such a matter.

THE MILK SUPPLY OF TOWNS.

No word can be considered supererogatory whilst the present unsatisfactory system of milk supply in towns continues. The conditions under which milk is obtained, transported, stored, and distributed in most large towns leave a large margin for contamination, adulteration, and deterioration. In the case of a food of such vital importance these gratuitous risks should be impossible, and could be made so were a proper degree of interest taken in the matter by the public. At present they seem to content themselves with the reflection that "the pedigree of honey does not concern the bee," and continue to drink dirty and adulterated milk and give it to their children with the greatest complacency. Yet if there is one subject on which the whole medical profession can speak with a united voice, and with no reserve, it is on the value of milk as an article of diet, not only for the healthy but also for the sick and the

young; and inasmuch as it constitutes the staple, if not the sole, food of the two latter classes, it is of the first importance that a pure and wholesome supply should be always at hand. Nowadays when the breast feeding of infants has gone out of fashion—with all its advantages—the necessity has become all the greater, and yet it may be said that every day makes it more difficult to get fresh milk of a dependable character. With the increase of urban populations—70 per cent. of the inhabitants of this country are now town dwellers—milk has to be obtained from greater and greater distances, and in the case of the Metropolis even Scotland, Cornwall, and the Continent have been drawn upon to supply "fresh" milk. True, there are a certain number of urban and suburban dairies which keep their own cows and produce milk under something approaching healthy conditions, but in the London area these supply only about one-fifteenth of the demand, and the rural districts from which the remaining fourteen-fifteenths come lie outside the jurisdiction of the councils, county and borough, that control the districts where the milk is consumed. What is required is a complete, systematic inspection of the milk from its source to its destination. Hygienists are always, and quite properly, drawing attention to the enormous drain on the efficiency of the nation made by the annual loss of infant lives, due principally to diarrhœa and diseases of nutrition. To counteract this, several enterprising municipalities have inaugurated depôts where sterilised milk is sold at a low figure, but without going into a discussion of the desirability of municipal trading, we may say that such a course is at best only a *pis-aller*. Fresh, clean milk from healthy cows does not need to be sterilised—that is, assuming the conditions of distribution to be sanitary—and there is no reason why it should not be available if proper precautions are enforced. Moreover, the sterilisation of milk has been shown to deprive it of some principle that acts as an anti-scorbutic, and even pasteurised milk has lately been shown to be capable of producing scurvy in infants fed on it alone. So that apart from the undesirability and expense of subjecting milk to artificial processes, it cannot be held to be wholly innocuous after it has been treated. The whole question needs to be dealt with in a firm and enlightened manner. We are not among those who make unduly light of the danger of tuberculosis being conveyed by milk, nor among the alarmists who see danger in every can of unsterilised milk; but we think that no cow giving a tuberculin reaction should be used for dairy purposes, and certainly none with tuberculous deposit in the udder. The systematic inspection of the cows themselves by competent veterinary surgeons is of the greatest moment. No less so is the condition of their byres and milking sheds. Some farms are filthy to the last degree. Then the pails and cans should be cleansed with boiling water and steam before and after use, and not merely rinsed out in an adjacent stagnant pond. The next great need is for a sound system of transport for the milk from the farm to the dairy. This seems impossible of accomplishment without co-operation between those unenterprising individuals, the farmers, and the railway companies. If proper vans could collect the milk from various farms for stated trains, it would be possible to force the railway companies to supply special carriages which could be cooled and ventilated in warm weather. No preservatives are necessary to keep milk if measures are adopted by which it can be kept at a temperature below that at which bacterial activity takes place, and though it is difficult to say exactly that small quantities of such antiseptics as boric acid and borax are injurious, they are certainly not desirable, if only because they permit stale milk to be passed off as fresh. In a well-regulated milk trade, where long distances have to be traversed, locked cans should be used, so that adulteration cannot take place. The crude method of adding water to milk is less usual than it was, but the addition of separated milk and the removal of part of the cream have taken its place, and under the present legal standard it is often difficult to assert in the case of poor milk that it has actually been tampered with in these ways. A good supply of pure fresh milk is to be obtained if it is demanded authoritatively and unanimously, but as Turgot said in another connection, "It is not error which opposes the progress of truth; it is indolence, obstinacy, and the spirit of routine."

THE REGISTRATION OF BOGUS MEDICAL COMPANIES.

A decision of great importance to both the medical and the dental professions was given in the Court of the King's Bench in Ireland on Wednesday last, in the case of the King (Rowell) *v.* the Registrar of Joint Stock Companies. The case before the Court was in the form of an application on behalf of a man named Rowell to make absolute a conditional order for *mandamus* directing the Registrar of Joint Stock Companies to register the company entitled "S. G. Rowell, Dentists, Limited." The applicant was a dentist in Clonmel, and his business had been formed into a joint stock company. Application had been made to the Registrar, but he had put off the registration of the company, owing, apparently, to some recent legal decisions, although it was stated that by the 17th section of the Companies Act, 1862, he was obliged to register when the documents were in order. The application was opposed on behalf of the Irish Branch of the British Dental Association on the ground that under the Dental Act of 1878 no person, unless fully qualified, was entitled to use the name dentist, that a certain training was required by, and certain formalities were obligatory on, all persons who become dentists, and that what the applicant could not do as an individual he could not do on forming his business into a company. The Lord Chief Baron, in

delivering judgment, held that the first sentence in the 3rd section of the Act of 1878 amounted to a statutory definition of the word "dentist," and meant that for the future a dentist should mean a registered dentist. In the present case the company was not, and could not be, registered under the Act of 1878, and such a registration would imply that there was a business of dentist carried on by registered persons, and as the aid of that Court could not be granted for the purpose of effecting a false representation, the application must be refused with costs. This decision is of the utmost importance, as it not only rules the particular case that was before the Court, but will form a precedent which will govern all similar cases, and so will permit the Registrar of Joint Stock Companies to refuse to register bogus companies. Further, even if the Registrar should accede to the request for registration, the decision puts it in the power of any interested party to obtain an injunction to prevent him from so doing. The Irish Branch of the British Dental Association is to be heartily congratulated on its success. We do not know what effect, if any, the decision will have on the status of those bogus companies that have been already registered as "dentists," and "physicians," and "surgeons," but if there is any means of rescinding their registration we trust that the British Dental Association will not be content until they have obtained such a result. It is strange that these efforts to maintain the dignity of the medical and dental professions should be wholly left to the Dental Association. The medical profession is a far stronger body of men, and ought to be better organised; still we are not aware that any effort has been made by it to cope with similar bogus companies who are registered as "physicians" and "surgeons." In a recent issue we called attention to the fact that a company terming itself the American Electro-Vibration Institute had an office in Kildare Street, Dublin, and that it termed its members or its servants, whichever they may be, "physicians." If these men are physicians, why does not the General Medical Council take action to compel them to dissociate themselves from an advertising company? If they are not physicians, why does not the Irish Medical Association, or some kindred body, take action to protect the privileges of the medical profession?

Notes on Current Topics.

The Streets at Night.

IT is not easy for the sound sleeper to sympathise with those to whom every passing hour is an agony and each sound a veritable torture. Some there are who actually cannot bear silence at night-time, and who welcome extraneous noises as serving to remind them that they are in a habitable world. The increased excitability of the wakeful mind during the hours of darkness is in itself productive of much suffering and vexation of spirit. "Night hath no wings to him that cannot sleep," and only those who are so unfortunate as to be deprived, almost nightly, of Nature's restorer can adequately describe the mental agony and subsequent depression which they endure. There is little time of absolute quiet in a large city during the night, for hardly have the wheels of hansom cabs, with their pleasure-seeking occupants, ceased to reverberate than the slow, measured tramp of the sturdy cart-horse, drawing his load of hay or garden-produce on the way to market, echoes down the street. A new nocturnal terror has lately appeared to threaten the peace of slumberers in certain of our suburbs, namely, the ponderous traction-engine, with its noisy puffing and earth-shaking motion. We cordially sympathise with the ex-Mayor of Hackney (Dr. F. Montague Miller) in his efforts to influence the London County Council to forbid the passage of these heavy vehicles along the suburban streets at night. In the north-eastern districts of the metropolis the nuisance appears to have much increased of late, and the health of many persons is really seriously interfered with owing to their rest being disturbed in that way. The second schedule of the new code of by-laws drafted by the Public Control Committee of the County Council includes many thoroughfares in which, on account of inconvenience to inhabitants, traction engines are only to be allowed between the hours of 7 a.m. and 10 p.m. The number of streets in this schedule, however, needs to be greatly increased.

Experimental Typhoid.

THE recent report by Dr. Albert Grunbaum of his researches, begun whilst he was holding the Ernest Hart Memorial Scholarship, is of the greatest interest. Dr. Grunbaum's object was to attempt to test the specificity of Eberth's bacillus, in the production of typhoid fever, by seeing whether it could be made to fulfil Koch's postulate that a pure cultivation of an organism introduced into the blood and tissues of an animal should reproduce the phenomena, clinical and anatomical, of the disease. This condition has never been satisfactorily fulfilled by the bacillus in question, except in the case of Remlinger's experiments on rabbits fed on cabbages infected with typhoid cultures, and some of those of Chantemesse. Dr. Grunbaum managed to secure four chimpanzees for his experiments—a happy circumstance, considering how expensive and difficult to procure are anthropoid apes. The first one was given one centimetre of broth culture of bacillus typhosus in milk, and though Widal's reaction was not given very markedly by the blood, after death the Peyer's patches were enlarged and swollen, as were also the mesenteric glands and the spleen. The organism was also recovered from broth cultures of the spleen. The second animal was given a similar dose, and for the following ten days the agglutinative reaction was given by the blood in increasingly high dilutions, the highest being one in eighty, obtained in half an hour. At the post-mortem similar appearances to those noted

in the first case were seen, some of the agminated follicles showing distinct ulceration. The last two chimpanzees died of other causes, but one of them gave a well-marked Widal's reaction for ten days following infection in a dilution of 1 in 30. The temperature charts were not characteristic of typhoid fever, but the chimpanzee seems to be an animal whose normal temperature is very erratic. Much patience and skill must have been needed to obtain this result, and Dr. Grunbaum is to be congratulated on his valuable contribution to the difficult subject he had in hand. One hopes that he may find the opportunity of continuing his work as he wishes to, especially in the direction of elucidating some of the mysteries of "paratyphoid" fever.

Popular Impressionability.

The death of Sir Henry Thompson serves to remind one of the story he used to tell of how his front-door was besieged for several months after he had operated on the King of the Belgians for stone in the bladder by people who fancied they were suffering from a similar complaint. A few of them actually had calculi, but the large majority were victims of their own impressionability. Their imagination had been fired by reading the newspaper accounts of the illness, and a turn for morbid introspection completed the delusion. The last illness of the Emperor Frederick brought Sir Morell Mackenzie many sufferers from similar psychical affections of the throat, and most practitioners have seen a good many patients with pseudo-appendicitis during the last year or two. Few of us, indeed, have been free from imaginative maladies of a more or less serious and fleeting nature. It is a curious phase, this, of the psychology of highly civilised man, and it is difficult to decide if it be a mere extension of the mimicking tendencies of his arboreal ancestors or a new development in the education of self-consciousness. The fact, however, is undoubted. One sensational suicide—such as that of Whitaker Wright—is almost invariably followed by others among obscure people, and the epidemicity of self-destruction is almost as well marked as are the curves of typhoid and scarlet fever. Two interesting little episodes reported last week from Paris, taken together, tend to show that these curious happenings take origin eventually in the imitative faculty that lies dormant in each of us. The first of these was the discovery by a waterman of some boys dragging a big box by a string through the river. Asked what they were doing, the boys replied, "Playing at submarines," and on further inquiry the submarine was found to contain its human freight in the shape of a young companion, who was nearly drowned. Here, surely, was a case of direct realistic imitation. The other was like unto it. A man dressed in semi-nautical costume was stopped by the police just in time to prevent him flinging himself under an electric tram under the idea that he was a torpedo. Of course he was insane, and his brain had been inflamed by accounts of the Japanese war. The desire to re-create is nearly, if not quite, as strong as the desire to create. Fortunately, it generally develops along more orthodox lines.

Treatment by Proxy.

It is an unwritten rule in the medical profession never to prescribe for a patient without first seeing him, though it is one from which departure has occasionally to be made under exceptional circumstances. But in this country, at all events, it has yet to be learnt that treatment can be administered to one patient with a view to relieving another. Perhaps of all therapeutical measures the administration of a purgative could least be expected to do good by proxy. This view, however, does not seem to obtain among the Kaffirs. In a most interesting book just published on the manners and customs of the Kaffirs, a story is related by the author, Mr. Dudley Kidd, of a man who came to him relating various symptoms that pointed to lethargy of the colon. He met the indication by prescribing jalap and Epsom salts, which the man took, explaining that though he himself was enjoying the most perfect regularity in his daily habits, such was not the case with his wife, but that now that he had swallowed the medicine doubtless his consort would be relieved of her symptoms. The Kaffir idea of medicine is that it acts as an antidote to magic, and as distance does not affect the potency of magic neither does it affect that of medicine. One has often been touched by the belief of poor patients in the efficacy of a bottle of medicine, but their faith must certainly yield to the Kaffir's in this instance.

Official Hair splitting.

One of our contemporaries of the drug trade interests its readers from time to time by publishing examples of the ingenuity shown by officials of the Board of Inland Revenue in deciding what labels render a medicine liable to duty. It will be remembered that a description attached to a package recommending it as a cure for any disease or ailment renders it subject to a tax, unless the composition be clearly stated. In the application of this rule there is room for considerable casuistry, and we do not know which to admire more, the attempts at evasion on the part of druggists, or the lynx-eyed discrimination shown by the Government clerks. As instances of the latter, we may quote the decision that of the two following descriptions :—"Digestive tablets, composed of rhubarb, ginger, cardamoms, and other stomachic and antiacid ingredients," "Digestive tablets, composed of rhubarb, ginger, cardamoms, and other valuable ingredients," the former is liable to duty, and the latter not. Apparently the word "antiacid" is responsible, for we find in other instances that that same word constitutes the principal, if not the only, difference between a dutiable and a non-dutiable description. Again, we find that "Throat lozenges, astringent and healing," must pay, but "Balsamic throat pellets" escape. "Soothing syrup" passes unchallenged, but when the direction is added, "to be taken

until free from pain," the claims of Government must be satisfied. We confess that these fine distinctions of tweedle-dum and tweedle-dee are quite beyond us, and we can only regret that public servants are not employed in some useful occupation.

Premature Burial.

THE will of the late Miss Frances Power Cobbe, on which we commented last week, draws attention to the periodically recurring bogey of premature burial. As has often been pointed out, the fear of being buried alive is one of the most baseless of all fears, yet from time to time it gains an extraordinary hold on the public mind. There is a Bill at present before the Massachusetts Legislature providing an alarming list of fines and punishments for those who shall neglect any of the prescribed precautions against premature burial. It is forbidden to put "corpses" into coffins which exclude light, air, or movement until certain tests of death shall have been satisfied. The tests are sufficiently stringent, since, although no less than ten other criteria are given, no body is to be accounted dead until decomposition shall have set in. Among the subsidiary tests are absence of heart-sounds and breath-sounds to stethoscopic examination, equalisation of temperature with that of the surrounding air, coagulation of the blood in the veins, and presence of rigor mortis. "Provided, further, that if there is any absence of the signs of death except decomposition, *all known means of resuscitation shall be tried while such signs are absent.*" Miss Cobbe's method of making sure is much simpler than this elaborate nonsense.

Olive Oil as a Therapeutic Agent.

THERE are few agents in materia medica to which less space is usually given in the text-books than olive oil, a few lines being considered sufficient to mention that it has nutritive qualities of importance, and that it may be substituted for cod-liver oil. During the last few years, however, observers in Germany and America have drawn attention to the high value of this drug in very varying conditions of disorder in the stomach and intestines. In chronic dysentery excellent results have followed the continued use of olive oil given in large quantities. Starting with a dose of one ounce three times a day, this is gradually increased to four ounces. Very little objection is made to the taste of the oil, and, after a short time, patients develop a liking for it. The beneficial results obtained are ascribed by some observers to a supposed stimulation of the secretion of bile. In the very different condition of gastric ulcer, Cohnheim has long relied on olive oil as an adjunct in treatment. He believes that it relieves pain, lubricates surfaces of ulcers or fissures, reduces hyperacidity, and acts as an easily digested food. In employing olive oil, one should take precautions to make sure that the oil is pure, as in commerce it is commonly adulterated to a large extent with cotton-seed oil, a body whose therapeutic and nutritive qualities have not been fully examined.

Piano-Tuner's Lunacy.

AN amusing illustration of hasty generalisation from a single instance has recently gone the round of the Press. A piano-tuner, apparently filled with forebodings of coming insanity, drew up a short narrative of his mental position, which he attributed to the terrible monotony of the pursuit by means of which he gained his livelihood. Without further ado the new malady of "piano-tuner's insanity" secured a firm foothold in the great mountain of popular beliefs, where it will probably linger for the next two or three centuries. As a matter of fact, piano-tuners are not in the least liable, as a class, to become insane. Piano-tuning is a healthy occupation, a fact that in itself would render any undue stress upon the nervous system unlikely. The trades that have a low comparative mortality according to occupation are those, broadly speaking, that suffer least from insanity. Take fishermen, with a mortality-rate of 60 per cent. compared with a standard mortality figure of 1,000; agriculturists stand at 1,000, and both are a tolerably sane class, the proportion of deaths from nervous disease being 51 in the fishermen and 102 in the agriculturists. At the other extreme we may instance lead-workers, with a mortality of 1,983, nervous diseases being 161; costermongers, 1,652 and 139; and file-makers, 1810 and 212 respectively. Piano-tuning is not a highly intellectual occupation, nor does the possession of the faculty to acquire that art necessarily imply well-developed brain faculties generally. It may be relieved, however, of the stigma of causing insanity.

Joseph Black, M.D.

AT the first annual Commemoration Day of the University of Glasgow, Sir William Ramsay, K.C.B., Professor of Chemistry in University College, London, delivered a most interesting address upon Joseph Black, M.D., the famous chemist of the 18th century. He was the son of a native of Belfast of Scotch extraction, whose father was a wine merchant at Bordeaux, where Joseph Black was born in 1728. He was educated at the University of Glasgow and early attracted the attention of Cullen, at that time lecturer in chemistry. Black graduated M.D. in Edinburgh, in 1754; two years later he succeeeded Cullen in the chair of anatomy and the lectureship in chemistry at Glasgow. Shortly afterwards, however, he exchanged the chair of anatomy for that of medicine and engaged in medical practice. In 1766, Cullen became professor of medicine at Edinburgh, and Black succeeded him in the chair of chemistry. He became a founders' teacher and worked hard all his life. Black's greatest work was his research on fixed air; he showed that a gas could be retained by a solid, and afterwards be made to escape by acid or by heat; he was then led to the discovery of latent heat, and his

researches upon this subject, though carried on at a time when precision in experiment was very difficult, gave a value for the latent heat of water which was within one seven-hundredth of that subsequently established. Black's proof that the change of a complex compound to simpler compounds, and the building up of a complex compound from simpler ones could be followed successfully by the use of the balance, has had for its consequence the whole development of chemistry. He died in his seventy-first year in the year 1799, and was one of the master minds of that have graced the medical profession.

A Rat Exterminator.

Some parts of the United Kingdom have recently been invaded with swarms of rats, much to the damage and consternation of the inhabitants. Their misfortune is one of no little seriousness, for it is an extremely difficult matter to get rid of a plague of that kind. Some comfort may, perhaps, be afforded them by learning that the goddess of omnipotent science has come to the aid of their fellow-sufferers in France, that is to say, if we may accept the authority of a contemporary upon that point. The cost to France, according to that journal, of the plague of rats, voles, and field mice has been estimated at £8,000,000 per annum, and the official Journal of our Board of Agriculture for April reports that drastic measures have been taken to eradicate the pest. The French Government, after experimenting with the aid of the Pasteur Institute, have adopted a poison discovered by Dr. Danysz, which, it is claimed, is fatal to rats and voles, but not injurious to mankind or domestic animals. It costs about 1s. 6d. per acre, exclusive of labour. The news seems almost too good to be true, but if the exterminator prove anything like equal to its description, the labours of port sanitary officers will, in future, be materially lightened.

Notonecta, a Destroyer of Malaria.

One comforting fact about modern science is that the discovery of a first cause of disease is sure, sooner or later, to be followed by the introduction of a remedy. Thus, the days of the deadly malaria were numbered from the hour that its parasite was identified in the salivary gland of a mosquito. Prevention thenceforth resolved itself into the problem of how to exterminate certain species of mosquitoes, found to be the culprits in this microscopic drama. The most rational plan was clearly to attack the insects in their larval stage by destroying them in their breeding pools with paraffin, or, better still, by draining away the stagnant water from ponds and ditches. Then it was noted that certain small fishes feed wholesale on mosquito larvæ, and straightway another natural history weapon was put into the hands of the sanitarian. But the resources of modern scientific civilisation are by no means exhausted in the war against malaria. We have been favoured with a note of information, sent by Dr. Albert Hahl to Dr. Belgrave, the Government Medical Officer of Sparto Bay, Western Australia. Dr. Hahl, Imperial Governor of Hubertshoehe, New Guinea, states that Dr. Dempwolff, the leader of the malaria expedition to that place, discovered a water insect belonging to the species Notonecta, which feeds on the mosquito larvæ (*anopheles* and *culex*). These insects are the born enemies of the mosquito grub, and if it be found possible to breed them freely in mosquito-haunted pools or puddles a great advance will have been made towards the extermination of that midget scourge of mankind, the malaria-bearing mosquito.

The Portsmouth Asylum.

The recommendation of the Lunacy Commissioners that two of the medical staff should be called upon to resign certainly calls for some public attention and explanation. It will be within the recollection of readers that not long ago, in consequence of some unfortunate error, four female patients were poisoned by chloral given by way of sleeping draught. The coroner's jury, after due investigation, absolved the medical staff from blame. In spite of that finding, however, the Commissioners in Lunacy recommended that Dr. Henderson, Acting Superintendent of the Asylum at the time of the fatality, and Miss Watson—a lady doctor who acted as assistant medical officer—should be called upon to resign. The Portsmouth Corporation have very properly entered the lists on behalf of their officials. Either the officials in question were responsible or not responsible for the events that led to the deaths of the unfortunate inmates. The coroner's jury, with a full knowledge of the facts of the case, said the medical staff were not to blame. The Lunacy Commissioners, who have presumably made themselves acquainted with all available evidence, apparently think the opposite, or they would hardly ask Dr. Henderson and Miss Watson to resign. If the Commissioners make scapegoats of two innocent persons they are incurring a heavy responsibility in stamping two professional careers with an indelible mark of incompetency. In the interests of common sense and justice the Commissioners of Lunacy, on the whole a fair-minded, honourable and competent body, should be compelled by the force of public opinion to qualify or abandon their position on this matter.

The Use of the Birch.

However much individual views may differ as to the desirability of the birch-rod as an occasional means of admonishing rebellious boys, there can be no room for difference of opinion as to the brutal use of that or any other form of punishment. In the days of our grandfathers the "swish-block" became a degrading and inhuman monument of perverted discipline. Nowadays the swing of the pendulum has probably carried us too far in the other direction, for there is little doubt that a sparing use of the rod is the best of moral tonics for the erring schoolboy. The use of the cane, or of the birch, however, must be reserved for special offences, and should never be permitted at all in the case of delicate and highly sensitive lads. It is not safe, speaking

broadly, to allow an angry schoolmaster or superintendent to administer corporal punishment with his own hands. No such disciplinary step should be permitted without the express and particular sanction of the controlling authorities behind the nominal head of a school or other institution. Finally, the actual punishment should be applied by an assistant under close personal supervision. Had precautions of this kind been taken by the Wolverhampton Guardians they would have been saved from an unpleasant experience at one of their cottage homes. An unruly runaway boy was birched by the superintendent. According to the evidence of an inspector of the Society for the Prevention of Cruelty to Children "the boy was covered with weals and abrasions from the nape of the neck to the back of the knees and on the back of the right arm." The superintendent was censured, and the discontinuance of the birch rod and leather strap as instruments of punishment was resolved upon. The official leather strap savours of Chinese rather than of Western methods.

A Fleet Street Critic on Strychnine.

THE perils of amateur prescribing, though patent enough to the physician, will probably never in the history of mankind be recognised by the man in the street. In other words, that ubiquitous gentleman will continue to assert his right to be a fool or an (unqualified) physician at forty, or, so far as that goes, at any age whatever from the cradle upwards. The *Daily Telegraph* recently furnished an amusing instance of the flounderings of Fleet Street journalism when plunged suddenly into the fathomless sea of modern medical science. The Paris correspondent of that journal commented on the "vague manner" in which strychnine pills had been prescribed by a medical man for his patients as follows: "Arseniate of soda, ten grams; sulphate of strychnia, fifteen grams; sulphate of soda, five grams. For one pill, number twenty." The physician meant that twenty pills were to be made of the total fifteen grams, so says Fleet Street, which is careful and responsible in most of its statements. The chemist's boy, it continues, "understood the prescription to be for twenty pills, each containing the above quantities, and made them up accordingly." Here let us pause to remark that half a grain of strychnine or one of its salts is a poisonous quantity, and likely to prove fatal. A gram contains roughly about fifteen grains, or thirty fatal doses. Fifteen grams contain 450 fatal doses, which Fleet Street says was intended by the medical man to go into twenty pills, but was actually put by the stupid chemist's assistant into each single pill. Now comes the marvel. The patient "took the pills"—how many is not stated—and was very ill. He sued his medical attendant and the chemist for £1,000, but was awarded only £20. Further authentic details of this extraordinary toxicological mystery should certainly be published. Supposing the original error to have been the substituting of "grams" for "grains," that would yet mean the ordering of strychnine in heroic doses. The need of a medical editor on the staff of every lay journal was never more apparent. Supposing some enterprising reader of the paragraph in question—some prescribing man in the street—were to make up a similar prescription and try its effects upon himself or his friends!

The Royal Waterloo Hospital, London.

THE authorities of the Royal Waterloo Hospital for Women and Children have thrown an exemplary amount of energy into the rebuilding of that institution. On April 20th, the first section of the new building was opened by special invitation to the Press. The out-patient department is now ready for use, and will in a short time be open for the reception of patients. The importance of the completed hospital may be gauged from the fact that it will contain provision for no less than twenty-two beds, together with a separate nurses home. The ground-floor contains the administrative offices, with accommodation for secretary, committee, matron, resident medical staff, waiting-rooms, hall and entrance porch, situate at the corner of Waterloo Road and Stamford Street. The first, second, and third floors are devoted to the wards. The wards are excellently arranged. Each has an open balcony facing Waterloo Road, with separate sister's room and ward scullery. The bath-rooms and sanitary offices are separated by a ventilated corridor on each floor. A day room is provided on the first floor, an isolation ward on the second floor, and an operating theatre on the third floor. The fourth floor is devoted to the kitchen offices and bedrooms of the staff. Hydraulic patients' and service lifts run from top to bottom of the building. Hydrants will be attached to each landing and an iron escape staircase be fitted outside with exits from every floor. The heating will be by hot water, and electric light will be provided throughout. The energetic secretary, Captain Houston, may be congratulated on the outcome of his untiring energy in the shape of a fine modern hospital. Apart from the somewhat curious omission of an electrical and X-ray department, the arrangements are most complete. The contractors are Messrs. Holliday and Greenwood, Limited, and the architects are Messrs. Waring and Nicholson, of 38 Parliament Street, London, S.W.

PERSONAL.

THEIR Majesties the King and Queen have arranged to dine at the Royal Hospital, Dublin, to-day, the 27th instant.

MR. J. S. WALLBRIDGE, Government Medical Officer, British Guiana, has retired from the public service.

DR. ROBERT FARQUHARSON, M.P., LL.D., will preside at the dinner of the Sanitary Institute, to be held on May 2nd at the Hotel Métropole, London.

THE Jacksonian prize of the English Royal College of Surgeons on the various forms of conjunctivitis has been awarded to Mr. Stephen Mayou, F.R.C.S.

THE Triennial Prize of the same College has been

awarded to Mr. T. R. H. Bucknall, F.R.C.S., for his dissertation on the Pathological Conditions arising from Imperfect Closure of the Visceral Clefts.

Mr. W. H. A. Jacobson has been elected a member of the Court of Examiners of the Royal College of Surgeons, England, in the place of Mr. Henry Morris, who has resigned that position.

The Council of the same College elected to the Fellowship Mr. Edward Ward, Professor of Surgery in the Yorkshire College, Leeds, as a member of twenty years' standing.

Dr. T. C. Orford, House Surgeon of the Colony and Yaws Hospitals, Grenada, has been promoted to the office of District Medical Officer of the Colony.

Dr. E. F. Hatton, Medical Officer of Grenada, has been made an official member of the Legislative Council in place of Dr. P. F. M'Leod, who has retired.

Major H. C. Thurston, Royal Army Medical Corps, from Bermuda, is to be appointed Deputy-Assistant Director-General of the Army Medical Service.

The Secretary of State for the Home Department has appointed Dr. William H. O'Meara to be a Medical Referee under the Workmen's Compensation Acts, 1897 and 1900, to act for co. Carlow.

Mr. James McR. Cowie, M.D.Aber., D.P.H., formerly assistant of Dr. J. Niven, Medical Officer of Health for Manchester, has been appointed Medical Officer of Health and Public Analyst for Burton-on-Trent.

An important discussion on Food and Meat Inspection, to be held at the Sanitary Institute Sessional Meeting at the Parkes Museum, London, W., will be opened by Colonel J. Lane Notter, R.A.M.C., and Mr. W. Hunting, F.R.C.V.S.

The foundation-stone of the new building of the Birmingham and Midland Hospital for Women was laid by Mr. Arthur Chamberlain on the 20th instant. The Institution in question, which began on a humble scale in 1871, and is now to be rebuilt at a cost of £40,000.

In delivering the Commemoration Day address at Glasgow University on April 18th, Principal Story expressed his regret that our Government did not furnish the £20,000 needed to complete the Extension Fund; in Germany the money would have been speedily forthcoming.

We are informed that Dr. J. G. Cronyn intends to offer himself as a candidate for the post of General Secretary to the Royal Academy of Medicine in Ireland, which will be vacant shortly in consequence of the resignation of the present secretary. There are thus three candidates in the field.

Sir William Ramsay, K.C.B., delivered an interesting lecture on Joseph Black, M.D., formerly a Lecturer upon Anatomy in Glasgow University, and who was appointed Professor of Chemistry in 1766, in which position he made his famous researches upon fixed air, latent heat, and laid the foundation of modern analytical and synthetical chemistry.

Special Correspondence.

SCOTLAND.

[FROM OUR OWN CORRESPONDENT.]

Poor-law Medical Relief and Management of Poor-Houses.—A report was issued on April 17th by the Departmental Committee appointed by the Local Government Board to inquire into the methods and conditions under which Poor-law medical relief is administered in Scotland. Even a brief summary of the recommendations of the Committee would extend far beyond the space at our disposal, but the following are some of the chief reforms of a purely medical character which the Committee advise. Among general improvements in poorhouse hospitals, smaller, but more numerous wards, observation wards for cases of threatened insanity, isolation accommodation for infectious diseases pending removal, and also for treating such cases as the local authority cannot deal with, and properly equipped operating rooms in the larger poorhouses, come as the chief innovations among a series of suggestions on minor points, all tending to raise the standard of the poorhouse hospital accommodation to that of the general hospital. The segregation of phthisis and malignant and other offensive diseases, and the open-air treatment of the former should be carried out as far as possible where slight alterations in unoccupied buildings would render them suitable for these purposes. The general scale of the dietary ought to be varied and improved, and the general supervision of this, as well as the power of framing special dietaries, and the duty of regularly revising dietaries and orders for stimulants should form part of the work of the medical officer. The medical officer ought to have increased power in the management of the wards, should have facilities for obtaining additional advice or nursing, and have power to send special cases to general hospitals. Pauper nursing should be abolished, and the standard raised to a minimum of two years' training, while the appointment of nurses of three years' training, as well as those specially trained to work under Poor-law conditions, should be encouraged. The Committee appear to have devoted great attention to detail in framing the recommendations in the report; their general tendency seems to us to be one which will make the position of a parochial medical officer much more satisfactory to hold than at present, for, though the duties are increased, freedom from interference is ensured. The alteration in the tenure of office is perhaps the most important modification and one which will go far to make the Service less unpopular. This reform, however, cannot be effected without legislation.

Commemoration Day at Glasgow University.—The first commemoration day, a new event in the history of the University, the object of which is to bring the graduates together once a year, was celebrated on April 19th. The programme began with a religious service, followed by an oration recalling the memory of some distinguished man connected with the University, then honorary degrees were conferred and a banquet in the evening concluded the festival. All the gatherings took place in the Bute Hall, where, after a short but impressive religious service, Sir William Ramsay, the principal guest, delivered an address on Joseph Black, M.D. Scotland, during the latter half of the eighteenth century, was the home of many great men—Adam Smith, Hume, Hutton, the geologist, and James Watt. All of these were friends of Black's. His early history was not even remotely adventurous. Born near Bordeaux, he went to Belfast to school at 12, and six years later crossed to the Glasgow University. His taste for science was fostered by Professors Dick and Cullen, on whose advice he studied medicine in Edinburgh, and graduated in 1754. He succeeded Dr. Cullen as lecturer on chemistry and anatomy, posts which he exchanged for the chair of medicine and medical practice. When Cullen in his turn vacated the chair of chemistry at Edinburgh, Black succeeded him, and devoted the rest of his life to teaching. The oration was followed by the conferring of honorary D.D. and LL.D. degrees, among those who received the latter being Mr. Choate, U.S. Ambassador, Professor Stirling, Owens College, Sir William Taylor, Director-General A.M.S., and Mendeleeff, the celebrated Russian chemist (*in absentia*). At the banquet Sir William Ramsay was the chief

guest, and Mr. Choate replied for the new graduates. It was agreed on all hands that the proceedings were an unqualified success.

Correspondence.

[We do not hold ourselves responsible for the opinion of the correspondents.]

ALOPECIA AND DENTAL CARIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—If in beginning a discussion with "Medicus Senex" I had laid down as a fundamental proposition that the earth is flat and the centre of the solar system, I doubt whether he would have felt disposed to demonstrate the fallacy of the statement. He would probably have referred me to current scientific textbooks. Similarly, when "Medicus Senex" harps upon the suggestion that enamel and dentine are capable of physiological and pathological activity, I refer him to current manuals of dental science. He has cited Sewill's "Dental Anatomy and Surgery." I know of no book which explains more briefly and clearly the fundamental facts of these subjects. If "Medicus Senex" will read that book, or any up-to-date treatises on the subjects, he will find easily where his errors arise; but I do not see the use of prolonging this discussion until he gives evidence of the elementary knowledge he now assuredly lacks. I am sorry if I vex "Medicus Senex." Let him follow my advice, and he will acknowledge, I am sure, that it is not owing to my fault but to his own obstinacy. "Medicus Senex" confuses every simple fact. A foreign body embedded in living tissues, *e.g.*, a catgut ligature, may be absorbed and carried away gradually, through the medium of its vascular surroundings. The foreign dead body has not become living during the process; it has remained passive. So with the dentine of the roots of temporary teeth undergoing absorption. The wasting of the tissue is brought about by the activity of the vascular and cell elements around. This is another of the facts demonstrated by the late Sir John Tomes over forty years ago. The absorption resembles the same process as it occurs in bone, but with the essential difference that bone has a free vascular supply and is largely made up of active cell elements, whereas vessels do not penetrate dentine, and its substance is devoid of active physiological elements, so that it is incapable of reacting to external influences or of displaying intrinsic phenomena of waste and repair.

I am, Sir, yours truly,

April 20th, 1904. M.R.C.S., L.D.S.

"PALMAM QUI MERUIT FERAT."—A PROTEST.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Antiseptic and aseptic surgery are based upon fundamental facts first demonstrated by Pasteur. He proved that fermentation and putrefaction are caused by germs floating in the atmosphere. Lister perceived that to prevent septic processes in wounds it would be necessary to destroy the germs of putrefaction and fermentation in the wounds, and to prevent their entry. These fundamental facts and their application constitute what may be called Listerism. The "runs of luck" which Dr. Granville Bantock boasts of, when he and the late Mr. Lawson Tait had between them two or three hundred consecutive ovariotomies without a death, would need strict scientific investigation before they could be accepted as proof of much. Would they have been possible in a hospital whose atmosphere was septically polluted, and would not antiseptic precautions under those conditions have vindicated their efficacy? Dr. Granville Bantock, if my memory does not play me false, has on previous occasions altogether denied the existence of germs, and has disputed other of the demonstrated facts of bacteriological science. If recognition of his claims to the laurel crown has been delayed it may, perhaps be partly accounted for by the curious anti-scientific attitude he seems to have assumed.

I am, Sir, yours truly,

April 21st, 1904. IGNORAMUS.

THE INFANTS' HEALTH SOCIETY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—May we ask you to kindly draw attention in your columns to this society, which was founded on February 11th, 1904? Its objects are to spread a knowledge of, and to put on an organized basis, the best methods of systematically dealing with the chief factors affecting the health and life of infants; to encourage the formation of institutions such as milk depots, dispensaries, &c., for the purpose of supplying food adequate in quantity and quality for the needs of each infant; and to co-operate with other bodies, public or private, having similar objects in view.

It is impossible to exaggerate the importance of thus combating at the very fountain head the present terrible waste of infant life and the physical degeneracy of so many of the survivors, evils which have occupied the attention of the public recently both from the point of view of the general welfare of the community and of Army recruiting.

Pending the general extension of the movement on the lines indicated, the society has appointed a special committee to carry on the Infants' Hospital, at present situated in Denning Road, Hampstead, which was established in March, 1903. This hospital serves as a nucleus for the propagation of the society's ideas, and an object-lesson of the results which can be obtained by the treatment of cases of malnutrition in infants on scientific lines.

The funds of the society will in the first instance be used for the upkeep of the hospital, but it is hoped that sufficient support will soon be received to generally further the principles of the society.

The present size and situation of the Infants' Hospital are temporary. The hospital will be moved to a central situation as soon as possible, and the establishment of a hospital fitted with every arrangement for the saving of infant life and the furtherance of scientific knowledge pertaining to this end is now under consideration.

The committee confidently expect that they will receive a large measure of encouragement and support from the ever-increasing number of their fellow-countrymen who take a serious view of their responsibilities with regard to the physical and moral welfare of the people. Special donations and annual subscriptions are also invited for the hospital.

Further particulars can be obtained by application to the Secretary, Infants' Health Society, 120, Victoria Street, S.W., who will gratefully acknowledge all contributions.

We are, Sir, yours truly,

PORTLAND, MANSFIELD, W. H. GOSCHEN,
FREDERICK MAURICE, HAROLD BOULTON,
HENRY ASHBY, J. S. FLETCHER.

April 23rd.

Obituary.

SIR HENRY THOMPSON, BART., M.B., F.R.C.S.

By the death of Sir Henry Thompson, after a short illness, at his London house in Wimpole Street, the medical profession has lost one of its most prominent and well-known members. He was born at Framlingham in August, 1820, and came of a Baptist family, so strict in their views that the profession of medicine was condemned on account of its materialising tendencies. Being delicate as a boy, he received private tuition, but was eventually permitted to enter University College as a medical student. He was then 28 years of age. He won the Gold Medal in anatomy, at the intermediate examination in medicine of the University of London in 1849, and that in surgery in 1851. He won the Jacksonian prize in 1852 for an essay on the pathology and treatment of the urethra; and took the Fellowship of the English College of Surgeons in 1853. Two years after his marriage with Miss Kate Loder, a pianist, he was appointed assistant surgeon to University College Hospital. In 1860 he won the Jacksonian prize a second time with an essay on the healthy and the morbid anatomy of

the prostate. He subsequently wrote two books on the prostate, which ran into four and six editions. The turning point of his professional career, however, came with his operation of lithotrity on the late King of the Belgians in 1863. His Majesty, when staying at Buckingham Palace in 1862, consulted Sir Benjamin Brodie, who diagnosed a stone in the bladder. He advised Civiale, of Paris, as the operator, and a partially successful operation was performed by that distinguished surgeon, who had first shown in 1824 that a stone could be removed without any cutting operation. Some fragments were left behind in the bladder, and the king determined to have an English surgeon. Mr. Henry Thompson was selected, and in recognition of his services was appointed Surgeon-Extraordinary to King Leopold I., an office continued by his successor, and he was made an Officer of the Order of Leopold in 1864, and a Commander in 1876. In 1867, in his own country, he received the honour of Knighthood. In July, 1872, he was consulted by the late Emperor Napoleon III., who would not, however, permit exploration. An operation was performed in January, 1873, under most unfavourable conditions, and the Emperor, who suffered from extensive kidney disease, succumbed shortly after the second operation. When the American surgeon, Bigelow, perfected lithotrity by removing all the fragments at one sitting, Sir Henry Thompson at once recognised the value of the innovation, which he subsequently practised extensively. In 1892 he became surgeon to University College Hospital, a post which he held until 1877, when he was made Consulting Surgeon and Emeritus Professor of Clinical Surgery. He was created a baronet in 1899, and is succeeded in the title by his son, who is a barrister-at-law. His death took place at the ripe age of 84.

Sir Henry Thompson was emphatically a many-sided man. He was an artist of no mean order, and exhibited many pictures in the Royal Academy between 1865 and 1885. He was also an enthusiastic collector of Japanese and Chinese china, of which he made an extensive collection. He wrote a "Handbook to the Public Picture Galleries of Europe," and was the author of two novels. He steadily advocated the use of horseflesh as an article of popular diet, and gave a famous dinner on one occasion at the Langham Hotel, when all the dishes were derived from horse-beef. He was the founder and President of the Cremation Society, and wrote several books on the subject of Cremation.

By his death a most able and versatile man, of strenuous character and high moral and intellectual fibre has been removed from our midst.

MONTAGU H. C. PALMER, M.R.C.S., L.R.C.P.

The sudden death has been announced of Mr. Montagu H. C. Palmer, a well-known physician at Newbury, on the 22nd inst. He was a member of the Newbury Corporation, and Honorary Curator of the Newbury Museum. Some years ago Mr. Palmer succeeded to the practice of his late father, who was at one time Mayor of the town. The practice was originally established by Mr. Palmer's grandfather, Dr. Silas Palmer, an accomplished antiquary and local historian. Mr. Palmer studied medicine at Cambridge University and London Hospital, and took the M.R.C.S. and L.R.C.P. in 1894.

Medical News.

Medical Missionary Association.

The annual meeting of the Medical Missionary Association was held on the 18th inst. at Exeter Hall, London. Mr. James E. Mathieson presided. The annual report, which was then submitted, stated that Dr. J. L. Maxwell, after eighteen years of strenuous work in building up the association and promoting the establishment of medical missions, had resigned the positions of general secretary and superintendent of the Training Home, but retained the editorial secretaryship. Dr. Henry Soltau had been appointed general secretary and superintendent. There were now eleven students in training, of whom eight were in residence at Highbury Park. During the year six students had qualified for the practice of medicine and surgery, of whom three were now actively engaged as medical missionaries in London and the other three were studying for further University degrees. Two had left for the Chinese and Indian fields respectively of the Baptist Missionary Society. One of those now working in London was to leave for the East this year in connection with the Church Missionary Society. The applications lately received showed a noticeable quickening of interest in medical missions; and one of the newly-accepted students came from Canada. In connection with the Islington Medical Mission 752 cases had been treated in their own homes, and there had been 7,845 attendances at the dispensary. The chairman expressed an opinion that as many medical men as ordained missionaries should be engaged in the work of missions. Dr. W. N. Whitney, of Tokio, described the medical mission work carried on by him among the Japanese, who, if they never forgot an injury, never forgot a kindness. Dr. Walter Fisher, from Central Africa, having spoken, Dr. Preston Maxwell, from China, denied that medical missionaries neglected their evangelistic work. An evening meeting was held at the same place.

The Plague.

The following telegram from Lord Milner, High Commissioner for South Africa, was received on April 16th at the Colonial Office:—One hundred and fifty-eight suspected cases of plague reported up to date, 140 coloured and 18 white. Seventy-five have terminated fatally, 68 coloured and seven white.

PASS LISTS.

Royal University of Ireland.

The following candidates have passed the Second Examination in Medicine, Spring, 1904:—

Upper Pass.—John A. Black, James B. Butler, Cecil R. Crymble, Charles H. Harbinson, John F. Neary, James J. O'Neill, Maria Rowan, James A. Shorten.

Pass.—Samuel Acheson, Thomas Arnold, Matthew F. Caldwell, Joseph P. Carolan, William F. A. Caison, Francis T. Dowling, Edward FitzGerald, Jane McC. Fulton, John W. Garry, Charles E. L. Harding, William T. Henderson, John J. Hickey, John Hughes, Francis Keane, Joseph Kilgarriff, Morgan Leave, John E. A. Lynham, John S. McCombe, Jerome B. Murphy, John F. O'Brien, Joseph A. O'Halloran, Patrick O'Hart, Herbert H. Prentiss, William Riddell, Daniel T. Sheehan, James Sinclair, William M. Thomson, Standish J. Watson.

The following candidates to be exempt from further examination in Practical Chemistry:—Arthur R. Boyd, Alexander W. Connolly, Mary Cowhy, James Dooley, Joseph G. Johnston.

University of Durham.

The following candidates have passed the Second Examination for the degree of Bachelor in Medicine:—

Anatomy, Physiology, and Materia Medica.—David Ranken (with second-class honours).

Pass List: Thomas Henry Bishop, M.R.C.S., L.R.C.P., Sydney Havelock, B.Sc., Camilla Lucy Heckrath, Hector Graham Gordon Mackenzie, M.A., Ernest Lacey Markham, Jessie Jean Martin Morton, Bertha Mary Mules, Jessie Margaret Murray, Howard Bewlay Stephenson, Frank Whitby, Cuthbert Rex Wilkins, James Leslie Wilson, M.A.

Royal College of Surgeons of England.

Mr. W. H. A. Jacobson has been elected an examiner in dental surgery, in the vacancy caused by the resignation of Mr. Henry Morris. Mr. Edward Ward, Professor of Surgery in the Yorkshire College, Leeds, was elected a Fellow, he being a member of twenty years' standing.

We understand that the Central Midwives Board is about to take into consideration, if it has not already done so, the unsatisfactory nature of its relations with the Irish maternity hospitals, and that it will probably recommend such changes in its rules as will bring them into conformity with the principles which govern the training of midwives in large hospitals.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

W. PATERSON.—Radium will cure the rodent ulcer, if the patient be not too exhausted to allow of the necessary reaction. Moreover, radium of the purest kind is not required for the purpose, as a quality much inferior in radio-activity is able to produce the required results.

SCOTSMAN.—(1) A case of acute perforation of the appendix due to a large stercolith was shown at the Liverpool Medical Society by Dr. Blair Bell on April 22nd, 1903. (2) Calculus in pancreatic duct is extremely rare—there is a specimen, we believe, with the stone *in situ* at the College of Surgeons in Lincoln's Inn Fields. If not found there we can ascertain where the preparation, probably unique, is to be found.

DR S. C.—We should advise our correspondent to demand payment for his services at the usual rate.

FOREIGNERS IN GERMAN UNIVERSITIES.

AMONG the 37,881 matriculated students in German Universities are 3093 foreigners attracted to the Fatherland from all quarters of the globe. Of these 722 belong to the medical faculties, 26 to the dental and 13 to the pharmaceutical departments. From the European countries come 2,620 students, and 473 from other continents. Russia sends the greater number—986, Austria-Hungary comes next with 588, Switzerland 318, England 162, Bulgaria 73, Roumania 69, France 64, Greece 59, Servia 55, the Netherlands 49, Turkey 47, Italy 43, Luxemberg 33, Sweden and Norway 33. There are two from Montenegro and one each from Monte Carlo and the Principality of Liechtenstein. From America come 319, mostly from the United States; from Asia 133, mostly Japanese, from Africa 19, and from Australia 2. In addition to these matriculated students over 2,000 foreigners attend lectures, of whom 80 are from England.—From *The Leisure Hour* for May.

M.R.C.S.—Caution should certainly be observed in the internal administration of turpentine, where the case is complicated with albuminuria.

PHYSICIAN (Leeds).—Boric Acid, as an intestinal antiseptic has been proved to be valueless.

MR. H. M. (Tiverton).—Your bookseller has given you the correct information, the numbers of this journal containing Professor Taylor's address are quite out of print.

MR. W. F. (Nottingham).—We do not charge for an opinion in these columns, and are not likely to give one on the subject sought.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, APRIL 27th.

HUNTERIAN SOCIETY (London Institution, Finsbury Circus, E.C.).—8 p.m. Council Meeting. 8.30 p.m. Papers.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. P. Paton: Clinique. (Surgical.)

THURSDAY, APRIL 28th.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20 Hanover Square, W.).—4.30 p.m Meeting.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. H. L. Barnard: The Principles of Abdominal Diagnosis.

FRIDAY, APRIL 29th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Dr. D. Grant: Clinique. (Ear.)

Vacancies.

Leicester Infirmary.—House Physician. Salary £100 per annum, with board, apartments, and washing. Applications to the Secretary, 24 Friar Lane, Leicester.

Lincoln General Dispensary.—Resident Medical Officer. Salary £200 per annum, with furnished apartments, fire, and gas provided. Applications to William Dean, Secretary, Board Room, Lincoln.

Liverpool Mill Road Infirmary.—Assistant Medical Officer. Salary £120 per annum, with board and apartments. Applications to Harris P. Cleaver.

Liverpool Stanley Hospital.—Second House Surgeon. Salary £80 per annum, with board, residence, and washing. Applications to the Chairman, Medical Board.

Norfolk and Norwich Hospital.—House Physician. Salary £80 per annum, with board, lodging, and washing. Applications to Frank Hazel.

Nottingham General Hospital.—Assistant House Surgeon.—Salary £100 per annum, with board, lodging, and washing in the Hospital. Applications to the Secretary.

Royal Halifax Infirmary.—Third House Surgeon. Salary £80 per annum, with residence, board, and washing. Applications to Oates Webster, Secretary.

Sussex County Hospital, Brighton. Stephen Ralli Memorial.—Pathologist. Salary £300 a year. Applications to the Secretary of the Hospital.

Westray Parish Council.—Medical Officer and Public Vaccinator. Salary £90 per annum. Applications to the Clerk to Parish Council.

Westmoreland Lock Hospital, Dublin.—Visiting Surgeon. Salary £100 per annum. Immediate application to the Chairman of Board of Governors. (See Advt.)

Worcester General Infirmary.—House Physician. Salary £80 per annum, with board and residence. Applications to William Stallard, Secretary, Worcester Chambers, Pelrpoint Street, Worcester.

York Dispensary.—Resident Medical Officer. Salary £120 a year, with board, lodging, and attendance. Applications to W. Draper, Esq., De Grey House, York.

Appointments.

ADAM, J. WILSON, M.B., C.M Glas., Medical Physician to the Aberdeen Dispensary.

ANDERSON, C. A., M.B., M.S.Edin., Assistant House Surgeon to the Portsmouth Hospital.

BURNET, JAMES, M.A., M.B., M.R.C.P.Edin., Registrar to the Royal Hospital for Sick Children, Edinburgh.

COWIE, JAMES, M.D Aberd., D.P.H., Medical Officer of Health and Public Analyst for the County Borough of Burton-upon-Trent.

ELLIS, L. ERASMUS, M.D.Brux., M.R.C.S Eng., L.R.C.P.Lond., L.S.A., Clinical Assistant at St. John's Hospital for Diseases of the Skin, Leicester Square, London, W.C.

GREGG, R. ASHLEIGH, M.B., D.P.H.Edin., Assistant Medical Officer of Health of Leith, and Resident Physician to Leith Public Health Hospital.

LLOYD, WILLIAM, F.R.C.S., Surgeon in Charge of the Nose, Ear, and Throat Department, St. Pancras and Great Northern Dispensary, W.C.

MOIR, D. R., M.A., M.B.Aberd., Visiting Surgeon to the Hull and Sculcoates Dispensary.

Births.

RUTHERFORD.—On April 21nd, at 2, Victoria Road, Upper Norwood, the wife of Alfred E. R. Rutherford, L.R.C.P., M.R.C.S., of a son.

Deaths.

GOWING.—On April 10th, at Stocksbridge, Sheffield, Benjamin Chaston Gowing, M.R.C.S.Eng., L.S.A.

TAYLOR.—April 20th, at The Island, Melksham, Arthur James Taylor, M.R.C.S., L.R.C.P., fifth son of the late Mr. John Taylor, aged 32 years.

OPERATIONS.—METROPOLITAN HOSPITALS.

WEDNESDAY.—St. Bartholomew's (1.30 p.m.), University College (2 p.m.), Royal Free (2 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. Thomas's (2 p.m.), London (2 p.m.), King's College (2 p.m.), St. George's (Ophthalmic, 1 p.m.), St. Mary's (2 p.m.), National Orthopædic (10 a.m.), St. Peter's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Gt. Ormond Street (9.30 a.m.), Gt. Northern Central (2.30 p.m.), Westminster (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Cancer (2 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

THURSDAY.—St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), University College (2 p.m), Charing Cross (3 p.m.), St. George's (1 p.m.), London (2 p.m.), King's College (2 p.m.), Middlesex (1.30 p.m.), St. Mary's (2.30 p.m.), Soho Square (2 p.m.), North-West London (2 p.m.), Chelsea (2 p.m.) Great Northern Central (Gynæcological, 2.30 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), St. Mark's (2 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

FRIDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Charing Cross (3 p.m.), St. George's (1 p.m.), King's College (2 p.m.), St. Mary's (2 p.m.), Ophthalmic (10 a.m.), Cancer (2 p.m.) Chelsea (2 p.m.), Great Northern Central (2.30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), City Orthopædic (2.30 p.m.), Soho Square (2 p.m.).

SATURDAY.—Royal Free (9 a.m.), London (2 p.m.), Middlesex (1.30 p.m.), St. Thomas's (2 p.m.), University College (9.15 a.m.), Charing Cross (2 p.m.), St. George's (1 p.m.), St. Mary's (10 p.m.) Throat, Golden Square (9.30 a.m.), Guy's (1.30 p.m.).

MONDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), St. George's (2 p.m.), St. Mary's (2.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), Chelsea (2 p.m.), Samaritan (Gynæcological, by Physicians, 2 p.m.), Soho Square (2 p.m.), Royal Orthopædic (2 p.m.), City Orthopædic (4 p.m.), Great Northern Central (2.30 p.m.), West London (2.30 p.m.), London Throat (9.30 a.m.), Royal Free (2 p.m.), Guy's (1.30 p.m.).

TUESDAY.—London (2 p.m.), St. Bartholomew's (1.30 p.m.), St. Thomas's (3.30 p.m.), Guy's (1.30 p.m.), Middlesex (1.30 p.m.), Westminster (2 p.m.), West London (2.30 p.m.), University College (2 p.m.), St. George's (1 p.m.), St. Mary's (1 p.m.) St. Mark's (2.30 p.m.), Cancer (2 p.m.), Metropolitan (2.30 p.m.), London Throat (9.30 a.m.), Royal Ear (3 p.m.), Samaritan (9.30 a.m. and 2.30 p.m.), Throat, Golden Square (9.30 a.m.), Soho Square (2 p.m.)

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, MAY 4, 1904. No. 18.

Original Communications.

INTRACRANIAL RESECTION OF THE SECOND DIVISION OF THE FIFTH NERVE FOR EPILEPTIFORM NEURALGIA.(a)

By J. HUTCHINSON, JUN., F.R.C.S.,

Surgeon to the London Hospital.

SOME three years ago, in a paper on excision of the Gasserian ganglion, I advanced the proposal "that the so-called excision of Meckel's ganglion (always a very difficult and uncertain proceeding involving disfigurement of the face) should be given up in favour of intracranial division of the superior maxillary trunk just above the foramen rotundum." (*b*)

The recommendation was based on the following considerations:—

1. The more central the operation, the nearer to the brain, the more certain is the prospect of permanent cure. In almost every case of peripheral operation, including removal of Meckel's ganglion, the neuralgia has returned after an interval of a few months or years.

2. The surgeon who works through the walls of the antrum to the pterygo-maxillary fossa is greatly hampered by the depth of the wound and by hæmorrhage from the internal maxillary artery. He may be successful in defining the trunk of the superior maxillary nerve in the upper part of the fossa, but he is very likely to fail.

3. A depressed scar in the middle of the cheek is much more disfiguring than one hidden by the scalp in the temporal region.

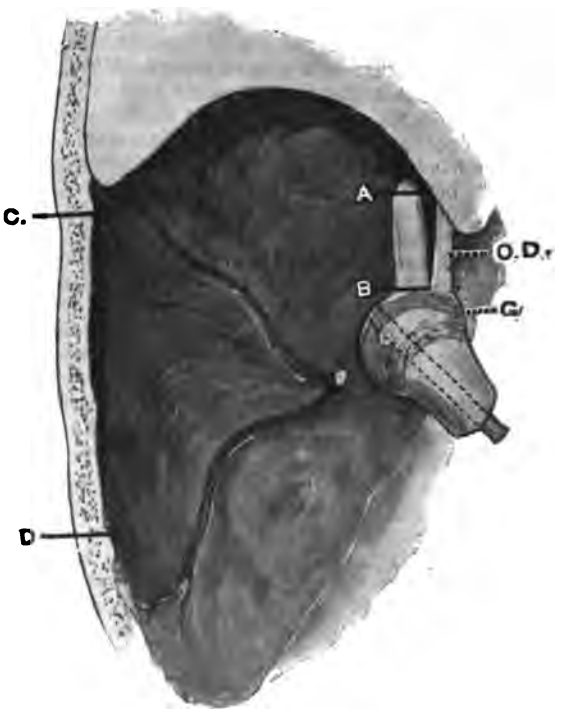
In the middle fossa of the skull the whole of the superior maxillary trunk, before it has given off any branches, can be exposed. Here it can be not only divided, but a considerable portion of it can be excised, so that there will be no chance of subsequent union.

The amount of the nerve available at this point for excision varies somewhat in different subjects, but from one-third to half an inch can be resected.

The accompanying figure will make this plain; the trunk should be divided just at the foramen rotundum and again where it leaves the Gasserian ganglion, as shown.

Cases in which such an operation is justified are not numerous, and it was only about a year ago that one presented itself to me.

A ship's officer, æt. nearly 60, but of fine constitution, had suffered for several years from intense pain in the right cheek and upper jaw. The neuralgia was typically epileptiform, the attacks becoming more and more frequent during the last four years. He had had a number of teeth removed without the slightest relief, and medicines were equally unavailing. He struggled on with his duties on board a Cape liner, and about Christmas, 1902, he consulted Sir Frederick Treves with regard to operative measures, who kindly sent him to me with a note suggesting removal of Meckel's ganglion and the infra-orbital nerve. The distribution of



Intracranial resection of the superior maxillary nerve. A.B., portion of the nerve excised. C.D., wall of temporal fossa cut away in the operation. O.D., ophthalmic division. G., Gasserian ganglion.

the neuralgia was always the same, and the parts were very tender, though during an attack some relief was obtained by the patient violently grasping the tissues of the cheek. The lower eyelid, both sides of the cheek, the palate and the gums on the right side formed the area involved. Lachrymation and congestion of the right eye were frequent.

It might be suggested that exposure on deck to wind and wet was a predisposing cause of the

(a) Paper read before the Clinical Society, March 11th, 1904.
(*b*) Medical Society's "Transactions," vol. xxiii.

neuralgia, but the attacks were equally severe when he was on land, and they occurred both by day and night. He had the aspect of great suffering and depression.

My friend, Mr. T. Crisp English, assisted me at the operation, which was performed with the patient fixed in a dentist's chair, in order to lessen the trouble from venous hæmorrhage. A horse-shoe flap was turned down from the temporal region, having its base at the zygoma, the flap including part of the temporal muscle and the pericranium. With a large trephine and cutting forceps the subjacent bone was removed and the dura mater exposed. As in the operation for removal of the Gasserian ganglion the dura mater and temporo-sphenoidal lobe were then carefully pushed upwards and inwards, making for the foramen rotundum as the first landmark. In this respect the two operations differ, as in dealing with the Gasserian ganglion the foramina spinosum and ovale are first sought for. Considerable difficulty was met with owing to the thin and fragile character of the dura mater, and some cerebro-spinal fluid escaped. Ultimately, the trunk of the superior maxillary division and part of the Gasserian ganglion were thoroughly exposed, a broad spatula of soft metal being used to retract the dura mater and brain. The whole of the nerve was then removed, a small drain was subsequently inserted and the flap sutured in position. None of the bone removed was replaced. Primary healing followed, and no complication of any sort occurred. The patient returned a month later to his duties, and has made regular voyages to and from the Cape ever since. I have waited twelve months before reporting the case in order to ascertain that the relief is permanent, and am glad to state that he has not had the slightest recurrence. The anæsthesia is most marked over the cheek and right superior maxillary bone, it involves also the soft palate and lower eyelid. He can eat and talk with perfect comfort, whereas before the operation both acts brought on spasmodic pain. The scar is hardly to be noticed, the gap in the bone has practically filled up, and there is, of course, no paralysis of masticatory muscles on that side, such as follows removal of the Gasserian ganglion.

I am confident that no recurrence is likely to take place.

It would be erroneous to suppose that the operation is an easy one: the depth of the nerve trunk (three centimetres or more from the wall of the temporal fossa) and the troublesome oozing in a narrow space where it is essential to see and define a nerve-trunk of small size prevent this. But having had the opportunity of assisting my colleague, Sir Frederick Treves, in several operations on Meckel's ganglion I can safely assert that the intracranial route is at least as easy as the facial one, and I believe it affords the more certain access.

It will be remembered that the superior maxillary nerve immediately on entering the pterygo-maxillary fossa gives descending branches to the palate and bone with internal branches to the cavity of the nose. It is easy to follow up and remove the infra-orbital nerve from in front, but very difficult to remove the trunk and all its branches in the fossa. Moreover, even if this is accomplished the evidence is strong that recurrence of the neuralgia is only a matter of time. In Sir Frederick Treves' five cases it recurred within twelve months in two; a third patient died (of cancer) within six months of the operation; in the remaining cases recurrence was observed in two and three years respectively.

Mr. Chavasse collected twenty-two cases of what is often termed Carnachan's operation; in only three was the relief stated to be lasting.

With regard to operations on the Gasserian ganglion, properly carried out (this may be emphasised without going into details here), the evidence is conclusive that the neuralgia is permanently cured.

There are other methods of approaching the superior maxillary trunk which, I venture to think, compare most unfavourably with the temporal route. In Professor Lücke's operation the masseter muscle is divided, the zygoma cut through, and an extensive scar left on the side of the face. The zygoma may not unite again and movements of the lower jaw may be interfered with.

Nussbaum and Billroth employed osteoplastic resection of upper jaw, Kocher and others methods involving a temporary resection of the outer orbital wall. Not one of these methods or their modifications afford access to the trunk where it comes off from the Gasserian ganglion. In Sir F. Treves' words: "These various measures are all needlessly severe, and involve wounds of great and unnecessary magnitude."

It is well known that in cases of epileptiform neuralgia of the fifth nerve one, two, or three divisions of the nerve may be involved. In some patients the pain is mainly limited to one division, usually the inferior or the superior maxillary, with radiations into the ophthalmic branches, or even the cervical plexus. Experience has shown that a thorough operation on the central part primarily involved will almost always cure the lesser and more widely distributed neuralgia. Supposing the inferior maxillary division to be alone or mainly affected it is open to question whether an intracranial removal of the lower part of the ganglion and inferior maxillary trunk would not be preferable to the elaborate operations usually performed below the foramen ovale. The conditions here are not so favourable, however, as exist in the superior maxillary trunk, where about half an inch of the nerve can be exposed and removed. Codivilla, an Italian surgeon, has performed this operation twice with success—his first case was in 1897. When both second and third divisions are mainly involved I am sure the removal of the lower half of the ganglion, leaving the ophthalmic division intact, is the best operation. As a series of cases have shown, going back from two to seven years, no recurrence of neuralgia need be feared in the ophthalmic part that has been left intact. But where the superior maxillary division alone is concerned the operation described may be advocated in preference either to Carnachan's method or the more complete operation on the Gasserian ganglion itself.

NOTE.—When the foregoing paper was read at the meeting of the Clinical Society, Mr. Stanley Boyd related a case in which he had, about the same time as myself, performed intracranial resection of the second division of the fifth nerve for epileptiform neuralgia limited to that distribution. The result had been complete relief for about a year—at the end of which time slight neuralgia was again reported, though its localisation was uncertain.

Notes on Therapeutics and Materia Medica.

By DAVID WALSH, M.D.Edin.,
Senior Physician, Western Skin Hospital, London, W.

CHRONIC RHEUMATISM—SULPHUR—SULPHIDE OF CALCIUM.

CHRONIC rheumatism, if we may judge from the number of remedies advocated in its treatment, is one of the maladies rebellious to the physician. As a matter of fact, although some cases of chronic rheumatism do well, yet others are, apparently, almost as much outside the grasp of the physician as the allied condition of osteo-arthritis. The typical form of chronic rheumatism comes on slowly in middle life, with little change in the joints, but with much crippling from changes in muscles and nerves. It is often independent of former attacks of acute or subacute rheumatism, and the salicylates are useless. Next comes the important fact which must be admitted by every practical physician, that in nine cases out of ten internal remedies are of little or no use.

Methylene blue has been advocated for the treatment of chronic rheumatism. It is a somewhat powerful drug, and colours the urine blue, so it is likely to have a psychical effect upon patients. Although this drug has been before the profession for some time, its value or otherwise in the treatment of chronic rheumatism has not been determined. An exact investigation of this point would be desirable, inasmuch as it would tend to throw light upon the therapeutics of an obscure condition. It would not be difficult to form a tolerably exact opinion as to the action of methylene blue in chronic rheumatism by means of a collective investigation. Meanwhile, the practitioner who is called upon to treat that malady may or may not feel it his duty to prescribe it.

Turning to those old-fashioned remedies, sulphur and guaiacum, the question suggests itself whether we may not have overlooked their virtues to some extent. The wisdom of our forefathers led to the famous "Chelsea pensioner," of which those particular drugs formed the chief ingredients. Has sulphur ceased to be as useful now in the treatment of chronic rheumatism as it was in a bygone generation? It has certainly not been driven out by any remedy more potent or more specific as regards that most intractable of complaints. Some patients, and some few medical men, sing the praises of sulphur used internally in chronic rheumatism, but it is for the most part ignored as a popular and professional remedy. It is a curious fact that medical science has not come to a definite conclusion as to the value of sulphur internally in this complaint, although sulphur has been used in that way for generations past. Recently the man in the street has been reminded of his ancient belief by the widespread advertisement of a particular preparation of sulphur in the form of a lozenge.

Possibly those who have found sulphur wanting in the cure of chronic rheumatism have not persevered for a sufficiently long time in its administration. Small doses extended over a long period are best, according to Dr. C. D. F. Phillips, who adds the suggestive remark that "remedies calculated to produce diaphoresis, such as vapour baths, should be generally combined with its use."

The good effect of sulphur on the skin, when taken internally, in acne rosacea and some other maladies, is well recognised. In its crude form, however, dermatologists place but little faith in its healing virtues, although they use it most extensively, namely, in two other preparations ichthyol and calcium sulphide. Ichthyol appears to be readily absorbed into the circulation, where the splitting up of the ammonium sulpho-ichthyolate of which it is composed releases sulphur, which, by its excretion, acts beneficially upon the skin. As yet no satisfactory explanation has been furnished of the chemico-vital changes thus induced. The medicinal use of ichthyol therefore rests more or less upon empirical observation. Its merits must be positive if we may judge from the extent to which it is used by general practitioners as well as by dermatologists.

Calcium sulphide appears to be a somewhat neglected drug. It certainly exerts a marked influence upon the formation of pus, and a boil may sometimes be aborted by six or seven two-hourly doses of a quarter of a grain of that drug. It appears to act like sulphur, only that it is capable of more ready absorption, and therefore of much more rapid action. In all cases, whether used externally or internally, sulphur is inert until it becomes converted into a more soluble or absorbable form. Sulphur ointment does not destroy scabies for days together. The acari of scabies, for instance, are not killed by several days' residence in sulphur ointment (Kuchenmeister, quoted by Phillips). The obvious inference is that sulphur kills the itch parasite only when it has been altered by combination with some of the skin excretions. When taken into the stomach, sulphur is probably converted into alkaline sulphides, which are partly decomposed into sulphuretted hydrogen and partly oxidised. The administration of calcium sulphide is a readier way of introducing the sulphuretted hydrogen into the circulation. To be of use it must be freshly prepared. Much of the non-success of practitioners with this drug is probably due to the fact that patients have been supplied with pills, tablets and so on that have lain by for months or years.

Calcium sulphide is worth trying in nearly all purulent discharges occurring in children, such as otorrhœa and scrofulous ophthalmia, in quinsy, in mammary abscess, in bubo, in boils and carbuncles, and even in the pustular stages of small-pox.

FURTHER NOTES ON GLYCOSURIA IN INSANITY. (a)

BY W. R. DAWSON, M.D., F.R.C.P.I.,
Medical Superintendent, Farnham House, Finglas, Dublin.

ABOUT two years ago (b) I had the honour to bring before you a short study of seven cases in which glycosuria was associated with insanity. These cases were classed in two categories, *viz.*, those in which the insanity appeared to be caused by the glycosuria (*i.e.*, cases of true diabetic insanity), and those in which the morbid excretion of sugar was probably a symptom, parallel with the insanity, of the underlying disorder of the nervous system. Since then, owing to a system of periodical testing, twelve additional cases have come under my notice, all belonging to the second category. Of these I now propose to give a short account.

(a) Read in the Section of Medicine, Royal Academy of Medicine in Ireland, April 8th, 1904.
(b) THE MEDICAL PRESS AND CIRCULAR, January 1st, 1902.

In seven of the cases, sugar was found upon a single occasion only, and was sometimes present in barely appreciable amount. They were as follows :—

CASE I.—An old demented woman, æt. 67, whose emotional tone is mostly neutral, showing neither exaltation nor depression. An extreme fondness for sweets is the only point about the patient bearing at all upon the glycosuria, which was very slight.

CASE II.—A male chronic maniac, æt. 60. His general mental attitude is one of contentment, but he is at times liable to fits of angry excitement, of which there were a good many about the time when sugar was detected.

CASE III.—A man of 77, who had suffered for years from systematised delusions, largely of an unpleasant type, and who had been confined to bed for some months owing to anasarca from chronic nephritis. His tone of mind was one of depression. Very large amounts of albumin were being excreted.

CASE IV.—This was a case of secondary dementia in a man of 42, who was generally good-humoured and contented. He had been getting a little thin for some months before, but his general health was, and is still, good, except for a tendency to constipation.

All four cases had been for many years inmates of the institution, and were hopelessly incurable from a mental point of view.

CASE V.—A slightly weak-minded woman of 44, suffering from her sixth attack of delusional melancholia. The glycosuria appeared while she was undergoing thyroid treatment, and was therefore probably due to the drug ; but as many cases go through a course of this treatment without excreting sugar, it must be supposed that some predisposition existed.

CASE VI.—A female case of katatonia, æt. 30, at about the beginning of the third stage. She was in a state of stupor with marked negativism, and under the dominion of delusions, which, at times at all events, were of an unpleasant character. Sugar was found on the morning after admission (June 12th, 1902), but not since, and she has now very much improved.

CASE VII.—Sugar was also found on the morning after arrival in the case of a male patient suffering from paranoia, as the result of alcoholism. He was very miserable and full of depressing delusions. Sugar has not since been found during the two months since his admission.

In every instance the urine was examined a considerable number of times without any sugar being found, and, of course, no special diabetic treatment was considered necessary.

Two further cases had what may be considered a single attack of glycosuria, but in each of these sugar was present for at least a month, though in varying quantity, and with two intermissions in one case and three in the other. In both these cases the symptom passed off under dietetic treatment.

CASE VIII.—The first was that of a lady, aged about 62, who had suffered for about three years from a mental illness which began as acute melancholia and then passed into secondary dementia with stupor, in which state she was when sugar was first detected in May, 1902. About a fortnight later she was dieted, and the sugar began to decrease. It had completely disappeared in August, and has not since returned. At first there was some urethritis, but it cannot be said that any mental change was noted.

CASE IX.—This was a case of hebephrenia in a lad of 19, which has been published elsewhere. (*a*) He came as a voluntary boarder in March, 1902, improved greatly under treatment, and was discharged in six weeks, but soon relapsed, and returned by his own wish on May 24th. On readmission, sugar was found, and from the end of May he was put on diabetic diet, which was continued after the sugar had disappeared (by June 18th). On his return he was brooding, suspicious and depressed, but improved slightly as the sugar disappeared, so that the glycæmia may have had some influence on his mental state. Improvement stopped there, however, and, as in most cases of this disease, the prognosis is very gloomy. There was no subsequent return of the sugar as long as he remained with us.

(*a*) *Journ. of Mental Science*, April, 1903, p. 303.

In the next two cases sugar was found on more than one occasion, but always as a transitory occurrence.

CASE X.—The first case is one of chronic delusional melancholia of over twenty years' standing, in a woman, æt. 59, whose general physical health is excellent, and who has now become so far demented that the depression is of a very mild character. In August, 1901, she complained of pain in the region of the kidneys, and at the same time a trace of some reducing substance appeared in the urine. Early in 1902 she had a rather severe cold, possibly influenzal in nature, and on two occasions in the following May sugar was detected, and again once in December last.

CASE XI.—A male patient, æt. 52, suffering from a form of recurrent mania, with stupor and unpleasant delusions, which dates from adolescence. The intervals of comparative lucidity are very short, as a rule, and occur at extremely irregular intervals. Sugar was found on three consecutive occasions in June, 1903, during an insane period which lasted from early in the year until October 1st, and again, in small amount, on December 12th, by which date he had relapsed again.

In none of these cases, except perhaps the eighth and ninth, can any particular importance be attached to the glycosuria, and in none, again, with those two exceptions, was any special treatment adopted. The last case which I have to describe is, however, a much more interesting one, and would appear to be an instance of genuine though mild diabetes, (*a*) occurring in the course of chronic nervous disorder :—

CASE XII.—A male case of minor epilepsy, æt. 32, was admitted on February 11th, 1899, having suffered from this ailment since early adolescence, or possibly even longer. Shortly after his arrival he had an ephemeral attack of acute excitement with delusions, at first of an ecstatic character, but later very depressing, the whole lasting only two or three days. After this his mental state was one of mild depression, becoming more acute occasionally, as especially in June, 1899. Notwithstanding numerous varieties of treatment, the fits have, it may be stated at once, continued up to the present. They are mostly of a severe minor type, but occasionally there is a somewhat atypical major seizure. Sometimes there are intermissions of several days, or even a week or two, but usually one or two fits occur daily, and it has generally been found that the patient is happier and better mentally when a moderate number occur regularly. For some time past the drug used has been mainly bromipin, which does not depress or inconvenience him as do the alkaline bromides, and seems to be quite as effective for routine purposes. On one occasion triritrin administered regularly greatly lessened the number of attacks when bromipin seemed to be losing its effect; but, unfortunately, the urine was not examined while this drug was being taken. There was, however, no sugar on February 17th, 1902. On June 2nd, 1902, trinitrin was again ordered, but, as melæna appeared, was stopped on the 5th. On the 11th sugar was found in the urine, and on the 12th the quantity excreted was said to be about 390 gr., but this was probably an over-estimate. At this period the patient became depressed, and continued so, with some alternations of excitement, for about a month. He was dieted, but the absence of sugar seemed to be adding to his depression, while not stopping the glycosuria, and after a few weeks the dieting was discontinued. From this

(*a*) It should be stated, however, that this patient possesses a great fondness for sugar and sweets and that the total quantity of urine passed in twenty-four hours has been less than normal whenever collected ; nor has there been any excessive hunger or thirst noted.

time sugar has been present in varying amount in the urine almost without intermission up to the present, *i.e.*, for some twenty-one months. On January 6th, 1903, 131·6 gr. were excreted, and on this day he was put on 10 gr. doses of aspirin thrice daily, as that drug had recently been highly recommended for use in diabetes. Nine days later the output of sugar dropped to 11·7 gr., and on January 27th, it was 18·4 gr. Unfortunately, an attack of acute excitement (similar to that after admission, and to one which he had about the same date in 1902, but more protracted), which came on in February, necessitated the discontinuance of the drug. Its administration was not again resumed, as the diminution in the sugar excreted did not then seem to produce any mental or other improvement. In June, 1903, there was another, but slighter, attack of excitement, the sugar still persisting, though not in large amount. In July it was decided to try Poehl's cerebrin (*a*) for the seizures, which had been highly lauded for epilepsy, and this was accordingly given for about three months, during most of which time the patient had comparatively few fits, and was very well mentally, and the sugar in the urine was small in amount or absent. The drug seemed then to lose its effect on the seizures, and was discontinued until December 5th, 1903, when the sugar had reappeared. Since then it has been slight or absent, but the seizures have not benefited so much, and last February there was another attack of excitement, though not so severe as that in the previous year. The cerebrin has since been discontinued, but there is still only a bare trace of sugar in the urine. Comparing the periods before and after the appearance of the sugar in this case, we find that whereas there were only two attacks of insane excitement in the period of three years and four months previously during which the patient was under observation, there have been no less than four attacks in the twenty-one months since the sugar first appeared. Nevertheless, the patient's general mental state cannot be certainly said to have deteriorated more rapidly during the latter period, while at times, as in last August and September, he has been exceptionally well. Further, the number of seizures shows an actual decrease, for whereas the monthly average for nineteen months up to June 1st, 1902 (when sugar appeared), was about thirty-eight, the monthly average for nineteen months since that date has been only about twenty-five. The patient's physical health has not suffered, and he actually shows a tendency to put on weight.

Looking over the cases as a whole, the same preponderance of depressed states of mind is noticed as in the previous series. Of the twelve cases, eight were either cases of melancholia or were more or less depressed (owing, in most, to the nature of their delusions), while of the two cases of chronic mania, one was certainly not happy, and the other doubtfully so, and both somewhat demented. The remaining two patients suffered from advanced dementia. In all the cases, therefore, except perhaps the last, the glycosuria may probably be put down as alimentary, and due to the disorder of metabolism in the insane, as it has been found that the power of assimilating sugar is markedly diminished in melancholic and demented states. In one of the earlier cases and in the last, a certain amount of mental depression may have been dependent on the glycæmia, but upon the whole the conclusion seems to be justified that provided glycosuria is transient it possesses no particular significance.

Finally, it may be pointed out for what it is worth that in nine of the cases the glycosuria appeared or commenced in the months of May and June, and in the tenth a second appearance took place in May.

(*a*) Also called phrenosin, and stated to be a cerebroside possessing the formula $C_{70}H_{140}N_2O_{12}$. It was first used in epilepsy by Lion, of Samara, on the th ory that it might have an antitoxic effect on autotoxins specific for nerve tissue.

CARDIAC ASTHMA.

By PROFESSOR MERKLEN.

[SPECIALLY CONTRIBUTED BY OUR PARIS CORRESPONDENT.]

UNDER the term "cardiac asthma," Professor Merklen comprises every degree of dyspnœa, more or less derived from heart affections, and cites a case in point.

A stoker, æt. 57, a large eater, who drank nearly three quarts of wine daily, suffered for some time from oppression at the least effort. Sometimes the attacks were prolonged for two or three hours, and followed by frothy expectoration. One day he was seized in a tramcar with a particularly violent attack, and was carried to the hospital in a critical condition. Pronounced dyspnœa, body covered with clammy perspiration, small pulse, crepitant *râles* in both lungs, prostration. The heart was slightly hypertrophied, albumin was absent.

Under the regimen of milk and water (a quart and a half in the twenty-four hours) and diuretic agents, such as theobromin and digitalin, the troubles diminished gradually. In eight days the patient lost six pounds in weight, and feeling well, asked to be allowed a more generous diet, but the dyspnœa returned as soon as he regained the weight he had lost. Placed again on the lactohydric regimen, the symptoms improved, and finally the patient was able to understand that his salvation depended on living on as low a diet as possible.

In cardiac asthma two elements are recognised, a mechanical element resulting from distension of the blood-vessels of the lungs, finally producing œdema, and a nervous element caused by the irritation of the nerve centres by a badly hæmatosed blood. Clinically, during the attack dilatation of the heart is observed with signs of acute emphysema and exaggerated resonance of the lungs.

The acute emphysema observed in such cases is derived from two causes: inspiratory spasm dilating to the fullest extent the thoracic walls; distension produced by the blood engorging the vessels of the lungs.

There were still other signs: a tracheal *râle*, heard at a distance; frequency and irregularity of the pulse; *bruit de galop*, indicating weakness of the heart; pain resembling angina. These pains may be found under three conditions: excess in tobacco smoking, violent physical or mental strain, inflammation of the coronary artery, producing a decrease of the arterial irrigation of the myocardium. In all these cases the heart is affected. The distension of the heart produced by one or other of the above causes is the origin of the pain complained of. Once begun, it is rare that the malady does not return. If the patient consents to follow an appropriate regimen, he can live for years, retarding irremediable dilation of the right heart, which frequently ends the affection. The treatment is curative and preventive. In cases of cardiac action a triple indication must be observed: diminish the pulmonary engorgement (blood-letting, wet cupping, mustard applications to the chest); calm the nervous excitement (injections of morphia, ether, camphorated oil, small doses of chloral, valerian); give tone to the heart (caffein, theobromine, digitalin in

doses of one-tenth of a milligramme daily for twelve days). The preventive treatment might be resumed under one heading—alimentary regimen. M. Huchard, who is an authority on such subjects, insists particularly on the importance of the milk diet and the deprivation of salt. The presence of salt in the tissues calls for water to dissolve it, and where there is retention of the chlorides, œdema is produced. A patient who takes no salt does not need to drink large quantities of water, which is an advantage.

HYDROMETRA. (*a*)

By J. FURNEAUX JORDAN, F.R.C.S.

MRS. K., æt. 63, was first seen by me on August 23rd of last year, in consultation with Dr. Ware, of Kings Heath. Her history was that she had been married forty-three years, had had five children—youngest aged twenty-eight—and had always enjoyed good health until she was fifty, when a large tumour developed in the abdomen. She was admitted into the Birmingham Hospital for Women by Dr. Savage, and had a large ovarian cyst removed. Five and a half years ago a second tumour formed; she was operated upon in Dr. Savage's private hospital. She was told that she had a cystic tumour of the womb and that an abscess had been opened. The tumour was not removed, but has been growing slowly ever since. For the last two or three weeks the tumour had been excessively painful and tender, and a localised swelling had formed at the seat of the old scar. This was the history I got when I saw her, and I found a thin, almost emaciated little woman lying on her back, knees fully drawn up, and abdomen enormously distended. Below the umbilicus there was a tense red œdematous swelling, obviously an abscess nearly about to burst. The abdominal swelling—larger than a full-sized pregnancy—was very tense and tender, and a distinct thrill could be detected all over it. On internal examination the large cystic swelling was found to bulge down into the pelvis. The cervix of the uterus could not be felt, nor could I make out any distinction between the tumour and the uterus. Her general condition was bad—temperature over 102°, quick pulse, thick, dry fur on the tongue and constipation.

I admitted her to the Women's Hospital on August 25th, and when I saw her the next day found that the abscess in the old scar had burst, whereby she was much relieved, and through the small opening (formed by its bursting) a watery fluid containing cholesterin crystals exuded. Her general condition was improved—bowels open, pulse slower and regular, temperature normal. Urine acid, and no albumin. Through the courtesy of Dr. Smallwood Savage I was able to see his father's notes on the case. These showed that she had had a pyometra, which had been opened, and the opening into the uterus had been sutured to the abdominal wound and the cavity drained. I still could find no sign of any cervix, the vagina being stretched underneath and behind the lower part of the tumour. You, Mr. President, very kindly saw the patient with me, and we decided that it was a hydrometra, and that it should be removed.

On August 27th I operated, assisted by Dr. Smallwood Savage. Even in the lithotomy position I failed to find any trace of cervix. The bladder was small and pushed away to the right side behind the pubes. I tapped the cystic swelling through the anterior vaginal wall to ascertain the nature of its contents, which proved to be a light brown fluid with abundance of cholesterin crystals. I then opened the abdomen, and after dividing some dense adhesions of omentum and bowel to the upper part of the tumour, found the tumour firmly adherent to the old place of suture, and this necessitated the removal of that part of the abdominal wall containing the old scar. The distension of this uterine tumour was so great that the upper part of it appeared as bluish, fibrous tissue, almost like an ovarian cyst. I tapped it, and then was able to pull the bulk of it through the incision. But the whole of the lower part was embedded in dense fibrous adhesions, which it took a long time to separate. I ligatured the broad ligaments and the uterine arteries, and, just above the level of the ureters, amputated the uterus. After establishing a gauze drain from the remains of the cavity into the vagina, I sutured the edges of the cut uterus with fine silk. The part remaining was about the size of a smallish virgin uterus. The left ureter was dilated to the size of one's finger, the right one appeared normal.

She stood the operation remarkably well, and the next day, when I saw her, the temperature was 99°, pulse 100; the bowels had acted, there was no sickness, and she felt very well. This good progress was maintained until the fifth day, when she complained of feeling very weak and unable to sleep. She had had very little sleep the night before. On the sixth day she passed less urine than before, and on examining it I found albumin and a small quantity of pus. The condition of the urine did not improve in spite of treatment and washing out of the bladder; in fact, the quantity of pus increased. She gradually got weaker and weaker, and on the eleventh day became semi-comatose. She continued in this condition until the fourteenth day, and then died. Temperature only once rose to 100°, and never above it.

Post-mortem.—No peritonitis. On the left side, the stump of the appendages shows a stitch abscess containing 15 minims of pus. The remnant of the uterus closely adherent to bladder, the cavity very wide, substance of walls thickened and fibrous. Kidneys unequal in size, left one two-thirds of the normal size, the right one nearly double the normal size, both greatly diseased, with adherent capsules, rough surfaces showing many cysts, some of which are suppurating, dilated calices lined with a thick pyogenic membrane and containing urine and pus, and in the left kidney numerous small concretions. The renal tissue shows evident degeneration, but little fibrosis. Bladder, chronic cystitis. Cause of death, renal disease, result of long-continued suppuration previous to operation.

Double Hydro-salpinx.

Mrs. P., æt. 39, married fifteen years, two children, youngest aged thirteen. For ten years has suffered from attacks of pain in the abdomen, and has been told several times that she has inflammation of the bowels. Menstruation for the last two years too often and loses far too much, acute pain causing her to lie up on the third day of the period. On examination, a distinct, freely movable tumour is to be felt in the lower left part of the abdomen. No connection with the uterus and entirely above the pelvis. Pain on pressure in the right fornix of the vagina. I thought

(*a*) Read at a meeting of the British Gynæcological Society, April 4th, 1904.

it was on ovarian tumour with a long pedicle.

On March 10th last I operated and removed a hydro-salpinx from each side; this larger one, from the left side, was lying above the level of the uterine fundus and had no adhesions. The small right one was adherent to the back of the right broad ligament. She made an uninterrupted recovery, and went home on March 28th.

Transactions of Societies.

HARVEIAN SOCIETY OF LONDON.

CLINICAL EVENING.

MEETING HELD APRIL 15TH, 1904.

DR. C. THEODORE WILLIAMS, President, in the Chair.

DR. LEONARD GUTHRIE showed a man, æt. 38, a tailor, who during three years had gone through the following phases of "Insular Sclerosis." In 1881, a temporary attack of hemianæsthesia; in 1894, paræsthesia of hands and feet with loss of power in all extremities. Recovery in a fortnight. In 1895, admitted to the National Hospital, Queen Square, with weakness of lower limbs and difficulty in micturition (sphincter); right-sided hemiparesis, with loss of sensation, tactile and painful, in front of thighs was found; no nystagmus or affection of cranial nerves, speech normal, knee-jerks brisk, no ankle-clonus; optic discs normal. Recovery was apparently complete in about three months. In 1898, weakness of legs reappeared, and in 1900 he could not walk without help, but again he improved and was able to return to work. In January, 1901, he was readmitted to hospital with loss of power and slight inco-ordination in hands, ataxic spastic gait, exaggerated deep reflexes, and extensor plantar reflexes; no ankle-clonus or other symptoms. Sensation to pain and touch blunted below umbilicus. Patient improved steadily at first, and anæsthesia practically disappeared. Then he had a relapse, and became unable to walk without assistance, whilst there was marked increase in spasticity. Once more he improved steadily, and could walk without help. At the end of 1901, he was slowly getting worse, and gait was very ataxic and spastic. At present, there was very slight nystagmus on lateral deviation. The optic discs were normal. Speech was stuttering, but not scanning nor syllabic. No wasting of muscles, sensation normal. Muscular powers of upper extremities fair. Very slight "intention" tremors; abdominal and back muscles were paretic at times. Lower extremities not wasted, ataxic, or spastic, but muscles showed varying degrees of weakness of different groups. Gait neither spastic nor ataxic, but weak and uncertain. Knee-jerks active, not exaggerated; ankle-clonus (spurious) at times; plantar reflexes sometimes absent, sometimes extensor, on one or both sides. Electrical reactions normal. The muscular paresis varied greatly and was worst under influence of emotion, or after fatigue. If left alone he could get up, wash and dress himself, and walk about with the aid of sticks, and he seldom fell. But if notice was taken of him, he became flurried and nervous with walking, and presently fell like a tree, and became completely paraplegic and exhausted for the time being. The influence of emotion in increasing general paresis was so marked that he (Dr. Guthrie) had regarded the condition as one of functional myasthenia, until the history clearly pointing to relapsing and remittent insular sclerosis was forthcoming.

Dr. Risien Russell and Dr. Wilfred Harris took part in the discussion.

DR. RISIEN RUSSELL showed a case of "Myasthenia Gravis" in a young woman, æt. 28, whose illness began about a year ago, and in whom many of the characteristic phenomena of the affection were present, including the myasthenic reaction on faradic excitation by the muscles. The symptoms were not, however, always made worse by muscular exertion, nor were they more pronounced at the menstrual period, and they disappeared in a remarkable manner ten months ago, but returned eight months later. Some impairment of resonance over the manubrium sterni suggested the possibility of enlargement of the thymus gland.

DR. GUTHRIE called attention to the association of thymic and mediastinal growths with myasthenia gravis.

MR. JACKSON CLARKE showed a girl, æt. 7, on whom, over two and a half years ago, he performed costo-transversectomy for obstinate paraplegia due to tuberculosis at the lever of the fourth dorsal vertebra. The patient was shown at the Clinical Society two years ago, since when the mode of treatment has been successfully followed in similar cases. Paraplegia in spinal disease frequently yielded to rest and general treatment, but there were two indications for operation: First, when total motor and sensory paralysis, including the bladder, supervened rapidly; and secondly, when, in the more ordinary type of case in which the paralysis was chiefly motor, rest had been given a fair trial without success. If performed with due care, costo-transversectomy was less dangerous than laminectomy, and on other grounds was preferable to it. In the present case there was no return of paralysis after the operation, and the patient was allowed to walk with the spine well supported by a modified Chance's splint.

DR. EDMUND CAUTLEY showed a case of "Cerebral Syphilis." A man, æt. 22, who had been admitted to the Metropolitan Hospital for lassitude and headache of three months' duration, and vomiting for three weeks. He was treated at the Lock Hospital for eighteen months, and still showed the remains of a specific rash. His hair came out a year ago, and on admission he was almost bald. His mental condition is dull but has distinctly improved under a month's treatment, and there is a free growth of white hair becoming dark in places. The knee-jerks are exaggerated, there are no ocular changes, and the headache has ceased. The condition is doubtless due to a mild form of endarteritis.

DR. WILFRED HARRIS showed two cases of "Lead Paralysis." These cases illustrated two types of lead paralysis. Both showed the ordinary form of wrist- and finger-drop with escape of the supinator longus and the extensor ossis and primi internodii muscles of the thumb. In addition one had complete paralysis of the two deltoids and supra- and infra-spinatus muscles, the remaining arm muscles escaping, while the other case had complete atrophy of the intrinsic muscles of both hands, a condition due to a symmetrical subacute poliomyelitis, and which is permanent; while the forearm and upper arm paralyses are due to neuritis, and will almost certainly recover.

MR. T. CRISP ENGLISH showed three cases: One, a case of Goître with unusual symptoms in which he had removed hypertrophied lateral and middle lobes. The patient, a girl, æt. 17, had had exophthalmos, tachycardia, palpitations, and tremor, while there had been also a myxœdematous condition of the skin. The operation had been performed on account of severe dysphagia; this combination of symptoms is rare. The general conditions had improved. (2) Case of a large gumma of the knee-joint, which was of old duration and was sloughing. (3) A case of encephalocele in the left frontal region, which was increasing rapidly in size and demanded early treatment if such were advisable.

MR. PERCY PATON considered the interesting feature of the case was the thickening of the synovial membrane and possibly cartilage changes, which, under other circumstances, might lead to an erroneous diagnosis of osteo-arthritis.

MR. E. LAMING EVANS showed a case of "Congenital Absence of the Fibula" in a female, æt. 4 months. The whole leg was small, and the characteristic curve in the lower third of the tibia with a depressed scar or dimple at the point of maximum convexity was present. The metatarsal and phalangeal bones of the fifth toe were absent, the foot was in well-marked

equino-varus. A skiagram confirmed the complete absence of the fibula. No history of deformity in the family, nor of injury during pregnancy, was obtainable.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF STATE MEDICINE.

MEETING HELD FRIDAY, APRIL 22ND, 1904.

SIR JOHN MOORE, President of the Section, in the Chair.

POISONING BY CANTHARIDES.

DR. MARTLEY brought forward a case in which an elderly woman had been poisoned by this substance. About an ounce of the powdered drug had been administered to her in a glass of rum, but in spite of the amount having been so large, she survived for thirty-one and a half hours.

ON THE CASES OF POISONING BY COAL-GAS THAT HAVE OCCURRED IN DUBLIN SINCE THE ADDITION OF CARBURETTED WATER-GAS TO THE ORDINARY COAL-GAS.

A paper on this subject was read by Prof. E. J. M'WEENEY, M.D. The first person to draw attention to the increased percentage of carbon monoxide in the Dublin coal-gas was Prof. Emerson Reynolds, who, in a paper read before the Royal Dublin Society, in 1900, communicated the result of a number of analyses made by him, which went to show that the ordinary percentage of C O, *viz.*, 6 per cent., had been more than doubled during February and March, 1900, and this increase he accounted for by the addition of carburetted water-gas. Some analyses kindly made for the speaker during the past few days by Mr. Holmes Pollok, of the Royal College of Science, showed 17·2, 16·8 and 14·6 per cent. of C O respectively. The speaker then proceeded to recount in detail the circumstances attending the seven fatal cases that had come under his notice during the past three years. Special features of interest attached to each. In the first group the family of four lived in a house where gas was not used, and there were no fittings. The gas had penetrated into it from a broken main in the street, with the result that one of the persons was found dead and the others more or less collapsed. The hæmoglobin in the fatal case was 73 per cent., saturated with carbon monoxide. In the second group, a clumsy attempt had been made to defraud the gas company by "short-circuiting" the gas into the house so as to eliminate the meter. The rubber tube used in the attempt had slipped off, with the result that the family of three persons were asphyxiated in their sleep. The third group of cases was that of a man and his wife, who were suffocated in their bedroom at a Dublin hotel by gas escaping from a wall-bracket, the stop-cock of which was half open. The room had a cubic capacity, after deductions, of only 1,034 cubic feet, and was without a fire-place. The window was closed and the ventilation openings amounted to only sixteen square inches. The danger of such bedrooms was pointed out. The last case was that of a young man, who was asphyxiated in his bath by the C O containing fumes escaping from a badly-constructed and unventilated "geyser." The hæmoglobin in this case was 87·7 per cent., saturated with C O. The speaker concluded by emphasising the need for increased caution imposed by the more deadly nature of the gas now supplied. He had in each case applied the usual spectroscopic and chemical tests for C O with positive results. The findings at the autopsy of each case were typical. He had also made blood counts and differential leucocyte counts in the cases that had recovered, but the results were conflicting.

Professor TICHBORNE said that in the last case it was evident that the C O did not come from the combustion of the gas, as it would then have been converted into $C O_2$, but must have got into the room as C O. He suggested that as the accident had happened about 9.30 p.m., a time when there was great pressure in the mains, the C O might have escaped through the air inlets in the Bunsen burners.

DR. BEVERIDGE, referring to the case which occurred in an hotel, considered that the rooms in hotels should be on the same footing as the berths in passenger steamers, which were subject to inspection, to ensure that suitable accommodation had been provided for each passenger.

DR. DELAHOYDE felt that a good deal of the ill-health among the working classes was to be put down to the use of penny-in-the-slot meters and gas cooking stoves, which were not connected with a flue.

DR. KIRKPATRICK thought it remarkable that C O gas was escaping at such a rate as to poison a man, and saturate his hæmoglobin to the extent of 8 per cent. and yet that it did not explode, though the gas jet was lighted all the time.

After remarks from Dr. Carrington, Dr. M'Vittie, and Dr. Bewley, Prof. M'WEENEY replied.

DR. MARTLEY then read a short paper on "The Duties of Medical Men at Coroners' Inquests," a subject that had been suggested by events which had been reported by the press to have occurred at a recent inquest. It appeared that a man had been brought dead into a hospital, at which he had attended as an out-patient more than six months previously. The coroner asked the house-surgeon to give his opinion as to the cause of death, without making an autopsy. This he declined to do, whereupon the coroner directed the jury to find a verdict.

The following resolution was then adopted unanimously by the Section:—"Resolved that the Council of this Section be requested to communicate to the Council of the Academy the facts relative to the case in which one of the Dublin coroners recently called upon a member of the medical profession to certify to the cause of death of a patient who was brought dead into the Royal City of Dublin Hospital, with a recommendation that those facts, as well as the relation of the profession to Coroners' Courts, should be brought under the notice of the authorities."

WEST LONDON MEDICO-CHIRURGICAL SOCIETY

CLINICAL MEETING HELD (AT THE WEST LONDON HOSPITAL) APRIL 8TH.

The President, DR. SEYMOUR TAYLOR, in the Chair.

DR. P. S. ABRAHAM showed (1) a case of Molluscum Contagiosum in a girl, æt. 8. The lesions, which were quite typical, pearly in appearance and the larger ones umbilicated, were seen chiefly on the face, only a few being on the body. Dr. Abraham referred to the difficulties met with in diagnosis when the lesions were profuse and widely scattered over the body, and described the typical microscopical appearances of the molluscum bodies. (2) A case of Creeping Linear Dermatitis. The patient, a delicate, ill-nourished girl, æt. 7½, had suffered shortly after birth from an abscess in the right breast, which had gradually travelled right across the chest, leaving a serpiginous, slightly pigmented, irregular line marked by numerous whitish pits, evidently the sites of the little abscess. The case strongly resembled the "creeping eruption" described by Dr. Lee in 1884 and 1892, and, to some extent, those cases due to the subcutaneous burrowing of a cestrus larva. The term "larva migrans" had been applied to all these cases of creeping linear lesions, in Dr. Abraham's opinion incorrectly, as a certain number, like the case shown, had nothing to do with a migrating larva. Excision of the advancing end of the creeping line, and careful microscopic examination, was the treatment proposed.

DR. CAMPBELL POPE referred to a case of molluscum contagiosum recently under his care in an adult in which there were a large number of mollusca scattered over the body. The case had at first been considered to be one of varicella, but the duration of the eruption and the typical appearance of the tumours led to a correct diagnosis. The application of pure carbolic acid to the individual tumours, a few at a time, effected a rapid cure.

The PRESIDENT showed a young woman, æt. 23, who had been admitted for extreme emaciation. She had steadily refused food except under great

persuasion for a period of six months. Her mental condition was noteworthy. She was perverse, suspicious and obstinate, and at times refused to reply to any questions. There was no evidence, on careful examination, of physical disease, and the case was considered to one of anorexia nervosa. At first forced feeding by nasal tube was necessary, but gradually the patient was induced to take a fair quantity of nourishment. Such cases usually recovered under Weir-Mitchell treatment, but the mental condition of many was such as to justify one in regarding the sufferers as being on the borderline of insanity.

Dr. CAMPBELL referred to similar cases that had come under his own notice. In one, a lady of neurotic tendencies, who had become extremely emaciated, removal to fresh surroundings, efficient nursing and careful feeding had proved successful. In this case a condition of fragilitas ossium existed in a marked degree. In two other cases, a mother and daughter both suffered from anorexia nervosa with emaciation. The condition in the mother was apparently induced by the worrry and anxiety connected with her daughter's illness.

Dr. LESLIE THORNE THORNE believed that patients who had been apparently successfully treated by the Weir-Mitchell method frequently relapsed. In a case occurring in his own practice, the cure at first seemed complete, but relapse occurred in a comparatively short time after she returned to her family.

Mr. R. W. LLOYD drew attention to the difficulty of excluding with certainty local pathological causes of the emaciation in such cases, and quoted the case of a patient presenting extreme wasting in whom a post-mortem examination unexpectedly revealed the presence of an old-standing duodenal ulcer. The medico-legal aspect of this class of case was also referred to.

Dr. J. D. MORTIMER was inclined to go further than the President in considering these cases as on the borderland of insanity. He was accustomed to arrange for unremitting supervision in undertaking their treatment, as it was impossible to foretell whether sudden suicidal impulse might not arise. The association between melancholia and malnutrition was a close one, and he agrees with Dr. Clouston as to the necessity for "feeding up" and "fresh air" in such conditions. There was also a close connection between the mental symptoms in certain cases and organic disease, as abdominal cancer, the former being frequently out of all proportion to the extent of the visceral lesion.

Dr. J. B. BALL showed (1) a case of Melanotic Sarcoma of the Soft Palate. The patient, a man, æt. 53, had noticed black patches on the roof of his mouth for about two years, and about fifteen months later a growth appeared on the soft palate. This caused no inconvenience till three weeks ago, when hæmorrhage caused him to seek medical advice. On admission, a dark, flattened mushroom-like growth was seen on the middle of the soft palate, with numerous pigmented patches on the hard and soft palate, and on the gums of the upper jaw. Melanotic sarcomata were rare in this situation as primary, but not uncommon as secondary, growths. In this case, however, the length of time since the pigmentary patches appeared, together with the absence of any discoverable growth elsewhere, seemed to point to the palate as the primary seat of the disease. Various opinions had been expressed as to the treatment of the case. Operation was considered useless by some, others recommended free removal of the growth, and others advised, in addition, removal of all the soft parts on which the patches of pigment were present. (2) A girl, æt. 17, who had come under his care four weeks previously complaining of swelling of the left cheek. This had been gradually increasing for about three months, and had been painless. The canine fossa was found to be occupied by a soft, fluctuating swelling, the anterior wall of the antrum being absorbed. There was marked swelling of the palate on the left side from downward protrusion of the floor of the antrum. This swelling was also soft at one point from absorption of bone. The left nasal passage was almost completely obstructed owing to the parts on the outer wall of the nasal fossa being pushed towards the septum. On electric transillumination this side of the face showed a marked shadow, and an exploring syringe introduced through the canine fossa withdrew dark brownish fluid containing cholesterin crystals. Treatment consisted in evacuation of the fluid through the anterior wall of the antrum. A large opening was then made through the nasal wall of the antrum into the nose near the floor, and the wound in the canine fossa allowed to close. Recovery was rapid, without deformity of the face, and the left nasal passage was free. The case was considered to be one of antral cyst.

Mr. C. B. KEETLEY believed that the prognosis was bad with or without operation, but considered that local cure might possibly be obtained by free removal with a wide margin of apparently healthy tissue. The pigment patches he would not interfere with as they were probably accompanied by other foci not yet visible, which would appear if the patient lived long enough.

Mr. GARRY SIMPSON showed a case of Chloasma affecting the neck. The patient, a young woman, æt. 18, when first seen a fortnight earlier showed pronounced pigmentary deposit of liver tint on the left side of the neck, and to a much less extent on the right side. She had been exposed to cold wind a few days before the discoloration appeared. The chief interest in the case was its sudden onset and its rapid disappearance under treatment. Iodine and iodide of potash ointment locally, and the administration of bromides internally, were the chief measures adopted.

THE ULSTER MEDICAL SOCIETY.

MEETING HELD IN THE MEDICAL INSTITUTE, BELFAST, APRIL 22ND, 1904.

The President, DR. JOHN CAMPBELL, F.R.C.S., in the Chair.

DR. V. G. L. FIELDEN read a paper on

ETHYL CHLORIDE AS A GENERAL ANÆSTHETIC.

This drug was used as an anæsthetic by Richardson as far back as 1867, but, owing to faulty storage and administration, it was considered a failure. As lately as 1901, Hewitt only gave it one page in his book on anæsthetics, and Luke in 1902 said it was most untrustworthy, though he has since modified this opinion. The reason of many of the failures with it was that Brewer's mask was used, which admits too much air, so that the drug is too dilute. Also in it the cotton-wool steeped in ethyl chloride often freezes, and the apparatus ceases to work. Dr. Fielden first saw this anæsthetic used a year ago, and since then has used it very frequently. He showed three forms of inhalers for it, the one he preferred being Lucas' ether inhaler, which shuts off all air. Into this he sprays about 5 c.c. of ethyl chloride, using no gauze, but simply letting the liquid evaporate on the sides of the glass ball. The drug was used in various forms. Killene was said to be pure ethyl chloride, and narcotile the same, with the addition of a small quantity of methyl chloride. Somnoform contained 60 per cent. ethyl chloride, 35 per cent. methyl chloride, and 5 per cent. ethyl bromide. The tendency at present was, Dr. Fielden thought, to use pure ethyl chloride. Narcotile was rather less pleasant to inhale, otherwise he did not find it to differ from the pure drug in use. One great advantage of ethyl chloride was the rapidity with which narcosis was produced. He had seen it once in twenty seconds, but generally it was from thirty to sixty seconds in children, and up to ninety in adults. The duration of the narcosis after removal of the mask was commonly two to three and a half minutes; the advertisements stating that it was five to ten minutes were quite misleading. The rapidity of recovery from the narcosis was not affected by the duration of administration; he had seen a man to whom he had administered it for nine minutes answer questions one minute after removal of the mask. The dose of the anæsthetic used was 5 c.c. to 7 c.c. for an adult, and 2 c.c. to 3 c.c. for a child. Narcosis was shown by laxity of the limbs, stertorous breathing, loss of conjunctival, and then of corneal reflex and generally

contraction of the pupils. Complete muscular relaxation was the rule in children, but is not invariable in adults, though three times he had given it to men for reducing a dislocated shoulder, each time unsuccessfully. He had seen spasm of the jaw in three cases, only one really alarming, but that was in a case of tetanus. The after-effects were generally slight. He had found that there was vomiting in 26 per cent. of his cases, but it was not generally prolonged or severe. Several charges of criminal assault had been made after the administration of ethyl chloride, so it behoved the administrator to take such precautions as would avoid such a risk.

As regards safety, ethyl chloride has now been given in many thousands of cases with only four or five fatal results, all cases of grave visceral lesions. The consensus of opinion seemed to be that it was certainly as safe as ether, the fatalities being put at 1 in 15,000 or 16,000. Not only alone was ethyl chloride a most useful anæsthetic, but also as a preliminary to ether, in which case one could get complete ether narcosis in as little as three minutes.

Summing up, Dr. Fielden said he had now given ethyl chloride in 140 cases alone, in 76 before ether, and in two before chloroform, and he had every reason to be satisfied with it.

Dr. CECIL SHAW said that Dr. Fielden had given this anæsthetic nearly forty times for him, chiefly for the removal of tonsils and adenoids, but also for some minor operations about the eye and nose, and he considered it much the most satisfactory anæsthetic in use for short operations. As a general rule both tonsils and adenoids could be removed with one dose of the anæsthetic, but a second could easily be given if needed.

Dr. KELVIN spoke of its great use in dental practice, and Drs. Rusk, Craig, and Killen also made remarks on the paper.

Mr. FULLERTON showed a stomach from a case of "Ruptured Ulcer" in an hour-glass stomach, treated by suture and gastro-gastrotomy, who died a month after operation. The cause of death could not be discovered at the partial examination which was all that was possible. The patient had seemed to be getting on very satisfactorily.

Dr. CECIL SHAW showed microscopical preparations from some unusual cases of "Catarrhal Conjunctivitis," of which he had seen several in the last two months. They were characterised by great swelling of the lids and profuse discharge, and secondary spots of impetigo on the arms and legs, where the patients, who were all young children, had scratched themselves. The microscope showed a mixed infection, streptococci and two forms of staphylococci being present.

Dr. W. L. STOREY read a paper, entitled "Undergraduate Days: Random and Personal Recollections of Class Room and Ward." The paper, which was an exceedingly witty and entertaining one, dealt with the teachers of the Belfast Medical School about the year 1886, and hit off the various characters and peculiarities of the men most happily, in a way that could offend none. As the paper was not one that lent itself to criticism, a hearty vote of thanks to Dr. Storey was passed by acclamation.

NORTH OF ENGLAND OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.

MEETING HELD AT MANCHESTER, FRIDAY, APRIL 15TH, 1904.

DR. W. J. SINCLAIR, President, in the Chair.

THE meeting was devoted to a discussion on Abortion.

Dr. W. E. FOTHERGILL (Manchester) brought forward some points regarding the

PATHOLOGY OF "HABITUAL" AND INCOMPLETE ABORTION.

"Habitual" abortion was defined as a term applied to the consecutive occurrence of from three to five abortions in the same patient, without any sign of syphilis. He had examined a large number of specimens from such cases, and had found that there was constantly present thrombosis of the intervillous spaces, to an extent sufficient to cause death of the ovum. Regarding the use of the chlorate of potash in such cases, he asked if the drug diminished the coagulability of the blood. Speaking on incomplete abortion, with reference to the fate of portions of ovuline tissue left in the uterus in non-septic cases, he said that of course in many instances breaking down and discharge of the tissue occurs, but in others he suggested that the decidual cell acts in some degree as a phagocyte, eating up the ovuline tissues. He further suggested, on the ground of microscopical observation, that the decidual cell is an active phagocyte with the function of repelling invasion by chorionic villi. When the decidual cells failed to check the activity of the fœtal villous growth deciduoma malignum might result.

Dr. J. B. HELLIER (Leeds) introduced

THE MEDICAL INDICATIONS FOR INDUCTION.

To establish an imperative indication, the patient's life must be seriously threatened and the operation must be likely to do good. In advanced cardiac disease induction in the early months of pregnancy is hardly ever the correct treatment, and strong reasons were adduced against the performance of the operation in cases of pulmonary tuberculosis and of insanity. On the other hand, Dr. Hellier recognised its value in three classes of diseases:—(1) Hyperemesis gravidarum of the "pernicious" kind, in which early induction is necessary to obtain a successful result. A pulse rate of 120 implies a serious condition, one of 130 to 140 means a doubtful prognosis in any case. Women who before conception have had symptoms of gastric ulcer, although the symptoms may have ceased for some time, are liable to suffer severely from vomiting in pregnancy. (2) Certain cases of chorea gravidarum in which serious nervous and constitutional symptoms appear. (3) Cases of albuminuria and anasarca due to nephritis. When the toxæmia is due to the pregnant state, the termination of the latter leads to cessation of the production of the toxic material. But this effect is not instantaneous; time is required before improvement can be obtained, and therefore induction must not be delayed too long.

Dr. J. E. GEMMELL (Liverpool) brought forward

THE METHODS OF INDUCTION.

Bearing in mind the hæmorrhage and sepsis arising from incomplete natural abortion, the method chosen should be that in which these complications are best guarded against. The time selected should therefore be before the end of the fourth month; the method, that of dilatation by means of Hegar's dilators, curettage and gauze packing, after the same preparations and under the same conditions that are usual in any other surgical operation by the vaginal route. By this method the whole field of operation is under control from beginning to end: the difficulty of extraction of the fœtus is overcome by the use of ovum forceps, or, if necessary, by removing the fœtus piecemeal. Dr. Gemmell's experience was of six cases in eighteen years:—(1) At third month: use of sponge tents followed by finger and ovum forceps. (2) At third month: gum elastic bougie and gauze packing of vagina; expulsion in twenty-four hours; sequelæ: pelvic cellulitis and abscess. (3) At third month, for cancer of cervix: bougie, which was expelled in twenty-four hours; second placed, followed by expulsion of ovum forty-eight hours later. (4) At second month: for hæmophilia, which has led to nearly fatal post-partum hæmorrhage at each of three previous labours; passage of sound and separation of membranes; expulsion at end of thirty-six hours; (5 and 6) Dilatation and curettage at one sitting. If pregnancy be allowed to advance to the fifth month, induction is of doubtful value to the patient. If it be necessary, the method of dilatation followed by gauze packing or the smaller Champetier de Ribes' bag is the safest line of treatment.

Dr. W. WALTER (Manchester) introduced

THE TREATMENT OF INCOMPLETE ABORTION,

dealing with both the non-septic and septic states.

Dr. W. MACFIE CAMPBELL (Liverpool) introduced

THE TREATMENT OF ABORTION.

After briefly reviewing the prophylactic measures, Dr. Campbell said that the treatment of threatened abortion was simple and unsatisfactory, although he had occasionally been surprised by the good results from ergot, which had been given to empty the uterus. With inevitable abortion arose the question of whether treatment should be expectant or active. The first requires time, carries a constantly increasing risk of sepsis, and has depressing effects upon the patient's mental state. There were also the possibilities of retention of portions of placental tissue, and the need for subsequent interference. In active treatment, if tamponnement of the vagina did not lead to the emptying of the uterus, he preferred dilatation followed by digital or instrumental clearing out. He had found digital removal a difficult procedure, unless the ovum was almost extruded, and therefore he preferred to use the ovum forceps. With care and gentleness the pain was trifling, and extraction generally easy. If the finger discovered some attached tissues, he employed Donald's flushing curette. Bleeding sometimes goes on after removal or curetting, and it was then necessary to pack the uterine cavity.

Dr. LLOYD ROBERTS (Manchester) held that "habitual" abortion was due to syphilis. He advocated early abortion in cases of serious cardiac disease, in nephritis and especially in hyperemesis, in which he had never regretted the performance of the operation.

Dr. DONALD (Manchester) considered induction justifiable in cases of moral insanity. He carried out the induction at one sitting, dilating up to No. 16 (Matthews Duncan), and then using the flushing curette. Recovery followed without a bad symptom.

Dr. J. M. H. MARTIN (Blackburn) thought that "habitual" abortion was due chiefly to malpositions of the uterus or to neurotic conditions. In hyperemesis it was absolutely wrong to abstain from intervention.

Dr. E. O. CROFT (Leeds) took a middle position in regard to induction. He advocated preliminary treatment by instrumental separation of the ovum or by packing the cervix with gauze. As a result the cervix became softer and was more easily dilated subsequently. Surgical methods, he thought, were advisable only in urgent cases.

Dr. E. T. DAVIES (Liverpool) supported Dr. Donald's remarks anent moral insanity on the ground of a similar case in his practice.

CORK MEDICAL AND SURGICAL SOCIETY.

MEETING HELD WEDNESDAY, APRIL 27TH, 1904.

DR. J. COTTER, President, in the Chair.

THE PRESIDENT read notes of a case of "Wry-neck" in a child, æt. 6, treated by the open method of operation, with a very satisfactory result, and showed the patient.

Dr. P. T. O'SULLIVAN showed a boy, æt. 8, suffering from pseudo-hypertrophic muscular paralysis.

Dr. T. GELSTON ATKINS read a short paper on the value of "Catheterisation of the Ureters and Skiagraphy of the Kidneys," in the diagnosis of renal calculus, and read notes of a successful case of nephrolithotomy to illustrate his remarks.

Dr. ATKINS also read notes of a series of eight successful cases of "Gastro-jejunostomy," undertaken for chronic gastric ulcer or gastric dilatation which had not responded to medicinal treatment. The results had been most satisfactory in every instance. He also showed a boy, æt. 11, on whom he had performed excision of the elbow for extensive tuberculous disease. Several surgeons had advised amputation in the case, and he had given the same advice himself, but the boy's parents would not consent. The result of the operation performed had come on him more or less as a surprise, as the boy had practically perfect movement in the limb.

Dr. JOHN BOOTH read a paper on "Stimulation and Stimulants," in which he condemned the habit of giving alcohol in various diseases without sufficiently clear indications for its use.

A discussion on this paper followed.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 1st, 1904.

TREATMENT OF AFFECTIONS OF THE KNEE.

CERTAIN rather frequent affections of the knee-joint are characterised by pain in the articulation.

Hitherto these affections have been classed under the denomination of "articular neuralgia." But the progress of pathological anatomy on the one hand, and of surgical asepsis on the other, have shown that these affections were not simple neuralgia, and that the pain complained of by the patients possessed an objective substratum. Four distinct lesions can be incriminated in such cases: (1) Muscular atrophy consecutive to an articular affection of the knee. (2) Internal disturbance of the joint. (3) Intra-articular lipoma. (4) Foreign bodies in the joint. It is possible with a little attention to make a differential diagnosis of these lesions and thereby institute a rational and efficacious treatment.

Here is an example of muscular atrophy of articular origin. A man of robust health falls on his knee; hæmarthrosis is produced, the joint swells, and the patient suffers.

Treatment.—Rest in bed, compressive bandage, later massage. At the end of a week the patient quits his bed and returns to work, although still suffering somewhat; the joint is bound with a flannel bandage. The massage is continued; nevertheless the pain does not yield; it is always localised at the internal side of the joint, beneath the patella.

As the massage, baths, compression, and warm poultices have not effected a cure, the patient consults a surgeon. A careful examination will show tnat there exists no trace of inflammation in the joint, but marked atrophy of the neighbouring extensor muscles is noticed. The quadriceps is flaccid, soft, and diminished in size, while the vastus internus seems to be particularly atrophied towards the inguinal region.

The lesion of the quadriceps is the cause of the suffering experienced by the patient. The muscles being the tensors of the capsule of the joint, when atrophied, the capsular tension is diminished, and in these conditions it easily happens that it is pinched between the condyles and the patella, and thus provokes the suffering.

As regards treatment, it suffices to apply massage and gymnastic exercise to the quadriceps to obtain a normal tension and the cessation of pain at the end of six weeks. In the internal disturbance of the joint, the symptoms are about the same, and the trouble consists in luxation of one or both semilunar cartilages. It happens that under the influence of certain exertions these cartilages are torn from their anterior and posterior insertions. In reality it is not a case of true luxation, but simply a rupture of their ligaments. Most frequently it is the anterior insertion of the internal edge of the cartilage that is torn from the tibia. Having become particularly mobile, the cartilage moves backwards or forwards in the articulation.

To produce this accident very great exertion is not necessary; a more or less violent movement of rotation of the leg (gymnastics, wrestling, football, &c.), or even

less intense but repeated traumatism, as, for instance, the workmen who work on their knees.

The clinical picture of the rupture of these semi-lunar cartilages is particular striking. After the accident the patient suffers and the knee swells; he cannot extend the leg, and he walks on his toes. On both sides of the patella a soft elastic tumefaction is found, which becomes very painful to the touch and to motion. By rest, poultices, and massage the morbid symptoms diminish in intensity, and the function of the joint becomes easier. However, the articulation has not returned to its normal condition; characteristic pains are felt. At more or less long intervals the patient, under the influence of a sudden movement, a long walk, &c., is seized with pain in the joint, which he is obliged to keep bent for a certain time; he falls and experiences the sensation of a foreign body in the knee.

In examining the patient, the articulation is generally found to be very healthy; there is no trace of effusion nor of tumefation. On the other hand, the knee is frequently flexed with rotation of the leg outwards if the internal cartilage in ruptured, with rotation inwards if the external cartilage is injured. A study of the groove between the femur and the tibia furnishes characteristic signs. At this point, the place occupied by the ruptured cartilage is particularly painful; this is a very important sign for the diagnosis. It is possible sometimes to distinctly feel the cartilage as a fine and hard band which becomes prominent during extension of the leg, and disappears in flexion of the knee.

When the surgeon is consulted immediately after the accident, an effort can be made to put the cartilages into place. This object is effected by extension and sudden flexion of the leg while the thumb is placed on the articular groove, so as to push them into position. If not successful, a cure can be obtained by rest, bandages, and massage. It frequently happens, however, in chronic cases that an operation for extirpation of the cartilages is necessary.

"Articular neuralgia" can also be caused by intra-articular lipoma or fatty tumours of a certain volume (cherry, walnut, hen's egg), which develop under the synovial membrane and more particularly on the inner side of the joint. This affection is consecutive to a traumatism, or to a chronic irritation of the articulation, such as might be produced by a foreign body. These fringes insinuate themselves between the femur and the tibia.

Walking is much hindered and pain is provoked at intervals.

The objective signs of the affection are characteristic. Besides the muscular atrophy and a particular cracking of the joint, an elastic swelling is observed on each side of the patellar ligament, by which the latter is bulged forward.

To treat the affection, painting with iodine, massage, compression, &c., are generally tried, but without much success. The only rational treatment is extirpation.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, April 30th, 1904.

AT the Medical Society, Hr. Orth discussed the subject of

HEREDITY,

more especially with regard to tuberculosis. If a fœtus *in utero* acquired tuberculosis from its mother it was not an inheritance, but placental infection. Both paternal and maternal parts of the fœtus must have an equal capacity for heredity. If the mother, however, during the whole of intra-uterine life had the power to convey disease, she would have a greater influence than the father. The chick in the egg that suffered from outside injuries would be like the fœtus that became diseased *in utero*. Now, the chick had been experimentally infected with tubercle through the shell, but no one would think of calling that kind of infection heredity. Not all that was in the semen at the time of copulation was inherited. A tubercle bacillus might be mixed up with otherwise healthy semen and subsequently infect the ovum. This, however, would not be heredity but germinal infection, for both semen and ovuli were healthy. If disease was carried in the germ cells and was a part of their base, that was heredity. There could not, therefore, be any such thing as inherited infectious disease. Were there any inherited diseases? Possibly this was the case with the weakly children of old people or in the dystrophy of children of syphilitic parents. Otherwise only disturbances of constitution and tendencies towards disease were inherited.

According to Weismann peculiarities of the germ plasma were the foundation of the peculiarities of inheritance. Two properties of germ plasma were characteristics of it—its continuity, through which the species was kept up, and its variableness, which formed the basis of its further developments. An exception to this was bastardy; here the germ cells were normal but of different kinds, and by copulation a new kind, differing from both, was formed.

Variation of the germ plasma rested probably on the action of external causes. There were two kinds of germ variation—(*a*) primary, through direct change of the germ plasma, and (*b*) secondary, which came to pass from changes in the whole body.

The fact observed in fish culture that many more failures in the later deposited ova than in the earlier was an instance of the first. The secondary variations were the basis of the inheritance of the acquired properties of the "soma." The question was whether there really were such variations, when no explanation could be found for them. Weismann completely denied the inheritance of acquired properties, but there were various kinds of inherited properties. First mutilations; an inheritance of these had never been seen. Nor had a woman ever been born without a hymen, although the hymen had been destroyed through thousands of generations of women; nor had any boy been born without a prepuce. Boys had been indeed born with ill-developed prepuces, but they might be in families in which circumcision was not practised. There were cats with short tails from parents with normal ones, as well as from those with short ones. The attempt to produce rats with short tails had failed.

With mutilation of internal organs it was somewhat different. Brown-Séquard believed that the offspring of guinea-pigs, the brains of which he had destroyed, had a kind of epilepsy. It had been stated that when the spleen was extirpated through several generations a congenital absence of development occurred. The truth of these statements had not been proved, however.

It had also been stated that the breasts of women, generations in series of whom had been not given such, became smaller, but this also had not been proved.

Finally it had been hoped that immunity was hereditary. There was, indeed, a congenital immunity,

but this always arose through the mother, and never from the father, and this was in favour of its being uterine and not hereditary.

Hitherto there had been no proof that acquired properties could be inherited. It was possible that certain chronic properties could be, but further studies in the region of cellular chemistry were required before this could be known.

Hr. Kossmann was not one of those who believed that degeneration of the mamma was a result of want of use; he would rather attribute it to Darwin's law of selection; amongst animals or savage races the child would die with insufficient food from the breast, but with cultured people a substitute for maternal food was possible and therefore a reversion as regarded the mamma might be possible.

Hr. Hirschberg observed that although man was in his original state far-sighted there are many short-sighted people now. This change in the structure of the eye was possibly due to heredity.

Hr. Hausemann had frequently extirpated the spleen of animals even through many generations, but no change had ever been found in the organs in their young.

Hr. Benda had previously shown that when tubercle developed in the testes, the formation of spermatozoa ceased. He did not think it conceivable that a tubercle bacillus could penetrate into the ovum along with the spermatozoa, *e.g.*, infection would rather take place later through the membranes. It might be mentioned further that diseased spermatozoa were unsuitable for impregnation at all.

Hr. Pagel showed that in Jewish families boys were occasionally born without a prepuce, and the Talmud gave certain regulations for the case.

Hr. M. Wolff agreed with the first speaker that congenital infection was extremely rare.

Hr. Orth, in his reply, repeated that according to our present knowledge no case had been proved of the inheritance of any acquired peculiarity or property.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, April 30th, 1904.

"VOLKSKÜCHENVEREIN."

THE "Volksküchenverein" is a new institution in Vienna, and was formally opened on March 28th. Its objects are charitable in providing suitable food for the infirm and convalescent at a nominal sum for those who can pay, and free for those unable to afford anything. For this purpose the medical men are provided with cards, which they sign and give to the deserving patient. It is generally understood that the food be taken away from the kitchens, but a few rooms are fitted up for convalescents who can travel so far. This is the first institution of the kind in Vienna, and will be watched with considerable interest as a philanthropic enterprise.

HYDROPHOBIA.

The results of 1902 for the Cracow institution have just come to hand, giving the number of entries for the Institute as 516. Out of this number 16 persons were found to be bitten by healthy animals. Of the remaining 500 inoculated 8 died, which is somewhat less than the preceding year. The inoculations were performed with new needles in every case, the parts washed with sterilised water, and the matter itself sterilised under the effects of steam. A large number of these had been cauterised by local practitioners before admission. The infection was transmitted in 483 cases by the bites of dogs, 21 by cats, and 3 through horses and cows, and the remainder by badgers, foxes, swine, and calves, but two of these were transmitted by infected children.

DYSENTERY IN CHILDREN.

Jehle gives a lengthy report of his bacteriological research in a series of dysenteric children. At the same time he conducted a variety of experiments on the stools of diarrhœa and those under normal conditions. His results, he said, somewhat resembled Charleton's. In the first group he had five typical cases of dysentery, wherein he found the true Shiga and Kruse bacilli. In each of these cases he also found a bacilli with a high agglutinating power when brought in contact with the blood serum of the patient. In one of the cases this experiment was conducted at the post-mortem, in two others it was obtained by cultures. Kruse's dysenteric bacilli were found in two of these cases, while Flexner's bacilli were also found in two. The dysenteric bodies coagulated blood serum within the first two weeks of the disease. In addition to these he recorded two cases of meat poisoning, which produced a form of endemic dysentery in hospital. In all of these the Flexner bodies resembling the bacteria were found. The blood serum of the children was agglutinated by the whole of this group, as well as by an original Flexner body. The Kruse and Shiga bodies were not present, as in the first group. Taking the third group, *i.e.*, the diarhrœa and normal stools, Jehle records two cases of simple diarrhœa, and one of constipation, in which he found morphological bacteria differing from the Flexner type of bacilli. He concluded his observations by assuring the meeting that the etiology of dysentery was not a simple pathological condition, but had different agents for its production. There was no real line of demarcation between genuine dysentery and pseudo-dysentery, as the morphology of the dysenteric bacilli were similar, and also resembled those in simple diarrhœa and the normal stool. The agglutination of the dysenteric bodies were limited, as well as the agglutinating power of the bacilli, many of which gave negative results, and are, therefore, of no diagnostic power.

A HYDRODYNAMIC PROBLEM.

At the Physical Gathering, Leube demonstrated from a quantity of fluid which had been taken from the bowel. The patient was a male about middle life, and since 1900 had four to twelve stools a day, some of which were small and consisting of mucus and water, increasing to four litres at a time. This fluid must have come from the lower part of the gut, where slight inflammatory action must have existed, or it may be from a diverticula of the bowel, as a normal firm stool often came away in the interval and never exceeded twice a day. The chemical examination of the fluid proved it to be a secretion of mucin and holding no albuminous matter in solution. The sediment was mucous, with mucoid and bowel epithelium. A similar case is on record by Sick, which he designates or diagnoses as enteritis nervosa. No other explanation can be given for the phenomenon.

PUS IN URINE.

Müller records a test which is a modification of Doune for discovering pus in urine. It is founded on the action of the alkali with the leucocytes. Five or ten c.cms. of the suspected urine is taken and dropped carefully into the official liquor potass. After every addition the test tube is well shaken to admit of the metamorphosis of the corpuscle. After resting the

shaken tube, the air bubbles on the surface of the viscous fluid remain a long time if pus be present. A cloudiness also appears in a positive reaction. It is calculated that 1,200 leucocytes in 1 c.cm. give a definite reaction. It may be noted that after a time the potass solution converts the viscous mass into a fluid condition, therefore causing a transitory reaction only. Urine with flat epithelium casts or bacteria give no reaction.

The Operating Theatres.

ACTON HOSPITAL.

MYOMECTOMY AND VENTRO-FIXATION.—Dr. ARTHUR GILES operated on a woman, æt. 52. The patient had been under the care of Dr. Thornton, who had had her under observation for some time. Her symptoms were: bearing-down pain and weight in the vagina, pressure on the bladder and frequency of micturition. Dr. Thornton had found that she had a retroversion of the uterus complicated by fibroids. For some time he had treated her by means of pessaries. As the symptoms were not satisfactorily relieved by this means, and the pessaries set up irritation and discharge, Dr. Thornton advised an operation. With this view Dr. Giles concurred when he saw the patient, and suggested that it might be possible to remove some of the myomata and fix the uterus to the abdominal wall. The patient was accordingly admitted to the hospital. Dr. Garrett administered the anæsthetic, and Dr. Thornton assisted at the operation. On opening the abdomen, the uterus was found somewhat wedged in the pelvis, and, on lifting it out, it was discovered that there were several small fibroids in the substance of the anterior wall as well as a semi-pedunculated tumour the size of an orange springing from the summit of the fundus. This tumour was removed by subperitoneal myomectomy, and another fibroid the size of a walnut was enucleated from the anterior wall, after which the uterus was fastened to the abdominal parietes by means of three silkworm-gut sutures in such a way that the uterine wound lay against the abdominal wall. The abdomen was closed in three layers. Dr. Giles remarked that the case was a particularly suitable one for this operation. When only two or three fibroids were present, and especially when any of them were subperitoneal, myomectomy could be performed with less risk than hysterectomy. If the patient had a fibroid inside the uterus causing hæmorrhage, hysterectomy would probably be the better operation. In this case the patient had no hæmorrhage, and was, in fact, two years past the menopause. With regard to ventrofixation, he pointed out that it had been stated as an objection to the operation that it might interfere with subsequent pregnancy, but whatever force such an objection might have in a young married woman, it could not possibly be brought forward in a case such as the one just operated upon. It was furthermore an advantage, he said, that when a myomectomy was done involving the anterior wall of the uterus, the uterine wound should be fixed under the abdominal scar, because in the event of hæmorrhage or other trouble supervening, the scar was practically extraperitoneal and was readily accessible.

The patient made an uneventful recovery and on leaving the hospital was quite relieved from her symptoms.

THE ROYAL EAR HOSPITAL.

OPERATION FOR DISLOCATED SEPTUM.—Mr. MACLEOD YEARSLEY operated on a boy, æt. 13. The history was that, some years before, a dog had sprung at him and bitten his nose, after which a "lump" had appeared, which had now grown large enough to obstruct the left nostril. On examination the "lump" proved to be a dislocation of the cartilaginous septum from the columella. Chloroform was administered by means of a Junker's inhaler by Dr. Snell, the nose having been plugged for a quarter of an hour previously with wool soaked in a 1 in 1,000 solution of hemisine. Mr. Macleod Yearsley made an L-shaped incision through the mucous membrane and perichondrium over the dislocated septum opposite the free edge of cartilage. This was dissected up by means of an Asch's separator, after which the dislocated cartilage was separated from the mucous membrane of the opposite side in the same way. The whole of the redundant dislocated cartilage was then removed with scissors and a punch, the muco-perichondrial flap replaced and kept in position by means of a Lake's indiarubber splint. Mr. Macleod Yearsley pointed out that such dislocations of the anterior end of the septum from the columnar cartilage are common, and often associated with some deflection of the end of the nose to the opposite side. They may be idiopathic or the result of an injury. These dislocations, he said, were easy to remedy, provided it was remembered that, owing to the edge of the septum being free, there is always a considerable amount of redundant cartilage from its unobstructed growth, and that as much as possible must be removed. Some rhinologists, he pointed out, notably Blandin, Rosen, and Ruprecht, have employed an instrument on the principle of a ticket punch, which simply cuts a piece out of the septum, and allows the air to pass into the opposite nostril. Such an operation, he considered, was distinctly bad in principle. He thought the method he had employed in this case was the best. There was no need to suture the flap, as it fell naturally into its place, and could be easily kept in position by the wearing of a rubber splint for a week or so. He pointed out the great convenience of hemisine in these operations, and, in fact, in all manipulations in the nasal cavities which necessitated the use of cutting instruments. As had been seen in this case, it rendered the whole operation practically bloodless.

Conjoint Board of the Royal College of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh, and Faculty of Physicians and Surgeons of Glasgow.

At the April meetings held in Glasgow, the following candidates passed the respective examinations for the triple qualification:—First Examination—Owen Thomas Jones, Bangor, North Wales (with distinction); Fred. Grant Allen, Whaley Bridge, Cheshire. Second Examination—Norman Bennington Watch, Portsmouth; John Henry Morris Jones, Waenfawr, North Wales; Hugh Watson, Lochwinnock; John Francis O'Brien, Ballincollig, co. Cork; Thomas M'Clure, Randalstown; Jamsetji Pallonji Bamboat, Bombay; Jeremiah Joseph O'Callaghan, Cork; William Church Mann, Castledawson; Evan Alan Sevill Shaw, Callao, Peru; William Frederick Fismer Durr, Cape Colony; Gavin Watson Hill, Lesmahagow. Third Examination—David Edward Anderson Buchanan, Australia; Harold Salter Gettings, Lutterworth; Thomas Percy Cox, Norwich; William Watkin Neilson Knox, Glasgow; William Wallace Dempster, Dublin; James Joseph Egan, Galway; Thomas Graham Campbell, Glasgow; Beatrice Fanny Board, East Pennard; Percy Bateman, Cork; Walter Emery Davies, Owens College, Manchester; John Wylie, Glasgow. Final Examination (and admitted licentiates)—Maud Varley Everett, Rushmere, Ipswich; Richard Henry Rigby, Low Ackworth, Pontefract; William Henry Williams, Liverpool; Edgar Nesbitt Coutts, Paisley; John O'Brien, Lismore, co. Waterford; Beatrice Fanny Board, East Pennard, Shepton Mallet; Eve Mary Handley, London; and Stephen M'Carthy.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 4, 1904.

THE LAYMAN IN MEDICAL PRACTICE.

THE inroads of unqualified medical practice have nowadays attained an audacity, a cunning, and an elaboration of method that suggest the urgent need of legislative suppression. Formerly they deprived the general practitioner only of his legitimate patients, but now they compete with every kind of specialism and of medicine. So far the charlatans have shrunk from extensive surgical operations, such as those involved in opening the cavities of the abdomen and the skull. Minor surgical operations, however, such as electrolysis, the destruction of nævi, the treatment of fractures, dislocations and deformities, and even delicate and highly technical cosmetic operations upon the face, have enabled not a few notorious persons to amass fortunes at the expense of the public, no less than of the medical profession. In the West End of London at the present moment are various persons carrying on an unqualified practice as nerve and skin specialists, bone-setters, and so on, at fees ranging up to a guinea or more for consultation, and one to three guineas a visit. Latterly the ranks of the charlatans have been swollen by a rush of medically unqualified electricians into the field. The evil began soon after the introduction of Röntgen ray work into the fields of medicine and surgery. At the outset it was in the power of medical men to exclude the layman from that important and fruitful branch of professional work. The bulk of X-ray work, however, was handed over to instrument-makers, chemists and non-medical workers, a statement that applies not only to private practice but to the hospitals themselves, many of which to this moment, in all parts of the kingdom, entrust the care of their electrical departments to unqualified electricians. The results have been disastrous. With the rapid extension of Röntgen ray methods as regards diagnosis and therapeutics, there has been almost simultaneously a rapid development of other radio-active and physical remedies. In every town of any size may be found nursing homes, institutes, and other establishments, public and private, where electrical, X-ray, light cure, "high frequency," and other modern special treatment is administered by medically unqualified persons. The extent to which this danger has grown has been well described by Dr. Lewis Jones, the well-known Medical Officer of the Electrical Department at St. Bartholomew's. In an article published in the *British Medical Journal* for April 23rd, 1904, he gives a plain statement of facts as to the intrusion of the layman into medical practice that should arouse widespread attention. The subject deserves earnest discussion in every assemblage of medical men available for the purpose. Medical men have by their laxity in the past been to a great extent answerable for the present deplorable state of affairs. Let them once make up their minds to discountenance all nursing homes where electrical or other special treatment is practised. Let them find out if any black sheep in the medical profession are openly or indirectly concerned with the proprietorship or with the conduct of such places. That would be one step in the right direction. Another would be to send no more patients to laymen for electrical or other diagnostic treatment. The moral of Dr. Lewis Jones' contribution is that medical men are their own worst enemies in the matter. "Our difficulty," he writes, "is not so much with the old one—and still present one—of the common impostor, but a new difficulty of the voluntary surrender of medical work to laymen. In considering this matter we must not be too ready to impute prejudice or other unworthy motive to the medical men who employ the lay operators. I am sure that the harm done is often due to thoughtlessness, or sheer ignorance. . . It is high time for the medical profession to awake to the fact that electro-therapeutics demand serious attention, that many applications of electricity are of great value in medical practice, and that the carrying out of electrical treatment for the sick is a matter for medical men and not for irresponsible laymen." That clear and forcible presentation of the case, most medical readers will probably agree, errs on the side of moderation. Medical men must bestir themselves if they do not want to be deprived of the remainder of their legitimate professional practice. New legislation is needed both to widen the basis of constitution of the General Medical Council and so render it a representative body, and at the same time to furnish the Council with additional and compulsory powers to suppress unqualified medical practitioners. That touches the root of the matter. However desirable free discussion of illegal practice may be, it is well not to lose sight of the fact that the goal to be kept steadily in sight and to be demanded, in season and out of season, is the passing of a new Medical Act—on the lines above indicated.

TYPHOID AND RAILWAYS.

SOME years ago it was generally thought that the one important source of typhoid infection was

contaminated drinking water. At the present time, however, though the necessity of a pure water supply is every day more impressed upon us, yet we find many cases of typhoid occurring where the water is above suspicion, and we have to look round for other channels of infection. Thus in India dust from latrines is coming to be regarded as a serious danger, and we meet cases where infection has occurred by means of ice, ice-cream, milk, or other food. A source of typhoid fever hitherto unnoticed has been investigated by an American physician, Dr. Barringer, of Charlotteville. Both in this country and in the States family physicians have frequently observed the occurrence of typhoid fever within a couple of weeks of the patient's having undertaken a railway journey. In most cases this has been thought to be due to drinking impure water while away from home. Dr. Barringer shows, however, a grave danger to public health in the present sanitary arrangements on railway trains. The custom is to discharge fæces directly on the track either mixed with water or in natural condition. Obviously, if persons suffering from typhoid fever make use of these conveniences, as by necessity they must, typhoid germs will be scattered broadcast along the line. In the one case, the fæces are quickly reduced to dust, which is set in rapid motion by every passing train. In the other, they are sodden into the earth, where the bacilli quickly multiply, and are afterwards swept about in dust. It has been noted that a class particularly liable to typhoid fever is that section of railway employees known as "track hands"; the figures of large railway hospitals show that nine out of ten of their typhoid patients come from this class. Their duty is the repair of the line, and in working with the ballast, shifting sleepers, and so on they are constantly exposed to direct inhalation of dust. In addition, every passing train raises clouds of dust which envelop not only the men along the track, but their supply of food and water. The interior of the train itself is by no means free from the same plague of dust, as everyone accustomed to American or Continental travelling knows. The danger does not even stop there, but spreads to the water of rivers which are crossed. No attempt is made to shut off the water-closet while a train is crossing a bridge, and fæces fall freely into the stream, although the water supply of large towns may be drawn off just below. We have said enough to show the danger to public health resulting from the present careless method of disposing of railway sewage; luckily, the remedy is simple. All that is necessary is the substitution of a system of closed closets for the present open ones, with careful disinfection and regular clearance of the contents. The present system is little short of a disgrace to civilisation.

A "RETURN" CASE OF SCARLET FEVER.

THE question of the infectivity of patients discharged from fever hospitals clearly has a crucial bearing upon the future prevention of zymotic disease. Broadly speaking, the success of the national health service depends on the popularity which its administration enjoys with the public at large. In other words, sanitary authorities are servants and not masters of the community. If it can be shown, therefore, that a radical defect exists in an important branch of practical hygiene, then the authority and, indeed, the existence of that particular part of the official system is in jeopardy. Applying these general propositions to scarlet fever we find that the preventive measures of notification, isolation and disinfection have not made any appreciable reduction in the incidence of that malady, although they have been applied for many years throughout the length and breadth of the land. More than that, it is asserted in many quarters that the system fails in its great essential aim of preventing the spread of the disease by isolation. Some years ago Dr. Killick Millard showed that in a considerable number of cases fever-hospital patients were sent back to their homes apparently cured, whereas really they were still active centres of infection. That statement has been confirmed by other authorities no less experienced and eminent. It constitutes not only a grave indictment of the present infectious hospital system, but endangers that popularity which is, so to speak, the life-blood of the public sanitary service among our countrymen. The special risk thus indicated has been recently brought into general notice by a law case tried last week by Mr. Justice Ridley and a special jury at the Court of the King's Bench. The plaintiff in that case brought an action for damages against the Metropolitan Asylums Board because of their alleged negligence in allowing his son to be discharged from the Grove Hospital, Tooting, while still in an infectious condition. As the result, other members of plaintiff's family contracted scarlet fever. The evidence showed that the boy was taken to the Grove Hospital, suffering from scarlatina, on March 29th. After a stay in hospital of five weeks and four days, plaintiff was notified that the child could return home. The boy was fetched from the hospital on May 9th. A week later his mother sickened, and developed scarlet fever, and she was removed to hospital on May 18th. Another child sickened on May 19th, and two others on June 10th. On May 23rd it was found that the original patient had a nasal secretion, which presumably was the source of origin of the later series of disasters. Reading between the lines of this case, it seems reasonable to assume that the first patient was actually discharged by the hospital authorities in an infectious condition. Nor can we be accused of harshness in concluding that the subsequent cases in the plaintiff's household were due to the return home of an infectious patient. If that be the case the system of hospital isolation has once more proved a failure, and it behoves the scientific sanitarians to devise some more perfect plan of testing the specific infectivity of patients under their charge. As a sound general rule it is wise to assume that scarlet fever convalescents suffering from any nasal or aural discharge, or from any lingering catarrh of

the upper air passages, are potential agents of infection. The whole situation with regard to the efficiency of our hospital isolation system demands urgent investigation. It is of such public importance that we propose at any early date to discuss the subject in the full light of authoritative opinion. As a matter of fact, the plaintiff lost his case on legal grounds, as it would, of course, be impossible to prove any wilful negligence against the hospital authorities. It need hardly be pointed out that the indictment against the isolation system rests on scientific grounds, and does not assail either the general competency or the *bonâ fides* of the present administration.

Notes on Current Topics.

Pharmaceutical Formulæ.

IT was suggested in these columns a short time back that the book of formulæ recently published by the *Pharmaceutical Journal* would be largely referred to by the prescribing chemist. This anticipation is being amply fulfilled, though the penny-halfpenny Government stamp is still used by the proprietors of those preparations that have a wide and ready sale among people who enjoy taking their medicine with their eyes shut to what it may contain. But there is another class to whom this book is proving a veritable godsend, namely, the "doctors" who give advice to sufferers through the medium of the columns of second-rate journals for ladies. These sagacious beings, and probably their readers too, get somewhat tired of the repetition of the same formula for the same sort of complaint every week, and now that the ten thousand prescriptions put forward in this book are available, they are able to find all sorts of new medicines to recommend to "Distressed Mother," "Mabel," and "Dyspeptic." There are presumably people, more or less sane, who follow out the advice thus tendered, but who know nothing of the riches of the *Pharmaceutical Journal* "Formulæ." But the weight which attaches to the suggestion that the prescriptions published are those recommended by a professional body probably eases the mind of many readers of any qualms they might feel if they were dealing with an acknowledged quack. Now many of the preparations that gain currency in this manner are highly poisonous, such, for instance, as solutions of corrosive sublimate, and yet this may be freely obtained and used by the readers of the journals in question by merely copying out the formulæ. From the public point of view this is a serious matter; from the medical point of view it is a happy circumstance—that is, if a circumstance that increases the work of the medical practitioner can be considered happy.

Poisoning by Eggs.

FROM time to time one hears of a case of idiosyncrasy in regard to white of egg of such a nature that the egg acts as a violent poison. It is, of course, a very rare condition, and is usually regarded as a toxicological curiosity. That it may, however, on occasion, give rise to a series of puzzling and alarming clinical phenomena is shown by a case recently reported by Dr. Clemens, of St. Louis. (*a*) During the course of whooping-cough, a child of fourteen months was suddenly attacked by acute urticaria and alarming collapse, the head being swollen and the radial pulse absent. For two days the child was in a grave condition, and antipyrin was held in suspicion. Two weeks later, however, an exactly similar attack occurred, and it was impossible to discover any cause. A month later, on partaking of some custard, the child was seized with violent vomiting and purging, accompanied by acute urticaria. On one further occasion, after munching some gingerbread, in the manufacture of which eggs had been used, similar symptoms occurred, and were accompanied by œdema of the feet. The diagnosis was now clear, and simple purgative treatment brought about speedy recovery.

Death Due to a Sedative.

MEDICAL practitioners, male and female, cannot use too much caution in prescribing medicines containing poison when they are intended for administration to children. While there is, perhaps, little danger if the directions on the bottle are strictly obeyed, one should always remember that, among the more ignorant classes, at any rate, but little attention is paid to mere written directions, unless they are supported by emphatic cautions. In many cases either the dose is greatly increased, or the medicine is given to children for whom it was not intended. The latter was what happened in a case investigated by the Coroner of Manchester on the 15th of last month. A lady physician had prescribed for a child with whooping-cough a medicine containing in each dose two drops of tincture of belladonna and five of chlorodyne, together with ipecacuanha wine, tincture of tolu, and oxymel of squills. The bottle was not marked "poison," and the label was placed lengthwise. Several doses of the mixture were given to an infant a year old, with the result that he soon fell asleep, and although brought to a medical man, died in a few hours. The medical man appears to have made no attempt to discover from what poison the child was suffering, and did not even examine its eyes. He was censured by the coroner, though, in our opinion, more blame was due to the lady physician and the apothecary who dispensed the mixture.

Suicide in Hospitals.

A GRUESOME tragedy at all times, the crime of self-destruction appears doubly outrageous when perpetrated within the walls of an institution of which the preservation of life is the foremost object. In asylums such an occurrence might more naturally be expected, knowing the suicidal tendencies which characterise many of the forms of insanity. It is just because this possibility is constantly borne in mind by those who have charge of the

(*a*) *Medical News*, New York, April 6th, 1904.

insane that all means and appliances that might suggest suicide are carefully removed from their sight, and nurses and attendants are trained to be specially watchful over any patient who may exhibit self-destructive propensities. In a large general hospital, on the other hand, there is a danger of ignoring altogether the mental aspect of the cases and of concentrating the entire attention upon their bodily ailments. And yet the influence of the body upon the mental faculties is so well known that a description of the possible cerebral symptoms which may occur in the course of any disease are usually given in every text-book of medicine. The post-operative psychoses, the wild delirium accompanying many of the acute febrile diseases, or as a result of alcoholism, are only some of the forms of mental derangement commonly seen in the medical and surgical wards of hospitals. In these cases a special nurse or male attendant is seldom necessary unless the patient should become unduly violent, and even the timely removal of a spittoon charged with carbolic acid from the locker by the bedside is not always thought of. Many are the ways and means devised by the craftiness of the would-be suicide for his own destruction, which can only be forestalled by intelligent supervision. Even when all has apparently been done to guard against a catastrophe a delirious patient may suddenly surprise his attendants, rush to the window, and take a fatal leap therefrom, as unfortunately happened the other day at University College Hospital.

Death in the Pot!

IN these days when disease-germs threaten and toxins flourish, it is a fortunate thing for his peace of mind that the average individual does not trouble himself in the least about the composition of his food. Neither does its mode of preparation disturb his tranquillity, for does he not commit himself unreservedly to the tender mercies of his cook? Gastronomic fastidiousness, except in the confirmed dyspeptic, is generally regarded as a sure and certain indication in either sex of a fussy nature. Be this as it may, there can be no doubt that the unseen risks that are daily run at the table are multitudinous and great. The opinion is sometimes expressed by those who take little interest in such matters that medical men seem to take a special delight in condemning wholesale one article of food after another simply because a particular sample or specimen has happened to be contaminated. Now, this is exactly what science does not do; she rarely or never generalises from the particular. THE MEDICAL PRESS AND CIRCULAR has always lifted up its voice in the past, and it will still continue to do so in the future, against wilful adulteration where the bodily nutrition of the public is at stake. The physician does not desire his patients nor himself to lead the life of an ascetic, and in the matter of food-contamination he is never a false alarmist. But apart from the decomposition or adulteration of food, there is another way in which its consumption may be fraught with actual danger. The question of individual idiosyncrasy has to be sometimes taken into account. Many people are greatly upset after partaking of a dish which is flavoured in a certain manner, or contains certain articles, such as eggs. It would seem that, where susceptibility is great, even the minutest trace of egg-albumen in the gastro-intestinal tract may give rise to considerable irritation, or toxic symptoms, which might be wholly unaccountable unless such peculiarity has been previously recognised.

The Diminishing Birth-Rate.

THE vital subject of childless marriages which has lately been brought so prominently before the notice of the medical profession at last shows signs of awakening public interest. The paper read by Professor John W. Taylor before the British Gynæcological Society, and published in THE MEDICAL PRESS AND CIRCULAR of March 2nd and 9th, has been read by all classes with, it is hoped, beneficial results. A decline in the birth-rate similar to that in our own country has been found in the Australian Commonwealth, for the Report of the New South Wales Commission, issued since the publication of Professor Taylor's paper, testifies to the unwelcome fact that the birth-rate in Australia has diminished to the extent of 30 per cent. during the last twenty years. The Bishop of Ripon has now taken up the cudgels, and in the course of an address delivered at Leeds he expatiated at length and with much force upon this growing public evil which, in his own words, is full of "terrible" possibilities for the nation as a whole. It is a good sign when the Church works hand in hand with medicine in the cause of public health and safety. The influence of the cleric and the medical practitioner in their respective spheres of labour can hardly be over-estimated as a moral force which, if each has one common cause at heart, must react favourably upon the lives and habits of the people. The popular belief that the reduction in birth-rate is productive of better children, physically and mentally, is, unfortunately, not borne out in the slightest degree in actual practice. On the contrary, the evidence is apparently in the opposite direction, for it is generally believed that the standard of physical efficiency has been lowered, while insanity has also increased during the same period of time. There is yet time, before the national sense of duty is destroyed, for public and individual consideration to be given to this all-important topic.

The Limits of Medical Aid.

THE recent unveiling of the Blackmore Memorial in Exeter Cathedral is an eloquent testimony to the supreme dramatic qualities possessed by the celebrated author of "Lorna Doone." His were the purest ethical ideals, and though he ever sought to depict humanity in its brighter and more ennobling aspects, yet he was not afraid to paint the gloomier outlines of life in their more sordid details. His medical characters, though not specially brilliant, are true representations of the genial,

hard-working, country practitioner of the mid-Victorian period. We are reminded in "Perlycross," somewhat ironically, that "one of the very few things that can be done by medical knowledge is that it can tell us (when it likes) that it is helpless." This is a truism which enters keenly into the soul of the pursuer after science, like a cold sword-thrust. No one is so painfully conscious as the physician or surgeon of the limitations of his art, and there are few sadder sights on this earth than "a wise physician, skilled our woes to heal," standing with bowed head and helpless hands by the bedside of a hopeless case. Judgment has been given, the verdict pronounced, and slowly from the couch of sickness turns the man or woman of whom physical redemption was, humanly speaking, expected. But it is not in cases where the need for medical aid is obviously past that the limitations of the healing art are most apparent. There are many affections of the nervous system and diseases of the internal viscera, both medical and surgical, in which treatment of any kind is of but little use. It is just here where the question so often arises of the propriety of communicating to the patient or his friends the hopelessness of the case, its progressive nature, and of explaining to them the inutility of remedies. The quack will urge the importance of adhering rigorously to his treatment, however remote the possibility of cure may be. The wise practitioner, on the other hand, will, with all sincerity of heart, acknowledge his inability to effect a cure, while he may yet be able to hold out some promise of relief.

School Health.

THE report of the Inter-Departmental Committee appointed to inquire into the subject of physical exercises in schools has just been issued. It is satisfactory to find that the net result of their labours is to condemn the "model" course adopted some three years ago for use in elementary schools. The essence of this course was the military bent of the prescribed exercises, the movements being transferred almost entirely from the "red book," which lays down the law as to the training of soldiers. The Committee was composed of a number of experienced educationalists, and their conclusions are both sane and practical. They insist that "physical education is essentially part of the broad question of school and personal hygiene, and that the attention of those who map out courses of exercises should be directed to counteracting the defects that are most common in children." Thus breathing exercises will help to abrogate the evils of mouth breathing, and will draw the teachers' attention to those children who are suffering from nasal obstruction, whilst movements such as rising on the heels and bending backward will counteract tendencies to flat-foot and stooping respectively. The importance of training teachers to give instruction in these matters is insisted on, as is the guidance which should be exercised over defective and sickly children. These considerations bring the Committee to the point that no form of educational organisation can be considered complete that does not make provision for the systematic reference of questions of school hygiene and individual treatment to medical experts. The physique and state of nutrition of each child should be taken account of in each class, and the incapable ones weeded out and referred to the doctor for an opinion as to how they would be best dealt with. The whole report is simple, temperate, and convincing, and one can only hope that the Board of Education will give the recommendations the effect which they undoubtedly deserve. The child is father to the man, and healthy men make a prosperous nation.

The Sanitary Inspection of Restaurants.

THE importance of the sanitary control of restaurants and other places where food and drink are sold to the public is self-evident. There is room to doubt, however, whether that kind of super vision is not more often honoured in the breach than the observance. Few medical men in general practice could not furnish gross instances of public houses, milk shops, eating houses, and the like which had proved centres of zymotic infection. With these facts in view, it is satisfactory to note that Dr. Collingridge, the energetic Medical Officer of Health for the City of London, is turning his attention to this point, which, in the midst of a densely crowded day population, becomes more than ever important. In his last report Dr. Collingridge stated that at a restaurant near the City boundary an employé was found suffering from small-pox while actively engaged in preparing food, and another young woman had just returned to work after an attack of influenza and chicken-pox. The small-pox patient was sent to a hospital, the restaurant closed, the premises disinfected, and the entire staff vaccinated. This example is worthy of note by medical officers of health in all parts of the United Kingdom.

Reverence in Medical Practice.

THE impossibility of a successful study of the mysteries of life and death and of the physical secrets of Nature in anything but a reverent spirit has become almost a truism. Yet there is a danger lest this privileged familiarity with physical incomprehensibilities should dull the sense of respect, or even of awe, which should ever characterise the physician's mental attitude towards the science to which he has devoted his life. The unknown and the unknowable will ever demand the homage and admiration of the finite. There is much, however, in the practice of medicine to shatter one's ideals and to discount faith in humanity at large, but, as Ruskin says of knowledge, "That man is always happy who is in the presence of something which he cannot know to the full, which he is always going on to know." As there can hardly be a more progressive science than that of medicine, the practitioner's happiness should be secured, at least in theory. But while it may be desirable to cultivate this aspect of reverence, its more homely application is equally necessary. There is a sense in which a due appreciation on the part of the physician of his patient's peculiarities

and habits of life is essential, for unless the latter be respected and given way to, the treatment of a given case is apt to be less efficient, and, what is even more important, that harmonious relationship of entire confidence which should exist between doctor and patient may be disturbed. It is reverence towards little things which may appear only as trifles that will, perhaps, determine the success or failure of the practitioner. This aspect of medical practice is not learnt in hospital wards so much as in private practice, where people have greater opportunities to dilate upon their ailments.

Plumbers' Registration.

AFTER a period of hibernation the Plumbers' Company have come to the front with their registration scheme. Thev have held an examination of plumbers with a view to certification under their scheme of national registration. Out of twenty-three candidates five only succeeded in passing the examination, which was held last week at King's College, London, and of which details will be found in another part of our present issue. The desire of the Company to test the competency of plumbers is laudable enough, but the shoe pinches not so much at the point of competency as of conscience. Certification affords no guarantee that the individual plumber will do his work with more skill and thoroughness than that displayed by his uncertificated brethren. It is tolerably certain, however, that the public would in the long run have to pay more for their plumbing were certification to become at all general. It is clearly to the interest of the Plumbers' Company to swell its revenues and regain some of its ancient power of authority by the apprenticeship, training, examination and certification of plumbers. The scheme is well enough so long as registration remains voluntary. The policy of the Plumbers' Company, however, for many years past has been to render registration compulsory. Such a result could only be attended with disaster by the creation of a costly monopoly with all its privileges and economic waste, the burden of which would fall upon the general community. The point is one that intimately concerns the medical profession, inasmuch as good plumbing is essential to good sanitation. Were the cost of plumbers' work to go up materially, as it inevitably would in the case of compulsory registration, the national health would at once suffer. In many ways wealth is needful to secure health, and this detail of sound plumbing affords a good illustration of that general proposition.

Skipping.

"To skip or not to skip?"—that is the question which Dr. Bond, the Medical Officer of Health for Gloucestershire, asks in his recent brochure, "A Plea for the More General Practice of Skipping." Dr. Bond, as the energetic secretary of the Jenner Society, has certainly shown his ability to make the anti-vaccinators skip, but whether he will succeed in inducing the general public to do so remains to be seen. The grounds on which he urges its adoption are that it is an unsurpassed form of home gymnastics, an admirable aid in the cultivation of bodily vigour, in the maintenance of health, and the treatment of some forms of disease. There is no doubt that skipping as a form of exercise has many advantages, it requires no apparatus except a rope, it may be practised in the open air, and it induces both muscular exercise and feelings of exhilaration. Moreover, it is available for old and young, rich and poor, male and female. Why, then, do medical men neglect to advise their patients to skip? Perhaps it is from lack of imagination, or perhaps from fear that their advice may not be followed. Yet how happy and healthy would be a community of skippers! The gloom of the London fog would fail to depress the clerk who skipped to the City, and the cares of office would sit lightly on the statesman who proceeded to Westminster in a fashion that would make the performances of the liveliest kangaroo pale by comparison. And if skipping came into vogue might not many other hygienic sports follow in its train? How healthy would be the lot of the medical man who went his rounds trundling a hoop, or of the clergyman who beguiled the time between his parochial visitations by flying a kite! But, seriously, if Dr. Bond wishes us to skip, will he not break the ice that habit has frozen around us by showing us the way? The combined districts of Gloucestershire should give ample scope for the exhibition of agility. Let him have the courage of his opinions, and be like Mr. Gilbert's Discontented Sugar Broker, who, we know,

"Braved the gay and guileless laugh
Of children with their nusses,
The loud uneducated chaff
Of clerks on omnibuses."

And, with another poet, we will say—

"When next he takes his walks abroad,
May I be there to see."

Fatal Forceps in the Abdomen.

A MOST unhappy professional misadventure at the West London Hospital has recently occupied the attention of a coroner's jury. An abdominal operation was recently performed on a female patient, who died some little time afterwards. Death was due to suppurative peritonitis, resulting from a pair of forceps being left in the cavity of the abdomen and afterwards removed by a second operation. An accident of this kind is not unknown in surgical practice, and, indeed, may occur in the practice of the most careful and conscientious operator. The classical advice to count sponges and instruments before and after abdominal operations was evidently framed to prevent so untoward an occurrence as that in question. In not a few details the busy surgeon is perforce obliged to trust to his assistants and nurses. In the present instance our fullest sympathies are with the surgeon, Mr. Stephen Paget, who is well known as a thoroughly experienced, able, and conscientious operator. Needless to say, a similar accident might occur at any moment to any surgeon working under similar conditions. It is somewhat to

be regretted that Mr. Paget was abroad at the time of the inquest, and therefore unable to give his version of the unfortunate occurrence to the jury. The inquiry has been adjourned in order that he may attend. He cannot fail to secure the warm sympathy and support of the whole medical profession under the trying circumstances in which he has been so suddenly and unexpectedly plunged.

Antivaccinationist Scheme Thwarted.

A JUDGMENT delivered by Mr. Justice Channell last week should be of some value as an example to antivaccinationist guardians. The Battersea vaccination officer brought an action to recover costs incurred in connection with vaccination defaulters. The majority of the defendant Wandsworth and Clapham Board of Guardians were conscientious objectors, and declined to pay. One of their number went so far as to circulate a poster urging the public not to comply with the order of the vaccination officer, and stating that a well-known barrister would defend them in court. The vaccination officers therefore prosecuted, and engaged legal assistance for the purpose. They acted in the matter under pressure from the Local Government Board. Their contention was that under the Act it was for the vaccination officer alone to decide whether legal assistance was necessary, and that the guardians were bound to pay the costs. That view was confirmed by the judge, who pointed out that while boards of guardians put themselves in opposition to the law under which they were elected, and thereby incurred unnecessary costs, the people who were foolish enough to appoint them must pay for it.

The Royal College of Science for Ireland.

THE most interesting event that occurred during his Majesty's recent visit to Dublin, at least, so far as the medical profession is concerned, was the laying of the foundation of the new College of Science at Leinster Lawn. This ceremony took place on Thursday last, and was the occasion of a brilliant function. A special pavilion was erected on the site of the College, in which the King was received, and in which the ceremony took place. Their Majesties, on arriving at the pavilion, were received by the Chief Secretary for Ireland, who is the President of the Department of Agriculture and Technical Instruction. Sir Horace Plunkett, the Vice-President, the Secretary, the Commissioners of the Board of Works, and the Dean of the College, Professor W. N. Hartley, had the honour of being presented. Their Majesties were then conducted to the pavilion, in which the ceremony was to be performed, and, having taken their places on the daïs, the Vice-President of the Department read an address, describing the origin and objects of the College, to which the King was then graciously pleased to read a reply. The Chairman of the Board of Works next handed to the King a statement of the origin of the building, together with a collection of coins of the present year, and copies of newspapers of the day, which his Majesty deposited beneath the stone. A trowel having been handed to the King, he declared the stone to be well and truly laid. The new College of Science is destined to replace the old building in St. Stephen's Green, which has become quite unsuited to the purposes for which it is required. The building has had an interesting history. In 1845, an institution called the Museum of Irish Industry was founded in Dublin, and two years later was extended so as to include the "Government School of Science as Applied to Mining and the Arts." This school was located in the present College of Science, by which it was absorbed in consequence of the recommendations of a Royal Commission in 1867. At this time, the college was under the control of the South Kensington Department of Science and Art, and was so controlled up to the year 1900, when it was transferred to the new Department of Agriculture and Technical Instruction. The College is now the principal institution connected with the system of technical instruction through the country, and when it is housed in more ample and fitting quarters it will be able to occupy a still more important position.

The King's Visit to Ireland.

IRELAND has been within the past week honoured by a second visit from his Majesty King Edward VII. Although, on this occasion, the visit was of a semi-private character, still the several functions their Majesties attended caused a very welcome stir and excitement through the country. The most interesting event from a medical point of view, to which we have already alluded, was the ceremony of laying the foundation stone of the new College of Science. His Majesty left Dublin on Saturday, and proceeded to Kilkenny, from where he travelled to Waterford on Monday on his way to the Duke of Devonshire at Lismore Castle.

PERSONAL.

LAST week Mr. G. F. Goodhart, son of Dr. J. F. Goodhart, of London, was called to the Bar of the Inner Temple.

THE resignation is announced of Sir John Sibbald from the post of Medical Adviser to the Edinburgh District Lunacy Board.

DR. ARTHUR SHADWELL and Dr. Ralph Vincent gave evidence last week before the Physical Deterioration Committee now sitting in the House.

DR. JAMES EDWARDS, of Liverpool, has been appointed to the important posts of Medical Officer to the D. and E. Divisions of Police, Liverpool.

WE are glad to learn that Dr. E. M. Smith, Medical Officer of Health for York, has again resumed his duties after a prolonged absence due to typhoid fever.

WE are glad to learn that the rumours concerning

the health of Mr. C. B. Lockwood, the popular surgeon of St. Bartholomew's Hospital, are without foundation.

THE Charles Murchison Scholarship in Clinical Medicine was awarded to Mr. W. H. Harwood-Yarred, of St. Thomas's Hospital.

DR. B. A. WHITELEGGE, C.B., will preside at the annual dinner of the Epidemiological Society, to be held at the Grand Hotel, Trafalgar Square, London, on May 12th.

A MEETING of Dr. Traill's former pupils has decided to make a presentation to him to commemorate his recent appointment to the Provostship of Trinity College, Dublin.

THE RIGHT HON. THE LORD MAYOR OF LONDON will preside at the festival dinner of the City of London Hospital for Diseases of the Chest on May 13th, at the Hotel Cecil, London.

SIR CHAS. CAVE, BART., has resigned the Presidency of the Bristol Royal Infirmary, an institution with which he has been connected as President and Treasurer for nearly twenty-five years.

SIR JAS. CRICHTON-BROWNE, M.D., F.R.S., will preside at the annual meeting of the Association of Asylum workers, to be held in the rooms of the Medical Society of London, on Tuesday, May 17th.

DR. EDWIN FULLERTON HATTON, Superintendent of the Lunatic and Pauper Asylums, and Medical Officer of No. 2 District of the Island of Grenada, has been officially gazetted to be an Official Member of the Legislative Council of that Island.

AT the 1904 British Association meeting, to be held at Cambridge, Professor C. S. Sherrington, F.R.S., of Liverpool, will preside over the Section of Physiology, Mr. Henry Balfour over that of Anthropology, and Mr. Francis Darwin, F.R.S., over that of Botany.

SIR ROBERT FINLAY, K.C., M.P., Lord Rector of the University of Edinburgh, will preside at the May dinner of the Edinburgh University Club, to be held at the Criterion Restaurant, London, on May 11th. Mr. Justice Darling, Mr. J. M. Barrie, Captain Robert Marshall, and other distinguished Edinburgh graduates will be present.

AT the annual dinner of the West London Medico-Chirurgical Society, which takes place at the Trocadero this (Wednesday) evening, silver bowls will be presented to Mr. Percy Dunn, and Mr. McAdam Eccles, late editor and editorial secretary respectively of the Society's *Journal*, for their service in connection therewith. Mr. Percy Dunn organised and edited the *Journal* for eight years from its commencement.

AT a meeting of the Censors of the Royal College of Physicians of London, on the 28th ult., the following were elected Fellows of the College:—Edward Johnstone Jenkins, M.D.Oxon., Sydney, New South Wales; William John Gow, M.D.Lond., London; Thomas Robert Bradshaw, M.D.Dub., Liverpool; Edmund Henry Colbeck, M.D.Camb., London; Arthur John Hall, M.B.Camb., Sheffield; John Francis Harpin Broadbent, M.D.Oxon., 35 Seymour Street, London, W.; Bertram Louis Abrahams, M.B.Lond., 14 Welbeck Street, London, W.; Charles Arthur Mercier, M.B. Lond., London; William Cecil Bosanquet, M.D.Oxon., London; Arthur Carlyle Latham, M.D.Oxon., London.

Correspondence.

"THE APPLICATION OF PESSARIES AND THEIR DANGERS."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—A natural taste and interest in mechanical appliances must be my excuse for comment, (I trust in a friendly way) on some of the statements and quotations given by Dr. Macnaughton-Jones in his valuable and comprehensive paper in THE MEDICAL PRESS AND CIRCULAR of April 27th. It is quite a truism that "every mobile and reducible uterus should be treated in the first instance by a support which should be worn for a space of time proportionate to the tendency there is on the part of the uterus to revert to the backward position," or, may I add, *any other abnormal position* (italics mine).

I do not observe one word about any local or general treatment to restore the tone and consistence of the uterine muscle, nor can I agree with the statement that "displacements which are associated with inflammatory states of the endometrium until such endometritis be cured contra-indicate the use of any pessary." On the contrary, I believe that a properly adjusted vaginal pessary, by straightening the uterus, will allow of freer exit for the abnormal secretions, restore the circulation interfered with by the flexion, and materially assist in the cure: the existing endometritis and the flexion to be treated at the same time. *A healthy uterus cannot become retroflexed;* hence the importance of endeavouring to restore the health of that important organ when lost, the primary cause of the misplacement.

The great value of the vaginal pessary if properly selected and adjusted is the immediate relief to the patient, giving her confidence, putting the womb to bed, as it were, and, while worn, assisting in the other local and general treatment.

The pessary is, like the scaffolding of a building, only temporary, and removed "when the repairs are executed."

The men who constantly decry the pessary are those who are quite unable to use them with advantage. "A bad carpenter never had a good plane." With regard to Dr. Jones' statement: "When the position of the uterus is such that a pessary can be *taken out and replaced by the woman herself* (italics mine) it is well that it should be of such a form as will enable her to do this easily," may I ask what possible use could such a form of pessary be, and what form of displacement can this advice apply to?

Women, as a rule, are only too glad to find excuse for non-attendance, by stating that the "period" came on. How much more likely to add this new excuse for non-attendance if they find they can remove and re-introduce the pessary when they please?

I strongly suspect that almost all the advantages of ventro-fixation or suspension could be attained in the greater number of cases by reposition of the womb and a properly fitted pessary, combined, of course, with other local and general treatment. And I should think that one of the great advantages of that operation is the keeping of the uterus in correct position *long enough to allow it and the ligaments concerned to regain their tone* (italics mine). Combined with the long rest necessitated by the healing of the wound, and the forming of adhesions (stated by Dr. Japp Sinclair to be "one month or six weeks in bed, and to lead invalid lives for several months!")

Surely a well-fitted pessary with other local general treatment would be the lesser evil.

As to the use of the stem pessary, I never use one in cases of flexion as a cure (my own design included), and should feel, like Dr. Jones, "very uneasy" if I dared to do so.

I have found the hollow, flexible stem of great value in cases of stenosis, and also of chronic endometritis, acting as a drainage-tube and so materially assisting in the treatment, combined with the support (if necessary) of vaginal pessary in addition.

I cannot agree with the statement above that "displacements which are associated with inflammatory states of the endometrium, until such endometritis be cured contra-indicate the use of any pessary," as I have found the hollow spiral stem, by giving free exit to the abnormal secretions, helps in a great measure to restore the tone and muscular power of the uterus, com-

bined with the support of a vaginal pessary in addition and if the patient will do as directed, and keep the vagina as clean as possible, the uterus may need little or no other treatment. Such is my experience, and I have never felt in the least anxious while my patient has worn the hollow spiral-wire flexible stem, nor have I heard any complaints of its presence.

I am, Sir, yours truly,
Alexander Duke, F.R.C.P.I.

Gloucester Terrace, W.
April 28th, 1904.

THE INFANTS' HEALTH SOCIETY.

To the Editor of The Medical Press and Circular.

Sir,—The foundation of the Society named above, announced in The Medical Press and Circular of April 27th, is surely a move in the right direction. It seems certain that a great proportion of the people of this country and of some of our Colonies following the evil example of our French neighbours are more and more adopting the practice of restricting the number of their offspring by artificial means. The birth-rate is from this cause steadily declining, and at the present rate will, in a few years, land us in the same position as tne French. We shall not have enough men for the requirements of home; we shall not have any emigrants to send to the vast millions of fertile square miles across the seas now calling out for inhabitants to develop and fill them. In France the death-rate among infants and young children is higher than with us, enormous as is the mortality in our islands, and it is nearly all preventable. The deaths from measles alone in England and Wales in one year now average between 15,000 and 20,000. Measles can hardly be truly said to be a fatal disease among the well-to-do and the wealthy. The mortality increases with the poverty of the parents, and the greater part of this frightful waste of life might be evidently prevented. Inquiry would show that the same remark applies to whooping cough and scarlet fever, and, of course, the death-rate is an index to the numbers of survivors with damaged constitutions or permanent disabilities of one kind and another. The evils arising from artificial limitation of the number of offspring by parents might, so far as the State is concerned, be largely diminished if the right proportion of all the infants born were preserved alive; and these evils might perhaps be altogether put an end to if the diminishing mortality were accompanied by an increasing marriage rate. If a large number of men between the ages of 25 and 35 would marry women of a similar age, and if all these extra couples would procreate and keep alive a few children, the population might be kept to the level which will be needed if the Empire is to be maintained and expanded, and if the Anglo-Saxon race is to maintain the supremacy it has so far upheld.

I am, Sir, yours truly,
A Student of Sociology.

April 29th, 1904.

STERILISED MILK FOR CHILDREN.

To the Editor of The Medical Press and Circular.

Sir,—I have recently read your correspondent's (Vienna) view on the undesirability of sterilised milk for children. He is unquestionably correct, and his opinion is not only confirmed, as you say, by Behring, to whose judgment most medical men would defer, but the practical experience of those who have prescribed sterilised milk, and have found infants and invalids suffering ill-effects therefrom (or at best not thriving) has materially reduced the quantity consumed in many districts. There is a system now coming to the forefront which effectively preserves the milk *without* boiling it; it also destroys disease germs, and has saved life and health in a remarkable way. I had a striking instance of this in a recent voyage to Newfoundland, when bottles of milk thus treated saved the life of an infant, I having a supply for my own use on board ship. I shall be pleased to inform any of your readers who desire to have particulars.

I am, Sir, yours truly
T. Kyffin Freeman.

Blairgowrie, Whitehall Park, London, N.
April 23rd, 1904.

THE QUESTION OF EXERCISE.

To the Editor of The Medical Press and Circular.

Sir,—Under the title "The Question of Exercise," there was an article in The Medical Press and Circular, June 7th, 1899—in which the views expressed by Dr. Warre are anticipated. In that article we find the following:—"It is well for us to consider carefully what are, or ought to be, the objects of exercise, and whether it is the mental, the moral, or the physical development that we seek for when exercise is encouraged." In that article the "science" of this question is clearly stated, and it is pleasant to find the views of the headmaster of a great school like Eton agreeing with those set forth some time ago in The Medical Press and Circular.

I am, Sir, your truly,
R. L.

Obituary.

DR. AUSTIN MELDON, DUBLIN.

With the deepest regret we have to announce the death of Dr. Austin Meldon, D.L., J.P., Fellow and ex-President of the Royal College of Surgeons in Ireland, who passed away from cardiac failure on April 28th. He was but 59 years of age, but in those years he crowded a great deal of good professional work. He was a most successful physician and surgeon. His patients loved, honoured, and respected him, and he had a very large practice. Notwithstanding, he found time to contribute considerably to the literature of medicine and surgery. Among the best known of his works were "A Treatise on Gout, Rheumatism, and Chronic Rheumatic Arthritis," "Treatment of Tetanus," "Transfusion," "Cases of Tapping Pericardium," "Pasteur and Hydrophobia," and a very interesting address on "Cancer," delivered at Jervis Street Hospital shortly before his resignation of the visiting surgeoncy, and his acceptance of the office of consulting surgeon to that institution. He was for over thirty years attached to this hospital, and carried out some brilliant surgery there. In his earlier years he obtained numerous prizes and medals, one of the latter being the gold medal of the old Pathological Society of Dublin, now merged in the Royal Academy of Medicine in Ireland.

For many years he served as Councillor of the Royal College of Surgeons and was President in years 1889-90. His business-like qualities and despatch of work were greatly appreciated by his colleagues on the Board. He was President of the Irish Medical Association three times, and ever gave its affairs his most earnest attention. His hospitality was superb and graceful. His kindness and charity to the poor were unostentatious but genuine. He was always welcome and carried with him an atmosphere of geniality which no one could resist. In all relations of life his conduct was of the highest character. Affectionate and beloved at home, in the world with its constant trials he never made an enemy, and if perchance he suffered an injury his heart was large enough to forgive and forget. His was a remarkable personality in many ways, possessed as he was of a marvellous fund of good humour and good nature, coupled with a keen insight into human nature. He always upheld the honourable traditions of his profession, and won fame and friendship everywhere. If, as we are assured, this life is but a preparation for a better one, we must hope and believe that his reward will be great indeed.

GEORGE WATSON BEATTIE, M.D.ABERD.

We regret to announce the death, on April 25th last, of Dr. George Watson Beattie, medical officer of health

and the Prestwich Union medical officer and public vaccinator for the township of Failsworth. The deceased was M.B., C.M., of Aberdeen University, 1870, and M.D.Aberd., 1872. He was a member of the British Medical Association. Prior to coming to Failsworth, he was in practice at Ballater.

Laboratory Notes.

THE "ENULE" BRAND SUPPOSITORIES.

THE excellent series of suppositories introduced by Messrs. Burroughs Wellcome and Co. promise to be of widespread value. Their superiority lies in attention to a number of details, such as shape, keeping qualities, and accuracy of dosage. Among others may be mentioned as most likely to be generally useful are:—"Enule" Quassin (Amorphous), gr. ½, an anthelmintic for use in cases of ascaris lumbricoides. One "Enule" product is administered for twelve successive nights. "Enule" Soap Compound; each contains curd soap gr. vij, and dried sulphate of sodium, gr. vij. a combination for the relief of constipation. "Enule" hemisine, containing the active principles of adrenalin, a valuable remedy in piles

Each suppository is enclosed in a sheath of pure tin-foil, which keeps it free from contamination and septic influences until the moment when it is required for use. The sheath is then easily stripped off, and the suppository inserted in the ordinary way. This sheath also enables "Enule" suppositories to resist atmospheric changes to a degree hitherto impossible. All the agents ordinarily employed in rectal medication are issued as "Enule" products.

From the illustration given it will be seen that the "Enule" is, from its shape, calculated to do all that is claimed for it. Hemisine is sent out by the same firm in various convenient forms. As a soloid it is prepared in two different strengths of 1-50th and 1-12th of a

grain, for the preparation of solutions. There are two "tabloids" of hemisine, the first contains 1-200th grain for internal administration, and the other 1-100th as an ophthalmic remedy. The future value of adrenalin is hardly yet gauged, but must be considerable. It should be in the hands of every practitioner, and in the preparations of hemisine as above set forth will be found convenient in form and accurate in dosage.

Literature.

PHILLIPS ON MATERIA MEDICA AND THERAPEUTICS. (*a*)

WE have much pleasure in recording the appearance of the third edition of Dr. C. D. F. Phillips' well-known work on "Materia Medica, Pharmacology, and Therapeutics," a book which is as well known in America and the Colonies as in England. The first edition was published in 1882, and it has long been recognised as the standard work on the subject. It is more scientific than Wood, and more trustworthy and comprehensive than Ringer. The present volume, which is devoted to inorganic substances, is dedicated to Sir Thomas Fraser, of Edinburgh, and we are informed that the second volume on the Vegetable and Animal Compounds is already far advanced and will shortly be published. The present work, which is complete in itself and comprises nearly 1,000 pages, will afford the average reader ample food for study for some time to come. It is adapted to the requirements both of the general practitioner who wishes to keep abreast with modern treatment and of the advanced student preparing for the higher examinations. The author's long experience as a lecturer at the Westminster Hospital and as examiner in the Universities of Edinburgh, Glasgow, and Aberdeen, especially fits him for the production of a work of this magnitude. The subjects are not limited to drugs, for there are chapters on "Baths and Mineral Waters," on "Radiant Heat and Light," and on "Antitoxin in Diphtheria and Other Diseases." To the subject of waters in various forms nearly 130 pages are devoted, a very full description being given not only of the various forms of baths, but of different health resorts in various parts of the world. The author in most cases apparently speaks from personal knowledge of the localities, and if so must have travelled extensively. With regard to drugs, Dr. Phillips by no means confines himself to the narrow limits of the "British Pharmacopœia," but revels in preparations of French and German origin, many of them but little known in this country. For example, under the head of "Iron," he describes the compounds of Tisj, Creuse, Robequet, and Van den Corput, and refers incidentally to the use of "Spinach-iron" and other vegetable forms of the drug. In this article we find a full discussion on the differential action of the proto- and the persalts. Quevenne's experimental observations with gastric fluid withdrawn through a fistula from the stomach of a dog, are criticised, whilst ample justice is done to Stockman's clinical records in cases of anæmia and chlorosis. Mercury is treated in an equally liberal and comprehensive manner, and many useful hints are given as to the best modes of treating cases of syphilis not readily yielding to ordinary preparations. There is no better remedy for functional amenorrhœa than the different salts of manganese, and the modes of administration of the permanganate and the binoxide are clearly indicated. It is not only necessary to know the appropriate remedy in any departure from normal health, but if a successful result is to be obtained to give it according to certain definite rules. For example, permanganate of potassium is a powerful escharotic, and if administered on an empty stomach will assuredly excite gastric irritation and possibly cause perforation. Given immediately after meals it is safe and excites no irritation. Again, if given with a vegetable extract it forms an explosive mixture, but if dispensed with kaolin in the form of a pill it is free from this objection. Nitrate of sodium, which many years ago attracted a considerable amount of attention as a vaso-dilator, has fallen into undeserved neglect, and it is interesting to have references to a now almost forgotten controversy in which some of the most distinguished pharmacologists of the day took a prominent part. The popularity of remedies is a matter difficult of explanation, but it often happens that one particular member of a series is almost universally prescribed to the exclusion of others of equal value. Speaking of gastric ulcer, Dr. Phillips says that it may be given in "full doses," but does not indicate to what extent it may be administered with safety. In dysentery, however, he speaks of 230 to 300 grains, increased to 1,000 grains daily. At one time, many years ago, the carbonate was notoriously impure and often contained arsenic; but now, with increased care in preparation, it is devoid of toxic action and may be administered with confidence. Dr. Phillips seems to have a regard for the soluble preparations of bismuth, and thinks that they represent the activity of the drug independently of their mechanical action. This view is held by many pharmacologists, and there is much to be said in its favour. It is interesting to find a reference to Ferrier's snuff as a remedy for coryza and other catarrhal conditions. Cerium is a remedy now rarely prescribed, but in the days of Sir James Y. Simpson it was in constant use as a means of alleviating the vomiting of pregnancy. Its therapeutical effects are well established, and it is as efficacious as ever, the only difference being that *old* remedies are forgotten and that there is an increasing tendency to employ drugs advocated by the enterprising chemical manufacturer. We owe Dr. Phillips a debt of gratitude for bringing us to our bearings in such matters, and for maintaining a high standard of

(*a*) "Materia Medica, Pharmacology, and Therapeutics.—Inorganic Substances." By C. D. F. Phillips, M.D., LL.D.Aberd. and Edin., F.R.S. and F.R.C.S.Edin., late lecturer in Materia Medica at Westminster Medical School, &c. Third Edition. London: Longmans, Green and Co. 1904. Price 21s.

pharmaceutical morality. We have tested his work in many ways, and have not been able to detect a single inaccurate reference. The material is admirably arranged, space is economised, and any given subject can be consulted with the minimum of trouble. It is not only a work on materia medica, but it is an excellent guide both to pharmacology and therapeutics. A very useful feature is the Index of Diseases and Remedies. This is in itself a complete epitome of medical treatment, and includes remedies dealt with in the companion volume. It is a question whether at some future time it should not be published separately. There is also an Index of spas and waters, which will be found useful for purposes of references. It has been a great pleasure to us to read this work, for, on the whole, it is, perhaps, the best book on materia medica, pharmacology, and therapeutics in the English language.

SYMES' BACTERIOLOGY. (*a*)

A SECOND edition of this excellent handbook has been called for, the first large issue having been rapidly exhausted. In its present form it is practically a new work, as many portions have been entirely recast, while fresh material has been added on such subjects as the mode of preparing and staining blood films, influenza, &c. An interesting description together with a good illustration, is given of that most modern injection, trypanosomiasis. The illustrations have been increased in number. The book is eminently suited to the requirements of the general practitioner who wishes to keep his knowledge thoroughly up to date. Students will also find it a most suitable introduction to the larger works on bacteriology. We can confidently recommend this new edition as a thoroughly trustworthy guide to the subject. It is written in a style which is singularly free from technicalities, and therefore readily understood by those uninitiated in the mysteries of this science. The style is crisp, clear and concise, and this little volume forms a handy booklet of reference for the study table.

YOUNGER'S INSANITY. (*b*)

THERE must, indeed, be few general practitioners who do not, at some time or other in the course of their work, come across cases of mental derangement. Although the diagnosis and treatment of these cases, as a rule, are left to the specialist, still it is befitting that the family physician should be able to recognise the type of case with which he is dealing, its causes, prognosis, and general treatment. This he will be enabled to do when he has thoroughly mastered the contents of this brief monograph. The first part deals in an able manner with the causes and early symptoms of insanity, and contains a section on the examination of insane patients with a view to certification, together with a good account of the legal bearings of such cases. In the second part the various types of insanity are briefly but accurately described, while the special forms of mental disease are carefully detailed.

This volume fills up the gap which has hitherto existed in the text-books on general medicine, which usually contain only a passing reference to mental diseases. Dr. Younger's book, therefore, supplements the ordinary works on medicine, and it will serve as a useful introduction to the larger treatises on insanity. We congratulate the author on adding such a well-written handbook to this practical and up-to-date series. Practitioners and students alike are strongly advised to make themselves familiar with its contents, a knowledge of which will save many a mistake in practice. It presents the subject of mental diseases in a readily comprehended manner, so that no difficulty will be experienced in mastering the writer's statements. This little book is emphatically good of its kind, and will be found an invaluable and unerring guide alike to the busy practitioner and the burdened student.

(*a*) "The Bacteriology of Every-Day Practice." By J. Odery Symes, M.D.Lond., D P.H., &c. Medical Monograph Series, No. II. Second Edition. Pp. 108, with 11 illustrations. Crown 8vo. Price 2s. 6d. net. London: Bailliere, Tindall and Cox.

(*b*) "Insanity in Every-Day Practice." By E. G Younger, M.D, Brux., M.R.C.P.Lond., D.P.H., &c., Senior Physician, Finsbury Dispensary &c. Medical Monograph Series, No viii. Crown 8vo, pp. 109. Price 2s. 6d. net. London: Bailliere, Tindall and Cox. 1904.

THE MEDICAL ANNUAL. (*a*)

THIS excellent annual has attained and maintains its popularity with the medical profession by the care bestowed on its production by the publishers who spare no expense in illustrations and so forth, and in a staff of sectional editors, each of whom has attained first rank in his speciality, who ensure that the reader is provided with trustworthy reports on the most recent advances in medical science. The characteristic feature of the present volume is the series of stereoscopic views which greatly facilitate the study of structures. The volume also contains a series of plates showing the nature and distribution of the eruption in small-pox and other infectious diseases. We are glad to note that throughout the volume the wants of the practical physician are kept well in view, and in the section on practical therapeutics, the practitioner will find many useful hints that will prove serviceable at the bedside.

SUTHERLAND'S DISPENSING MADE EASY. (*b*)

LEST the title should prove misleading, we may explain that this manual is not written for druggists, but for medical men who do their own dispensing. It contains innumerable time-saving and economical wrinkles. Thus the section headed "How to Cut Down the Drug Bills," is well worth the attention of country practitioners, as in it the author points out how quite a small fortune might be saved by substituting the less expensive, but quite as efficacious preparations of the B.P. in dispensing. Various formulæ, gathered from different quarters, are given, which the general practitioner will do well to study and adopt. Throughout this little book are many hints on dispensing for contract or club patients. The latter usually expect to receive ten times as much as they pay for, and accordingly Mr. Sutherland meets the exigencies of the case in a thoroughly practical manner. The closing pages of the book are taken up with parish prescriptions, a number of suitable formulæ being given which combine the maximum of economy with the maximum of efficiency. No medical practitioner, however experienced in dispensing he may be, can afford to be without this handy guide. It is the work of a man who knows his subject well, and we can endorse much of what he says. The book is well bound, and contains a number of blank pages for private formulæ and notes.

SAWYER'S PRACTICAL MEDICINE. (*c*)

THIS is a fourth and thoroughly revised edition of a collection of medical essays written by one who is a master of his subject. Since its first appearance nearly eighteen years ago this book has been well received by the profession, and consequently we need not now enter into any detail regarding it. We may mention, however, that the author has improved these papers in many respects and brought them thoroughly up to date. For instance, the volume now contains a reprint of his paper on "Diet in Diabetes," which appeared quite recently in the *British Medical Journal*, and in which he advocates the addition of potatoes to the diabetic patient's *menu*. On the whole there are few men whose writings will bear collecting together in book form as do those of Sir James Sawyer. It is a genuine pleasure to read once more these classical essays which are full of suggestiveness and practical bearing on the subjects of which they treat.

(*a*) "A Year Book of Treatment and Practitioner's Index, 1904." Twenty-second year. Bristol: John Wright and Co. London: Simpkin, Marshall and Co.

(*b*) 'Dispensing Made Easy: with Numerous Formulæ and Practical Hints to Secure Simplicity, Rapidity, nd Economy." By Wm. G. Sutherland, M B.Aberd. Pp. viii 102. Price 3s. 6d. net. Bristol: John Wright and Co. 1904.

(*c*) "Contributions to Practical Medicine." By Sir James Sawyer, M.D., Senior Consulting Physician to the Queen's Hospital, Birmingham. Fourth Edition. Pp. 257. 3s. net. Birmingham: Cornish Brothers. 1904.

NEW BOOKS AND NEW EDITIONS.

THE following have been received since the publication of our last list :—

THE ALBION PRINTING PRESS (Buenos Aires).
Aseptic Duties of a Surgical Nurse or Dresser. By John O'Conor, M.A., M.D., Senior Medical Officer British Hospital, Buenos Aires Pp. 22.

SIDNEY APPLETON (London).
The Care and Feeding of Children. By L. Emmett Holt, M.D., LL.D. Third Edition Revised and Enlarged. With an Introduction by Eric Pritchard, M.D. Pp. 149. Price 2s. net.
Diseases of the Eye. By L. Webster Fox, A.M., M.D. Illustrated. Pp. 584. Price 18s. net.

J. W. ARROWSMITH (Bristol).
Anæsthetics in Surgery. By C. Hamilton Whiteford, M.R.C.S., L.R.C.P. Pp. 30. Price 1s. 6d.

BAILLIERE TINDALL & COX (London).
Organic Nervous Diseases. By M. Allen Starr, M.D., Ph.D., LL.D. Illustrated. Pp. 751. Price 25s. net.
The Dental Annual and Directory, 1904. A Year Book of Dental Surgery. Pp. 436. 7s. 6d. net.
Medical Laboratory Methods and Tests. By Herbert French, M.A., M.D.Oxon., M.R.C.P.Lond. Illustrated. Pp. 152. Price 3s. 6d. net.

JOHN BALE, SONS & DANIELSSON, LTD. (London).
Orthmann's Handbook of Gynæcological Pathology, for Practitioners and Students. Translated by C. Hubert Roberts, M.D.Lond., F.R.C.S., etc.; assisted by Max L. Trenchmann, F.R.C.S., etc. Pp. 127. Price 5s. net.

BELL AND BRADFUTE (Edinburgh).
A Clinical Handbook of Urine Analysis. By Charles H. Bedford, D.Sc., M.D. Second Edition. Illustrated. Pp. 172. Price 6s. 6d. net.

CASSELL & CO., LTD. (London).
The Therapeutics of Mineral Springs and Climates. By J. Burney Yeo., M.D., F.R.C.P., Pp. 760. Price 12s. 6d. net.

J. & A. CHURCHILL (London).
Football Injuries: Being a Paper Read before the Medical Officers of Schools Association in 1903. By R. H. Anglin Whitelocke, M.D., F.R.C.S. Pp. 16. Price 1s.
St. Thomas's Hospital Reports. New Series. Edited by Dr. H. P. Hawkins, and Mr. W. H. Battle. Vol. 31, 1904. Pp. 405. Price 8s. 6d.
The Closure of Laparotomy Wounds as Practised in Germany and Austria. Edited and translated by Walter H. Swaffield, F.R.C.S. Pp. 72. Price 2s. 6d. net.

ARCHIBALD CONSTABLE & Co. (London).
The Clinical Causes of Cancer of the Breast and its Prevention. With Analyses of a Hundred Cases. By Cecil H. Leaf, M.A., M.B., F.R.C.S. Pp. 64. Price 2s. net.

CORNISH & SONS (Liverpool).
Trachoma (Granular Conjunctivity). By R. R. Rentoul, M.D. Pp. 32. Price 2s. net.

LONGMANS GREEN & Co. (London).
Materia Medica, Pharmacology, and Therapeutics. Inorganic Substances. By Charles D. F. Phillips, M.D., etc. Third Edition. Pp. 921. Price 21s.

MACMILLAN & Co., LTD. (London).
Notes on the Composition of Scientific Papers. By Clifford Allbutt, F.R.S. Pp. 154. Price 3s. net.

THE MEDICAL TIMES, LTD. (London).
Clinical Studies in Syphilis. By Arthur H. Ward, F.R.C.S.Eng. Pp. 156. Price 3s. 6d.
Elementary Lectures on Errors of Refraction and Their Correction. By Harold B. Grimsdale, M.B., &c. Pp. 87. Price 2s. 6d.

NORTH EASTERN HOSPITAL FOR CHILDREN.
The Pharmacopœia of. Compiled by a Committee the Medical Staff. Pp. 72.

THE OBSTETRICAL SOCIETY (London).
Transactions of the Obstetrical Society of London. Vol. XLV., for the Year 1903. Part IV. for October, November, and December. Edited by Amand Routh, M.D., and Herbert R. Spencer, M.D. Price 10s.

PONSONBY & GIBBS (Dublin).
The Royal University of Ireland Examination Papers, 1903. A Supplement to the University Calendar for the Year 1904. Pp. 736.

REBMAN, LTD., (London).
Biographic Clinics. Vol. II. By George M. Gould, M.D. Pp. 392. Price 5s. net.

W. B. SAUNDERS & Co. (London).
Saunders' Year-book of Medicine and Surgery. Edited by George M. Gould, M.D., 2 Vols. Vol. I., Medicine. Vol. II., Surgery. Price 13s. per vol. net.
A Text Book of Legal Medicine and Toxicology. Vol. II. Illustrated. Edited by Frederick Peterson, M.D., and Walter S. Haines, M.D. Pages 750. Price 21s. net.

THE SCIENTIFIC PRESS, LTD. (London).
A Complete Handbook of Midwifery for Midwives and Nurses. By J. K. Watson, M.D. Pp. 348. Price 6s. net.
The Sanatorium Treatment of Consumption. By T. N. Kelynack, M.D., M.R.C.P. Pp. 27. Price 6d. net.

SPOTTISWOODE & Co. (London).
The Dentists Register, 1904. Pp. 247. Price 3s. 4d.
The Medical Register, 1904. Pp. 1727. Price 10s. 6d.

Medical News.

Plumbers' Registration Examination.

TWENTY-THREE plumbers applying for registration under the National Registration of Plumbers were examined at King's College on April 23rd by the Worshipful Company of Plumbers. The candidates were from various parts of London and the provinces. The examination questions included the subjects of contamination of drinking water from faulty connections, roof covering, arrangement of bath, sink, and closet wastes, drainage of town houses, and disconnection from sewers. There were also tests of efficiency in practical plumbing work. The examiners were Mr. Joseph Johnson and Mr. Charles Thomerson, master plumbers; and Mr. W. Smeaton and Mr. F. Wyatt, representing the United Operative Plumbers Association of Great Britain and Ireland. Five candidates passed the examination.

The Late Mr. Barclay.

A NEAT brass tablet has been placed in the chapel of the Bristol General Hospital as a memorial to the late Mr. Wilfred Martin Barclay, F.R.C.S. It bears the following inscription :—"To the honoured memory of Wilfred Martin Barclay, F.R.C.S., born 1863, died 1903. Connected with this hospital as student, assistant house surgeon, assistant surgeon, and surgeon from 1882 to 1903. This memorial has been placed here by the medical, surgical, and nursing staff, and students past and present of this hospital, in affectionate appreciation of the skill and devotion with which he discharged the arduous duties of his several appointments, and of the high character and the personal charm which endeared him to his colleagues, and to all with whom he was associated in the work of this institution." It may be added that this inscription was the last literary production of the late Canon Ainger, who, if his death had not intervened, would have unveiled the tablet. No unveiling ceremony will now take place.

The Bar Golfing Society v. Medical Golfers.

TEAMS representing the Bar Golfing Society and Medical Golfers, played a match at the Burnham Beeches Club on Saturday. Play was by singles in the morning and by foursomes in the afternoon, each individual round counting one point. The singles were well contested, each side scoring four points. In the afternoon, however, the doctors lost the foursomes by 2½ points to 1½. On the day's play, therefore, the Bar Golfing Society proved successful by one point.

THE BAR GOLFING SOCIETY	Pts.	MEDICAL GOLFERS.	Pts.
Mr. T. Mansfield Hunter	1	Dr. H. J. F. Simson	½
Mr. H. W. Beveridge	½	Dr. W. G. Howarth	0
Mr. J. Crabb Watt	½	Dr. A. W. Daniel	½
Mr. J. B. Dyne	1	Dr. H. Dane	0
Mr. A. Macpherson	0	Dr. Carruthers	1
Mr. F. S. Jackson	1	Dr. Webb	0
Mr. F. Russell	0	Dr. Hawkins	1
Mr. Cracroft	0	Dr. Carruthers	1
Total	4	Total	4

Dr. Simson was unable to play in the foursomes in the afternoon, and his place in the medical team was taken by Dr. Low. The scores were :—

THE BAR GOLFING SOCIETY.	Pts.	MEDICAL GOLFERS.	Pts.
Mr. Mansfield Hunter and Mr. Russell	1	Dr. Dane and Dr. Chittenden	0
Mr. Crabb Watt and Mr. Jackson	1	Dr. Howarth and Dr. Low	0
Mr. Beveridge and Mr. Macpherson	½	Dr. Daniel and Dr. Hawkins	½
Mr. Dyne and Mr. Cracroft	0	Dr. Carruthers and Dr. Webb	1
Total	2½	Total	1½

Dinner at the Royal College of Surgeons, England.

LAST Friday the President (Mr. John Tweedy, F.R.C.S.) and Council entertained at dinner a number of distinguished guests, among whom were the Portuguese Minister, the Earl of Onslow, the Bishop of St. Albans, the Bishop of Stepney, Sir Herbert Maxwell, Sir William Church (President, Royal College of Physicians), Mr. Justice Grantham, Sir James Reid, Sir William Broadbent, Sir Thomas Smith, Sir Harry Johnston, Sir John Kirk, Sir Patrick Manson, Sir William H. White, Sir Lambert Ormsby (President,

Royal College of Surgeons in Ireland), Sir Halliday Macartney, Major General Sir Frederick Maurice, Mr. Briton Riviere, R.A., Mr. C. F. Gill, K.C., Mr. Almeric FitzRoy, Mr. H. G. Wells, Dr. Roswell Park, of Buffalo, &c. The members of Council present in addition to the President, included Mr. Henry Morris and Sir Alfred Cooper (Vice Presidents), Mr. Thomas Bryant, Mr. Langton, Mr. Mayo Robson, Mr. Butlin, Mr. Edmund Owen, Mr. Godlee, and Mr. Watson Cheyne, with the Secretary, Mr. Forrest Cowell.

The Recent Appointment of R.M.S. at Ballinasloe Asylum.

THE following question was asked in the House of Commons on Thursday last. The answer returned by Mr. Wyndham shows that the appointment of the junior medical assistant is still *sub judice*:—Mr. Sloan asked the Chief Secretary to the Lord Lieutenant of Ireland whether he could explain in what circumstances the committee of the Ballinasloe District Lunatic Asylum had appointed the junior medical assistant to be resident medical superintendent and refused the appointment to the acting medical superintendent; whether he could say what were the superior qualifications of the junior medical assistant that the acting medical superintendent did not possess; and whether he would take steps that the appointment be not sanctioned until the merits of each case had been duly considered. Mr. Wyndham replied: The appointment of resident medical superintendent of the asylum is vested by law in the asylum committee, but subject to the concurrence of the Lord Lieutenant. The papers connected with the appointment in the present case are now before the Lord Lieutenant.

Meath Hospital, Dublin.

THE annual meeting of the Governors of this Hospital was held last week in the Board room of the Hospital, Mr. Andrews in the chair. The annual report stated that every department of the hospital during the past year had been maintained in efficient order, and the work done, both intern and extern, compared favourably with past years. The portion of the report dealing with finance showed that at the commencement of the financial year there was a debit balance of £2,361 2s. 8d. The total expenditure was £6,173 4s. 4d., and the ordinary income £5,604 17s. 1d., showing a deficiency on the year of £568 7s. 3d., and leaving at the close a balance against the hospital of £2,929 9s. 11d. The committee express regret at this unsatisfactory condition, which has been mainly caused by their desire and efforts to meet to the utmost the great and increasing demand made by the sick poor who daily seek admission and the relief which the hospital is capable of giving them. During the year 1,349 patients were admitted, making, with those already in the institution, 1,472. Of these 1,281 were discharged, cured or relieved; 75 died, and 116 remained on March 31st, 1904, the mortality being only 5.53 per cent. on the total treated to a termination. In addition there were 7,051 accident cases treated as out patients, and the dispensary cases numbered 10,027. There was, therefore, a total of 18,550 persons who received medical or surgical treatment during the year. After the reading of the report it was proposed and adopted "That the thanks of this meeting are due, and are hereby given, to the Dublin County Council and the Dublin Corporation for their grants; to the Distribution Committee of the Dublin Hospital Sunday Fund for their award, and to all who have contributed to the support and efficiency of the institution."

PASS LISTS.

Cambridge University.

Sanitary Science Examination.—The following candidates have satisfied the Examiners in both parts of the Examination:—Edward Baines (Caius), Wilfred W. O. Beveridge, Basanta Kumar Chatterjee, Thomas A. Clinch, Myer Coplans, Ernest K. Gawn, Edward S. Gorman, Arthur E. Horsfall, Henry L. P. Hulbert (Trinity), A. C. Ingram (St. John's), James C. Jameson, Ramsay Millar, Thomas Rhind, and Eliot Swainston.

The following degrees were conferred on Monday last:—

Doctors in Medicine.—Francis A. Bainbridge and Otto F. F. Grünbaum (Trinity), Ambrose Emerson (Gonville and Caius).

Bachelors in Medicine.—Francis R. Carroll and Henry M. Joseph (Trinity), Harry C. Sidgwick (Clare), Ralph D. Smedley (Pembroke), Samuel L. O. Young (Christ's), Eric A. Wright (Selwyn).

Bachelors in Surgery.—Francis R. Carroll and Henry M. Joseph (Trinity), Samuel L. O. Young (Christ's), Eric A. Wright (Selwyn).

The Royal University of Ireland.

THE Examiners have recommended that the following candidates be adjudged to have passed the M.B., B.Ch., B.A.O. Degree Examination:—

Upper Pass.—Ernest Clements, *William M. Crofton, B.A., *Percival T. Crymble, Hugh P. Devlin, Marie E. Hayes, *Thomas Lyle, Richard G. Meredith, Samuel Stockman. Those marked thus (*) may present themselves for the further examination for honours.

Pass.—Anna E. Adderley, Arthur P. Barry, Joseph Corker, William A. Davis, Lillie E. Dunn, Maurice FitzGerald, Mary K. Gibson, Daniel Gleeson, Joseph C. McHugh, Joseph C. McPherson, George Madden, John W. Pitt, Pierce Power, Patrick Quinn, Mary E. Simms, John Thompson, Thomas Walsh, B.A., Samuel H. Whyte, James E. Wilson.

The following candidates have passed the Third Examination in Medicine:—

Upper Pass.—John L. Dunlop, William A. McKee, B.A., Maurice P. Scanlon. The above candidates may all present themselves for the further examination for Honours.

Pass.—Madeleine S. Baker, James A. Beamish, John A. Boyd, George F. Campbell, Holden Carson, Nicholas M. Donnelly, John Finnegan, Hugh J. Forbes, James Gaston, James R. Hackett, James J. Hollywood, Robert F. Kennedy, Denis F. MacCarthy, William McKee, Albert V. McMaster, Timothy Meagher, John P. Moore, James W. Murphy, Jeannie R. Murray, Gabriel V. Ryan.

Conjoint Examination in Ireland.

CANDIDATES have passed the Second Professional Examination as undernoted:—

A. *Honours in order of Merit.*—Geo. Sheppard, Thos. T. O'Farrell, R. M. Bronté.

B. *Passed in all subjects.*—Miss H. O. D. Beamish, T. A. Buchanan, T. Crowley, H. J. Raverty, R. O. Kelly.

C. *Completed the Examination.*—P. W. Carroll, J. Daniell, M. J. Kelly, B. C. A. Leeper, J. H. Lyne, J. G. McGreal, H. V. McKeogh, James O'Brien, W. B. Soady, M. Walters.

In the list of Honours at the First Professional Examination recently published, Mr. H. E. S. Martin's name was inadvertently omitted, Mr. Murray's name having been inadvertently substituted therefor.

London School of Tropical Medicine.

OF the students of the above school who presented themselves for the examination at the end of January. April session, 1904, the following have passed:—

Norah Lenwood,* A. L. Hoops,* W. M. Eaton,* J. B. Cleland,* Olive McDougall,* K. McGahey,* J. Eldon, J. E. M. Brown, M. E. Leicester, A. E. E. Twynam, R. L. Roe, H. G. McKinney, G. F. Whyte, C. T. Costello, and C. W. Somerville.

* Passed with distinction.

Conjoint Examinations in Ireland.

THE following candidates have passed the first professional examination:—

A. Honours.—James Murray and E. Waide.

B. Pass.—P. H. Black, S. Blake, A. Curry, E. Evans, H. S. Johnston, G. S. Levis, F. Mahony, A. E. S. Martin, Richard Power, G. W. Stanley, and J. P. Zeederberg.

Completed the Examination.—W. Breen, R. J. Brookes, P. Ferguson, J. P. Grainger, C. A. O'Burne Ryan, G. G. Stephenson, and P. J. Williams.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

W. C. C.—At the Pasteur Institute in Paris, among the cases of inoculation under treatment for the bite of rabid dogs, the mortality has averaged one-half of 1 per cent. Of those not receiving the inoculation treatment the mortality has been stated to be 18 per cent.

FACIAL ORNAMENTS.

THE *Daily Telegraph* reports that at the last weekly meeting of the Walsall Guardians, a workhouse inmate applied to be provided with an artificial nose, on the ground that the absence of that organ prevented him from procuring employment. It was stated that the cost would be £5, but the board decided to comply with the request, and it was agreed, amidst some laughter, to allow the workhouse medical officer to select the shape of the nose.

WESTPHALIA.—Cycling when not indulged in to excess is beneficial where varicose veins are present.

STUDENT (Edinburgh).—One of the most useful of the text-books on eye diseases is that by May (3rd Edition), published by Messrs. Bailliere, Tindall and Cox.

PARS CILIARIS.—We have no knowledge of the matter, neither can we find any reference to it among the authorities whose works we have consulted.

HOUSE SURGEON.—Until the law is altered our correspondent has no redress.

MRS. W. (Harrogate).—The case is obviously one in which an ophthalmic surgeon's advice should be taken, as has already been recommended by the practitioner.

SPIRO.—If our correspondent is desirous of giving evidence before the Physical Deterioration Committee it is only necessary for him to write to the chairman thereof, and request permission to do so.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MAY 4th.

OBSTETRICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. Horrocks, Dr. F. E. Taylor, Dr. Lockyer, Dr. Fairbairn, and Mrs. Boyd, M.D. Short Communications:—Dr. H. C. Bartlett (introduced by Dr. Boxall): A Case of Lithopædion of 14 years' duration. Laparotomy, Recovery.—Dr. F. E. Taylor: Two Cases of Enlarged Wandering Spleen forming Pelvic Tumours in Women. Paper:—Mr. A. Doran: Hæmatoma and Hæmatocele, a Study of Two Cases of Early Tubal Pregnancy.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. M. Collier: Clinique. (Surgical.) 5.15 p.m. Dr. G. H. Savage: The Relationship of Syphilis to Insanity.

THURSDAY, MAY 5th.

ROENTGEN SOCIETY (19 Hanover Square, W.).—5.30 p.m., Meeting of the Medical Section. Paper: Mr. L. H. Harris (Sydney, N.S.W.) Three Years' X-Ray Work.—(20 Hanover Square, W.).—8.30 p.m. Paper:—Mr. J. J. Vezey: The Roentgen Society, its Past Work and Future Prospects. Mr. F. H. Glew: Some Experiments with Alpha Rays.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos Street, Cavendish Square, W.).—8 p.m. Specimens and Cases will be shown by Mr. A. L. Whitehead, Mr. N. B. Harman, Dr. A. Bronner, Mr. R. W. Doyne, Mr. J. H. Parsons, Mr. J. Lawford, Mr. R. E. Bickerton, and Mr. M. S. Mayou. 8.30 p.m. Papers: Mr. M. S. Mayou: The Retina and Optic Nerves in Anencephaly. Major H. Herbert: Trachomatous Pannus and its Associated Corneal Changes. Dr. W. C. Rockliffe: (1) Optic Atrophy and Primary Amenorrhœa; (2) Optic Neuritis following Concussion of Globe; (3) Unusual Sequence in Cataract Extraction; (4) Peculiar Outbreak of Granular Ophthalmia. —Mr. W. E. Cant: Trichiasis and Operations for Trichiasis.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. J. Clarke: Some Surgical Emergencies.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Introductory Address:—Professor G. Sims Woodhead: The Morbid Anatomy of Pulmonary Tuberculosis in Relation to the Clinical History of the Disease. (Post-Graduate Course.)

FRIDAY, MAY 6th.

WEST KENT MEDICO-CHIRURGICAL SOCIETY (Royal Kent Dispensary, Greenwich Road, S.E.).—8.45 p.m. Presidential Address.—Dr. R. E. Scholefield: Some Considerations on the Causes and Treatment of Anæmia. Following by a smoking Concert by invitation of the President.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital, Hammersmith W.).—8.30 p.m. Papers: Mr. L. A. Bidwell: The Operative Treatment of Pancreatitis.—Mr. W. McAdam Eccles: Lessons from a Year's Fatalities.

LARYNGOLOGICAL SOCIETY OF LONDON (20 Hanover Square, W.).—5 p.m. Cases and Specimens will be shown by Dr. StClair Thomson Dr. L. H. Pegler, Dr. H. J. Davis, Dr. W. H. Kelson, Dr. A. Bronner and others.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11 Chandos Street, Cavendish Square, W.).—5.30 p.m. Dr. G. Carpenter: A Case of Chronic Intestinal Obstruction for Diagnosis. Papers:—Mr. W. W. Cheyne and Dr. H. H. W. Wilbe: A Case of Perforated Gastric Ulcer in a Boy.—Mr. H. J. Stiles (Edinburgh) and Dr. S. McDonald (Edinburgh): Delayed Chloroform Poisoning (with lantern demonstration).

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Dr. H. Tilley. Clinique. (Throat.)

Vacancies.

Leicester Infirmary.—House Physician. Salary £100 per annum, with board, apartments, and washing. Applications to the Secretary, 24 Friar Lane, Leicester.

National Hospital, Battersea Park.—Resident House Surgeon. Salary £60 per annum, with board. Contains 30 beds with out-patient department. Full particulars of the Secretary. (See Advt.)

Norfolk and Norwich Hospital.—House Physician. Salary £80 per annum, with board, lodging, and washing. Applications to Frank Hazel, Secretary.

Nottingham General Hospital.—Assistant House Surgeon.—Salary £100 per annum, with board, lodging, and washing in the Hospital. Applications immediately to the Secretary.

Monkwearmouth and Southwick Hospital, Sunderland.—House Surgeon, Salary £80 per annum, with board, lodging and washing. Applications to the Secretary.

Parish of St Leonard, Shoreditch.—Medical Officer. Salary £300 per annum, with furnished apartments, board, washing and attendance. Applications immediately to Robert Clay, Clerk to the Guardians, Clerk's Office, 213 Kingsland Road, N.E.

Perth District Asylum, Murthly.—Assistant Physician. Salary £110 per annum, with board and apartments, &c. Applications to Dr. Bruce. Physician-Superintendent, Murthly Perthshire.

St. Pancras, London.—Assistant Medical Superintendent of the South Infirmary, Cook's Terrace, Pancras Road, and Assistant Medical Officer of the Workhouse adjacent. Salary £135 per annum, with residential allowances. Applications to Alfred A. Millward, Clerk to the Guardians, Town Hall, Pancras Road, N.W.

Settlement of Women Workers (Canning Town Medical Mission Hospital).—Senior Resident Medical Officer, for Hospital and Dispensary. Salary £100 per annum. Applications to the Hon. Sec., Miss C. Spicer, Montclair, Woodford Green Essex.

Sussex County Hospital, Brighton. Stephen Ralli Memorial.—Pathologist. Salary £300 a year. Applications to the Secretary of the Hospital.

York Dispensary.—Resident Medical Officer. Salary £120 a year, with board, lodging, and attendance. Applications to W. Draper, Esq., De Grey House, York.

Appointments.

ELLIS, L. ERASMUS, M.D.Brux., M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., Clinical Assistant to the East London Hospital for Children, Shadwell, E.

HICHENS, WILLIAM, L.R.C.P.Lond., M.R.C.S., Public Vaccinator for Redruth (Cornwall).

SPENCER, A. R., M.B.Lond., M.R.C.S., L.R.C.P Lond., Resident Medical Officer at the Hospital for Epilepsy and Paralysis, Maida Vale.

Births.

GREENE.—On April 24th, at Crossbrook Street, Cheshunt, Herts., the wife of W. A. Greene, M.R.C.S., of a daughter.

KOCHMANN.—On April 30th, at 61 Langland Gardens, Hampstead, the wife of M. Kochmann, M.D., of a daughter.

PICARD.—On April 21th, at 39 Boundary Road, N.W., the wife of A. W. Kirkpatrick Picard, M.D., of a daughter.

Marriages.

ENGLAND—STEPHENSON.—On April 30th, at 16 Randolph Crescent, Edinburgh, Humphrey England, B.A.Cantab., M.R.C.S.Eng., L.R.C.P Lond., of 22 West Kensington Mansions, London, younger son of the late Dr. England, of Winchester, to Mary Douglas, second daughter of Richard Stephenson, J.P., of Chapel, Duns, N.B.

KELYNACK—MCLAREN.—On April 27th, at St. Stephen's, East Putney by the Rev. Innes B. Wane, M.A., rector of Castle Ashby, Northampton, assisted by the Rev. Canon Barker, M.A., vicar of St. Marylebone and Hon. Chaplain to the King, and the Rev. A. Rouse, M.A., vicar of St. Stephen's, T. N. Kelynack, M.D., M.R.C.P., of 120 Harley Street, Cavendish Square, W., eldest son of the Rev. Nicholas Kelynack, to Clara Violet McLaren, M.B., Ch.B.Edin., only daughter of the late James Grieve McLaren, of Calcutta, and granddaughter of David McLaren, J.P., D.L., of Rydal House, East Putney, S.W.

MURRAY—ROBERTSON.—On April 26th, at the Church of St. Nicholas, Thames Ditton, Charles Molteno, eldest son of Charles F. K. Murray, M.D., of Kenilworth, Cape Colony, to Hilda Florence, younger daughter of Herbert Manwaring Robertson, of Boyle Farm, Thames Ditton.

SWORDER—GREY.—On April 27th, at the Church of St. Mary Magdalen, St. Leonards-on-Sea, Ernest George Sworder, M.B.Cambridge, son of T. Sworder, Esq., of Holly Lodge, Luton, to Gertrude Lilian Grey, granddaughter of Mrs. Charles Woodgate, of St. Leonards.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, MAY 11, 1904. No. 19.

Original Communications.

THE CHOICE OF A TABLE WATER.

By WILLIAM MURRELL, M.D., F.R.C.P.,

Physician to the Westminster Hospital and Joint Lecturer on Medicine.

THE selection of a table water for ordinary daily consumption is a subject on which medical men are often consulted, and it must be admitted that it is not always easy to find one adapted to the especial requirements of the individual patient. The consumption of table waters is enormous, amounting in this country alone to something like 3,600 million half bottles a year. It must be remembered that they are habitually drunk, not only by those suffering from some departure from the normal state of health, but by numerous people who consume them either alone or mixed with wine or spirits as a pleasing beverage. The reason for this popularity is easily explained. Most people have a wholesome dread of enteric fever, and a deep-rooted distrust of the purity of the drinking water supplied to them in most country towns and villages, especially abroad. They argue that it may be admirably adapted for the purposes of ablution, but in the absence of any guarantee to the contrary it is not a safe beverage. Rather than run any risk they prefer spending a few pence at each meal on the purchase of some effervescing water, the name of which is rendered familiar to them by constant advertisement, and the analysis of which, in more or less unintelligible language, is given on the label. The investment they probably regard in the nature of an insurance against illness, and it must be confessed that the money is well spent. Others who are less thoughtful or less provident resort to effervescing waters from a dislike to the plain unadulterated article. Even the most ardent total abstainer fights shy of cold water with his meals. It, to us a popular expression, "sits heavy on the stomach," it is not very readily absorbed, and so far from promoting digestion, retards it. People not of robust physical health, who from a gouty diathesis, or some similar cause, are compelled to abstain from alcohol, find that the appetite and powers of assimilation fall off when they take only cold water as a beverage at meals. They suffer from a sense of weight and discomfort in the stomach, followed not infrequently by intermittent diarrhœa, due to the passage of partly digested food into the intestines. It is true that the Americans are addicted to the use of large quantities of iced water, but it is doubtful if the custom is a good one, and it is probable that much of the dyspepsia from which they suffer is due to this cause. The difficulty is to some extent overcome by the use of effervescing waters, which readily disengage carbonic acid gas in the stomach. Whilst still waters have a mawkish taste, waters containing natural carbonic acid gas exert a stimulating action on the sensory and gustatory nerves, producing a pleasant prickling sensation in the mouth which stimulates the flow of saliva. Considerable attention has been devoted to the investigation of the pharmacological action of carbonic acid gas administered in solution in water, both in the form of natural "acidulous" waters and artificially prepared drinks. Apart from its action in the oral cavity, it produces in the stomach a feeling of warmth and comfort due, it is said by some, to a stimulating action, whilst by others it is ascribed to a sedative effect on the nerve endings. Whether it stimulates the secretion of the gastric juice, and if so, to what extent, is a moot point, but there seems to be good evidence that it promotes peristaltic action. That it acts as a diuretic and increases the flow of gastric juice is an undoubted fact. Many years ago H. Quincke, of Berne, made a series of observations on this point, both on man and dogs. The patients were normal individuals, or, at all events, were not suffering from any complaint which would invalidate the experiments. The carbonated water was given in quantities of about a pint in the morning before breakfast, and it was found that the urine secreted was far in excess of that passed when the patient was taking the same quantity of plain water. How the carbonic acid acts has not been established. It may be that it is absorbed by the blood, and acts as a direct stimulant to the renal substance. It may act directly on the vaso-motor or secretory nerves of the kidney, or it may act reflexly on them by stimulating the mucous membrane of the stomach. Again, it may act simply by increasing the rapidity of absorption of fluid from the stomach, or possibly it may have more than one of these actions. Its influence on the excretion of carbonic acid by the lungs was found difficult of investigation, and yielded no definite results, whilst the influence on the respiratory and pulse rates was not more than could be accounted for by a temporary condition of plethora, due to the ingestion of the fluid. Apart from these experimental observations, practical experience extending over a long series of years has shown that carbonic acid waters are powerful therapeutic agents, and are amongst the best of diuretics, provided always that they are of low mineralisation. Otto Leichtenstern points out that their sphere of action can be summed up in very few words. They are

pleasant refreshing drinks and are popular as articles of enjoyment. They are suitable for dyspeptic conditions, especially acute dyspepsia accompanied by nausea. They promote, he thinks, the secretion of gastric juice, and they must be credited with the power of stimulating the peristaltic action of the stomach and intestines. They produce an increase of the secretions and a fluidifying and easier removal of mucus. Sir Lauder Brunton has pointed out the value of water in the treatment of gall-stones and renal gravel and calculi. "It tends to wash away the waste products from the cells of which our organs are composed, to clear out the uric acid, urea and phosphates through our kidneys, and thus prevent renal or vesical calculi, and also to wash out our liver and prevent gall-stones, whilst it helps to keep the bowels in action."

Although we all recognise the value of the "akratothermæ" or indifferent thermal waters, our patients, unless we are accurate prescribers, rarely get them, and are content to accept some artificial substitute, a water of more or less purity impregnated with a chemically prepared gas. In this category must be included "soda water" and the popular syphons. Some difference of opinion exists as to what constitutes "soda water." Strictly, it is a definite pharmaceutical compound prepared "by passing pure washed carbonic acid, as much as can be introduced by the pressure of seven atmospheres, into a solution of bicarbonate of sodium, thirty grains to the pint of water, corking and tying over." As ordinarily sold, however, soda water contains no carbonate of sodium, but is simply water impregnated with carbonic acid gas under pressure. Some of the syphons even contain no carbonic acid gas, but simply water into which atmospheric air has been introduced under pressure. This laxity is to be deplored, for mere effervescence is no test of quality, and carbonic acid, as we have seen, possesses distinct therapeutic properties. This opens up the question as to whether natural carbonic acid and carbonic acid prepared chemically by the action of an acid on marble or chalk, or some other form of carbonate of lime, have identical physiological actions. Oscar Liebreich is probably right in saying that "even the best manufactured artificial mineral waters differ from the natural ones in taste and value." Henriot, of Paris, whose opinion on all subjects connected with mineral waters will be received with respect, maintains that there is an essential difference, and finds that whilst two litres of artificial carbonic acid gas are absorbed with difficulty and produce distension of the stomach, thirty-five litres of the natural gas are immediately absorbed without inconvenience. This is in accordance with analogy, for we know that patients suffering from acute rheumatism who do badly on synthetically prepared salicylic acid often improve rapidly on salicylic acid obtained from oil of winter-green.

The question then arises of the feasibility of obtaining a palatable water impregnated with its own natural carbonic acid gas. Such waters are few in number and by no means of common occurrence either in this country or abroad. Dr. C. D. F. Phillips, in his well-known "Materia Medica and Therapeutics," says there are few springs which contain only a small amount of saline ingredients with so much gas that they may be called simple acidulated or carbonated waters, and none of these are active enough to be in demand beyond their own immediate locality. It is clear, however, that it is exactly these waters which are especially adapted for habitual use as table waters, and there seems to be no reason why they should not be bottled and imported. The waters of the alkaline group Vals and Vichy, for example, are not suitable for this purpose, for although the amount of bicarbonate of sodium contained in each bottle may not be great, even small medicinal doses constantly repeated must of necessity exert some therapeutic action, which although beneficial in certain cases, are not adapted to the physiological requirements of everyone. The alkaline carbonates taken at the commencement of a meal stimulate the secretion of the gastric juice, but ultimately interfere with its natural production. Taken towards the termination of a meal they neutralise the hydrochloric acid which plays so important a part in the process of digestion and retard its secretion. What is required is a natural water containing no active drug, and one which is (1) free from organic matter and medicinal substances; (2) strongly aerated with its own natural carbonic acid gas; and (3) of low mineralisation and free from added saline. The presence of fractional quantities of iron, lithia, argon or helium cannot be regarded as of serious import. The discovery of radium in the waters of Bath in no way affects their properties or enhances their reputation, which rests on the foundation of practical experience extending over many centuries. Apart from these trivialities, it may be said that table waters are feebly mineralised waters containing much free carbonic acid gas, that is, "simple gaseous" or "simple acidulated waters."

Sir Hermann Weber and Dr. F. Parkes Weber, in their book on the "Mineral Waters and Health Resorts of Europe," include in this category Apollinaris near Neuenahr, the Johannis spring at Zollhaus, Gerolstein, and Berresborn, in Rhenish Prussia, Adonis, in Belgium, and some others the names of which are quite unknown in England. Berresborn, they point out, contains as much as 28 grammes of bicarbonate of sodium in 10 litres, and is therefore rather strongly alkaline for an ordinary table water, whilst Bilin (33 grammes in the 10 litres) and Fachingen (35 grammes) also contain too much carbonate of sodium. Apollinaris, on recent analysis, was found to contain at the spring 26·7 grammes of saline carbonate in 10 litres of water, whilst as supplied to the customer it contained from 35·8 to 37·4 grammes in the 10 litres, the difference being accounted for by the addition of chloride of sodium. At the spring there were only 4·2 grammes of chloride of sodium in the 10 litres, whilst in the product as sold there were from 13·5 to 13·8 grammes, that is, about twice as much salt was added as was contained in the original water. The addition of the salt is said to be necessary to provide against the decomposition of the sulphate of sodium, although this is not very readily explicable on chemical grounds. To many people the marked saline taste is objectionable. Evian water (Source Cachat) is not uncommonly served as a table water in France. Evian is in Haute-Savoie, on the south bank of Lake Geneva. The treatment at Evian is essentially a *cure de diurèse*. The great point about the water is its low mineralisation, not more than 5 grammes in 10 litres, but it is poor in gas, and whilst gaseous can hardly be called effervescing.

St. Galmier is a popular water on the Continent, and all the St. Galmier springs are now the property of "L'Etablissement de St. Galmier," the output of which is said to exceed one hundred million litres per annum. The Source Badoit and the Source Rémy are both highly mineralised. The Rémy, according to the analysis of Bouis, in 1864, contains 18·5 grammes of solid constituents in 10 litres, and the Badoit, from an older analysis, nearly 29 grammes. Another of these springs, the Noël, contains 16·22 grammes in 10 litres. These waters, although excellent in many respects, are too highly mineralised to suit everyone. The term "seltzer," as applied to mineral waters, is used somewhat vaguely. There are the Neder seltzers and the Ober seltzers, and there are numerous imitations made artificially effervescing by the introduction of chemically prepared carbonic acid gas. The analysis of Neder seltzer by Fresenius shows that it contains no less than nineteen ingredients, the chief constituent being chloride of sodium, whilst the Ober seltzer has been found by Mohr to contain 260 grammes of solid constituents in the gallon, or about 37 grammes in 10 litres. Rosbach water is said to contain 121·3 grains in the gallon, or about 17 grammes in 10 litres, so that it is comparatively highly mineralised. Gerolstein, drawn from an artesian well in the Eifel Mountains, contains 22·9 grammes in the 10 litres, and Taunus water 44 grammes. Malvern is probably not a natural effervescing water. Dr. Horton-Smith says that it contains only traces of mineral ingredients and cannot be regarded as possessing any special medicinal properties. St. Ronan's is a weak mineralised water from Innerleithen, on the Tweed, about six miles below Peebles, but whether it is a natural carbonic acid water is not clear. The muriated waters of Bridge-of-Earn, a mile and a half from Perth, are sold under the name of Pitkeathly, and contain free carbonic acid gas. Salutaris is frankly an artificial aerated water, and need not be discussed.

Source Perrier, now so commonly drunk on the Riviera, comes from Vergèze, a few miles from Nîmes, in the department of Gare, France. It is a natural carbonic acid spring which arises in a remote country district far removed from any town or village, so that there is no possibility of organic contamination. It is not only gaseous, but actively effervescing, with its own natural carbonic acid gas. Dr. Wilson Hake finds that it is an absolutely pure water of low mineralisation, containing only 3·81 grammes of total solid constituents to 10 litres. It is palatable, and is one of the best types of natural mineral water.

The subject of the choice of a table water is a complex one, and it must be admitted that most of us prescribe waters of this class without any real knowledge of their composition or properties.

IN the Commons last week, the Secretary of State for War, in reply to a question by Dr. Farquharson, said that a Royal Warrant would shortly be issued under which the salary of a nurse was fixed at £40 a year, rising to £45, instead of £30 to £35 as at present; whilst the pay of the higher classes of sister, matron, and principal matron were correspondingly increased. Under the new regulations the matron-in-chief would receive £300 a year rising to £350. The pensions depended on the rates of pay, and were accordingly increased in proportion.

ADRENALIN IN NEUROTIC HEART.

By A. S. MYRTLE, M.D., J.P.,
Harrogate.

NOTHING has been more forcibly impressed on my mind during the last fifteen years than the great and steady increase of heart cases of a neurotic origin. On examining such in a quiescent state, one discovers nothing abnormal with heart or pulse. The attack generally comes on suddenly without apparent cause—the patient feeling perfectly well, detects a little flurry in heart's action with a sense of oppression or weight—the pulse is feeble, very irregular and intermittent, beating rapidly for a second or two, then halting, missing a beat after every third, fifth, or seventh. Respiration is hurried and shortened, but not remarkably so, and a full deep breath can be readily taken. Early attacks pass off generally as quickly as they appear with rest and a glass of brandy, whisky or other stimulant; they can frequently be traced to errors of diet, over-fatigue, mental excitement, or functional derangement of the liver. As time goes on they become more frequent and persistent, demanding active treatment. I have found full doses of strychnine, 1-20 gr., hypodermically or by the mouth, most trustworthy, and with this 1-150 gr. to 1-125 gr. strophanthin is combined with marked advantage; in severe cases I have resorted to ether inhalations without permanent good. I have long discarded digitalis as useless.

Recently I met with two cases lasting for days where the above measures, with plenty of brandy, &c., had absolutely no effect

Case I.—The first, a gentleman over seventy years of age, had been very bad for four days and nights, when my son suggested a trial of adrenalin. He had been using this (to me a new therapeutic agent) in cases of hæmorrhage, internal and external, at the infirmary and in private. He had noticed that in cases where he had found the heart weak, the pulse feeble and irregular before the adrenalin was given, after its use the heart's action got stronger, the pulse steadier, and whilst admitting that the improvement in these cases might reasonably be accounted for by the cessation of the bleeding, he advised a trial of the drug in this case, and prescribed 20 min. of adrenalin chloride solution every six hours; the pulse was so rapid, feeble, and irregular that it could not be counted, the patient complained of a dull pain with sense of weight over the heart, his expression anxious, the face and ears ashen, the extremities cold, and the voice reduced to a whisper. After the second dose a little improvement was noticed, and this continued without a check after each dose; after the fifth the patient fell asleep in his chair, and in a couple of hours awoke feeling quite himself, but very shaky.

Case II.—Shortly afterwards a similar case came under our care—a gentleman close on eighty years of age, of gouty habit. He had been liable to heart attacks for many years. After reading a highly sensational blood-and-thunder novel, the heart suddenly gave in; he began passing large quantities of pale urine, for an hour and a half he had to empty his bladder every fifteen minutes. He was put on the same course as the other patient, and after the third dose was relieved of all discomfort.

In neither of these cases did any unpleasant

effect follow. In milder cases we have given small doses, 5 min., with 1-125 gr. of strophanthin, with the most satisfactory results. I feel scarcely warranted in bringing this new remedy as a cardiac tonic to the front on such limited experience, but having watched its action most carefully, I am convinced of its value, and place it before the profession believing it will prove of great benefit in cases of heart failure such as I have described. I am all the more encouraged to do so after reading the original, bold as well as successful results obtained by Dr. James Barr, of Liverpool (*a*) in dealing with the very worst cases of serous effusion in the cavities of the body, where complications of the gravest kind had to be faced.

Notes on Therapeutics and Materia Medica.

By DAVID WALSH, M.D.Edin.,
Senior Physician, Western Skin Hospital, London, W.

INFLUENZA—PREVENTION.

THE general prevalence of influenza at the present time is well known to medical men. Although, happily, its type is for the most part mild, there nevertheless remains a considerable margin of preventable mortality from that disastrous malady. The last great pandemic, as everyone knows, came to the United Kingdom in 1890, and fourteen years later is still with us in epidemic and endemic form. Persistence of this kind, in the face of the whole resources of modern scientific medicine, suggests a careful revision of the field of campaign in order to find out, if possible, the weak point in our strategy. At the end of fourteen years it seems somewhat humiliating to have to confess that we are not able to exterminate a disease of which the causative bacillus was discovered simultaneously by Pfeiffer, Kitasato, and Canon in 1892. Judging by the light of past history it seems not unlikely that time alone will rid us of the pest as the wave of influenza recedes gradually from our shores.

The demonstration of the specific organism of influenza will make the great epidemic of 1890 always memorable. Sooner or later it may be confidently hoped that the discovery of the cause will enable the physician or the sanitarian to introduce rational means both of cure and of prevention. So far as remedial measures are concerned the general verdict appears to have been unfavourable to physic except, of course, in the treatment of complications such as high temperature, sickness, vomiting, and lung complications. The majority of medical practitioners, looking back on the experience of the past fourteen years, would agree that the most marked symptom of influenza is prostration, and that the patient's safety is to be found in lying abed, with the administration of plenty of good food and stimulants. Some day an efficient anti-influenzal serum may be discovered, but meantime the golden rule of practice is to send to bed at once all patients found to be suffering from influenza, no matter how mild the attack. To the philosophical observer, indeed, there can hardly be imagined a more instructive study than that of the powers and the limitations of modern scientific medicine with regard to influenza. He will seek to get at the starting-point of the evil, which appears to be in some far-away part of Eastern Russia or of Asia. Thence the influenza quickly reaches Moscow, two months later it is in Berlin, a month later in London, and a few weeks later, again, in New York. A pandemic wave of influenza takes about a year to get round the world. The chief outbreaks during the nineteenth century were in 1830, 1836, 1847, 1889. In the intervals between the storms the influenza must be endemic somewhere in the East. When our systems for the prevention of communicable diseases are more perfect, it may be that we shall be able to control the disease in its place of origin. Before that desirable end and aim could be attained, however, medical science will have to discover some means of throttling the disease.

Needless to remark, the ordinary preventive methods of notification, isolation, and disinfection are of little practical use in this particular instance. By isolating patients the distribution of a certain amount of infection would be avoided. Many persons, however, do not know they are suffering from influenza, and spread the malady broadcast in clubs, churches, concerts, Turkish baths and other places of common resort. The mischief is done by them before they recognise the nature of their malady. Indeed, it is in not a few instances extremely difficult to distinguish their complaint from an ordinary sharp catarrh.

Many years of notification, hospital isolation, and disinfection have not reduced the incidence of scarlet fever or of diphtheria. That failure is possibly due to the difficulty, which often occurs, not only of detecting the disease in its early stages, but also of saying when the infectiveness of the patient has definitely ceased. It is, moreover, due in some measure to the special facilities for the spread of infection arising from the seat of infection in the upper air passages. Scarlet fever, diphtheria, measles, whooping-cough, and influenza as a rule have their starting-point in the upper respiratory tract, whence their virus is readily distributed by coughing, sneezing, speaking, kissing, the use of knives, forks, spoons and drinking vessels, and in other familiar ways. It is suggestive that the five diseases named are those which it seems most hopeless to attempt to control by the ordinary preventive methods which have proved so successful in such cases as small-pox, enteric fever, typhus, and puerperal fever. To exterminate these five subtle and dangerous infections science will have to devise fresh weapons. It is impossible to detect and isolate patients suffering from diseases of so short an incubation. The only hope appears to be in the discovery of some antidote to each disease, which, indeed, has been done more or less in the case of the antitoxin treatment of diphtheria. It is curious that medical science knows comparatively little about either measles or whooping-cough, two of the commonest and deadliest of our zymotic complaints. As to their specific causative organisms and the means of cure we are still groping in the darkness of assumption and of empiric method.

(*a*) *Brit. Med. Journ.*, March 10th.

IN the Commons on the 3rd inst., Dr. Thompson asked the President of the Local Government Board if he would consent to appoint a small select committee to consider the advisability of the State registration of nurses. Mr. Long replied that, generally speaking, the subject of nursing was not within the province of his department, which was only concerned with the nursing in Poor-law institutions. He was not in a position to consent to the proposal.

SOME EXPERIMENTS ON DRUGS WHICH ARE SAID TO INCREASE THE NUMBER OF LEUCOCYTES IN THE BLOOD. (a)

By HERBERT FRENCH, M.B., B.Ch.Oxon.,
Late Gillson Research Scholar, Apothecaries' Society.

WITHOUT entering into great detail upon the reasons for experiments of this nature, a few words of introduction seem necessary.

The functions of the leucocytes of the blood in health are even yet but imperfectly understood, but one of them is held to be that of protecting, or helping to protect, the body from certain infections, particularly those due to micro-organisms. In some cases the microbial attack is local, and the leucocytes seem able to engulf or devour the bacteria, the process being termed phagocytosis. Metchnikoff is the strong champion of this view of leucocytic function. In other cases the infection is general throughout the body, though the microbes themselves may still be local; for example, in pneumonia, where the pneumococci seem confined to the lungs, and yet the whole system is affected by the poisons they produce. In yet other cases the microbes themselves are disseminated everywhere as in cases of septicæmia, and in other cases, such as scarlet fever, the body is poisoned in some way though no microbes have been found. Probably the nature of the process of recovery is not always the same in these different varieties of infection; but in some, at least—for instance, in pneumonia—the leucocytes appear to play some part. In pneumonia and in cases of deep-seated pus formation, to take two examples, there is frequently a great increase in number in the leucocytes in the blood; instead of the more usual 5,000 to 10,000, they may number 30,000, 50,000, or even more to the cubic millimetre. This can hardly be the case unless they are actively taking part in resistance to the infection, and in helping to restore the patient to health. How they do this is quite uncertain. Metchnikoff believes his phagocytic theory covers every case. Walker, following up Ehrlich's theory of immunity, believes that they act in another way, and a word or two may be said in regard to this. To put the matter in a somewhat crude form, it seems that when a human body is infected by a microbial poison or toxin, that human body may contain plenty of the antidote or antitoxin, and yet may perish unless there be something else present as well. This something else is variously styled, one of the names for it is "complement"; and the "complement" is regarded as a sort of go-between or coupling which attaches itself both to the "toxin" and to the "antitoxin," and enables these two to neutralise each other.

Now Walker has published experiments which indicate that the "complement" is derived from leucocytes, and he believes that this function of the leucocytes, complement function, is most important in many cases, at least, of recovery from infectious diseases.

I do not wish to enter further into the complicated question of immunity; I think I have said enough to show how important it may be to know the therapeutic agents by which an increase in the leucocytes of the blood may be brought about. Of course, it does not follow that because a given drug will produce an increase of leucocytes it will necessarily be of benefit in any particular disease. A drug, for example, might be capable of doubling the number of leucocytes, or of doubling the amount of complement, but it might be that the whole of this increase was necessary in order to neutralise the other effects of the drug itself; leaving no surplus of either leucocytes or complement to deal with the infective material of the disease from which the patient was suffering. On the other hand, it seems not impossible that a drug might be discovered whose action was to stimulate leucocyte and complement production to such an extent that the patient might have an increased power of resisting and overcoming the infective process. In conditions such as infective endocarditis such a drug, if known, would be invaluable. The first point, and that in which this Society will be chiefly interested, is to discover what drugs will increase the leucocytes in healthy man, and it will be a subsequent research to test the value of this action in particular diseases. To take an analogy, the discovery of those drugs which will produce diuresis was important in itself; it is a subsequent application of this discovery to use those drugs in medical cases where increased urine secretion seems indicated; the present experiments were confined to the drug production of increased leucocytes in healthy man.

A certain amount of work has already been done in the same direction. Mayer, in Von Jaksch's clinic in Prague, reports, from a series of experiments lasting nine days, an average increase in leucocytes of over 75 per cent. on the three days when nuclein was administered. Halm, of Munich, and Hofbauer, of Vienna, state that they have obtained similar results, with none but beneficial effects. Batty Shaw, using an emulsion of ½ gramme of cinnamate of soda in sterilised normal saline, and injecting it into cats, caused a leucocyte increase of from 31 per cent. to 192 per cent. Richter and Spiro have obtained similar results.

I have other references to the use of turpentine, potassium chlorate, pyrodin, collargol, and ether, where injections hypodermically produced similar slight increases; but in all cases in animals. The facts that the experiments were made on animals is important, because it is well known how readily the numbers of leucocytes may be made to vary in them, even by very slight causes. It is important, further, that the increase was always slight; for the normal figure is well known to be variable, and the increases in many of the recorded cases, even on animals, were almost within the limits of normal variation.

The present experiments were all carried out upon myself, and I cannot find reference to others of a similar nature carried out upon a healthy man. I was living my usual life, with the usual meals, all the time; previous to the drug administration I counted the leucocytes in the morning, at mid-day, in the evening, and at night, over a week's period, in order to find the healthy variations. These were considerable—namely, from a minimum of 5,000 to a maximum of 13,000 per c.mm. I conclude, therefore, that no leucocyte count following a drug administration in myself, and not exceeding 13,000, can be regarded as an increase due to the drug.

I then carried out a series of experiments with nuclein, kindly supplied by Parke, Davis, and Co.

(a) Read at the April meeting of the Therapeutical Society, 1904.

This was the same as that which Mayer has stated to produce leucocyte increase in cats. For a week I took ʒj of their nuclein solution No. 2, four times a day, counting the leucocytes at intervals. They never exceeded 11,000, and were usually far less. For the next week I took ʒij, the full dose, in the same way, with exactly the same result. I then took their dry nuclein in capsules, four capsules a day for the first week, with a maximum count of 13,125; eight capsules a day for the second week, with a maximum count of 11,875. No ill effects followed, there was at no time an excess of leucocytes in the blood. I then used their nuclein solution No. 1, and injected it hypodermically in increasing doses—10 c.c.; 20 c.c.; and 30 c.c.—on successive days. It was painful, there was a slight local erythema upon the fourth day, and much local itching of the skin; but no leucocyte increase at all. I could not conclude that nuclein, either by mouth or hypodermically, caused any artificial leucocytosis.

I next tried injection of 5 grains of sodium cinnamate suspended in normal saline, as Batty Shaw had done, but the leucocytes showed no increase exceeding the maximum found in myself under normal conditions.

I then tried collargol hypodermically in a similar way, as the result of seeing a reference to experiments with it in Germany. The collargol was sterilised by boiling, and full aseptic precautions were taken, and the results were as follows:—

After injecting 15 mg., no untoward effects occurred, but there was no increase in the leucocytes. After injecting 30 mg., there was no rise for 10 hours afterwards. the leucocytes then reached 14,375, which is slightly in excess of my healthy maximum, they rose to 16,250 at the end of 24 hours, and I then began to feel unwell, with lassitude, pain in the back and limbs, and headache; but without loss of appetite, and without loss of pleasure in tobacco-smoking, in which two latter respects the condition differed entirely from influenza, which the other symptoms at first suggested. I had no shivering. My temperature was 99° 30 hours after the injection; at 40 hours it was 101°; at 48 hours 100°; and at 60 hours again normal. The arm did not become inflamed, though it was tender at the site of inoculation, the headache, which was of the variety which is absent when the head is kept absolutely still, but is very evident on the slightest movement, persisted for four days, for the first two of which I could not work. The leucocytes reached a maximum of 22,187 at 30 hours from the inoculation, and then rapidly fell to normal.

This was the last experiment I did upon the subject under discussion. It frightened me, and those about me, and it has impressed upon me very much the danger of taking hypodermic injections. The drug collargol certainly was followed by leucocytosis, and to that extent was satisfactory. But the concomitant symptoms render it unlikely to be of benefit in treating a patient who is already ill.

I am afraid, therefore, gentlemen, that my experiments add little to your knowledge, though the personal experience is, I think, worth telling. None the less, I still believe some patients might be benefited could we find a non-noxious leucocyte-increasing drug. I think experimental results in animals cannot be inferred to be true of man, as I have shown in the case of nuclein; I think that hypodermic injections in bulk are highly dangerous, and to be avoided in the case of little-known drugs such as collargol, and I come to the Therapeutical Society for information, or for suggestions for further investigations, upon drugs which they think might stimulate leucocyte production without concomitant noxious effects, and which may be given not hypodermically, but by the mouth.

Transactions of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF PATHOLOGY.

MEETING HELD FRIDAY, APRIL 29TH, 1904.

The President, Dr. EARL, in the Chair.

DR. T. G. MOORHEAD showed three slides in which the Leishman-Donovan bodies appeared, giving a description of the cases from which they were taken, and a history of the discovery of the bodies and their relation to malaria.

PUNCTATE BASOPHILIA.

Prof. E. J. MCWEENEY showed specimens of blood from a case of pernicious anæmia exhibiting this condition. Many of the red corpuscles were thickly sprinkled with granules of strongly basophilic character, which could be detected in preparations stained by Jenner's and Prőscher's modifications of Romanowsky's stain, as well as in triacid preparations. He was inclined to look upon the granule as due to raryorrhexia.

TRYPANOSOMIASIS.

Prof. E. J. MCWEENEY showed slides of rabbit's blood containing the nagana parasite; also of human blood containing the parasite of sleeping sickness. These latter had been given him by Dr. MacCarthy, travelling scholar in Pathology of the Royal University, who had obtained them from the Pasteur Institute where he had been working. The nagana or surra disease had been propagated for a number of generations in exhibitor's own laboratory, starting from a white rat brought from Paris by Dr. MacCarthy. He also exhibited the Trypanosoma Lewisii, which infects the ordinary sewer rat in Dublin. Out of thirteen rats examined he had found it in six. The morphology of the parasite was demonstrated by means of photographs and coloured sketches projected on the screen, and the speaker concluded by referring to Prof. Minchin's application of the name trypanosome to a stage in the evolution of the malarial parasite.

Dr. NEVILLE showed the following specimens, giving a description of each:—(*a*) Sloughing fibro-myoma of uterus; (*b*) tubo-ovarian cyst; (*c*) tubal pregnancy, showing decidual cells and hydatiform degeneration of villi; (*d*) sarcomatous degeneration of a fibro-myoma.

LIVERPOOL MEDICAL INSTITUTION.

MEETING HELD APRIL 28TH, 1904.

DR. JAMES BARR, President, in the Chair.

MR. K. W. MONSARRAT related a case of "Strangulated Inguinal Hernia" with an unusual complication. The patient was a man, æt. 45, and the hernia was operated upon twenty-four hours after the onset of the symptoms of strangulation. The gut was intensely congested, but except for a greyish purple patch on the entering coil at the neck of the sac, it did not show evidence of marked damage. At the end of the following week, the patient complained of vague general abdominal pains, and this was accompanied by evening pyrexia. The pain became localised to the right iliac fossa, and during the seventh week after operation symptoms of chronic intestinal obstruction commenced. The abdomen was opened in the right iliac region, and a mass of coiled small intestine was found bound to the parietal peritoneum by a dense adhesion, and there were numerous other adhesions

between the coils, one of which was causing a definite compression. The adhesions were divided, the omentum used to cover some of the raw surface, and the abdomen closed. This operation was followed by subsidence of all morbid symptoms.

Mr. LITLER JONES related a case of "Richter's Hernia" in a woman, æt. 73, who was admitted into the Royal Infirmary with a history of four days' pain and abdominal discomfort, with slight distension and a small lump in the right femoral region. There was no constipation nor vomiting, neither was there a history of hernia. A strangulated femoral hernia being diagnosed, operation was proceeded with. The gut was adherent to the sac, which contained foul-smelling fluid; the protrusion was the size of a half-inch marble, of an ashy grey colour, too far gone for recovery. The constriction being divided, the gut was gently pulled down, and the diverticulum invaginated into the umen of the bowel. Lembert's sutures of fine silk were used to secure the peritoneum. The sac was removed, the wound washed with an antiseptic, a small drain used, deep sutures to attempt a radical cure inserted, and the patient put back to bed. An uninterrupted recovery followed, the patient leaving the hospital in the fifth week. This was the second case that had come under his care, the other requiring enterectomy, and being in the inguinal region. The bud-like process in the latter case was about half the lumen of the bowel; fourteen inches were removed. The patient was a man, æt. 48, and also made a good recovery.

Dr. W. BLAIR BELL read a note on a method of treatment which he had adopted in two cases, in which children, æt. 18 months and 4½, had swallowed foreign bodies—the one a brooch and the other a bed-knob. He had given the children absorbent cotton-wool, teased finely, in their food. The result had been extremely satisfactory in each case, the swallowed body being passed in, at most, eighteen hours, enveloped in the wool. In reply to Mr. Litler Jones, Dr. Blair Bell said that so far as he knew the method was a new one and that he could find no record of a similar treatment, although "hair" had been recommended, since it had a faculty for forming hair-balls.

Dr. CARTER read a note on "Digestants," and related a number of experiments illustrating the relative values of recent and old pepsin and of papain as digestants of proteids. He also mentioned other experiments showing the influence of antiseptics on both peptic and pancreatic digestion, and the contrast between oxidising antiseptics and others. Lastly he pointed out that though the Bacillus typhosus did not influence digestion, and though, as a rule, antiseptics had no restraining influence on the bacillus, yet peroxide of hydrogen, lysol, and formalin, in such degrees of dilution as admitted of their administration internally, had a marked effect, both inhibiting the growth of and killing the bacillus.

Dr. R. J. M. BUCHANAN read a paper on the interpretation of

PHYSICAL SIGNS IN PLEURAL EMPYEMA.

He drew attention to the frequent occurrence in cases of pleural effusion of auscultatory signs, the same as those obtaining over solid lung. He considered Bacelli's sign unreliable as a distinction between serous and purulent effusions. The auscultatory signs over purulent effusion resemble, in his experience, those over consolidated lung more than over serous effusion, and he offered an explanation in support of his view, based upon a series of illustrative cases. He was of opinion that serous effusion exercised a selective, rather than a wholly inhibitive, influence over the transmission of vocal vibrations. He pointed out the danger of errors in diagnosis in cases of the acute pneumonic types of pleuritis, and the probability that in such cases purulent effusion may be present from the onset. In concluding, Dr. Buchanan emphasised the necessity for a more careful study and interpretation of the physical signs, so as to establish strong grounds in practice for advocating exploratory puncture.

Dr. A. G. GULLAN mentioned a case in which the vocal fremitus, breath sounds and vocal resonance were transmitted through a purulent effusion. The patient was a man, æt. about 40, who was supposed to have a thickened pleura, as he had a previous history of pleurisy on the affected side. His temperature, night sweats, and general appearance were considered by the physician in charge to be due to large tuberculous cavities which existed at both apices. After death, however, the upper parts of the lungs were affected by marked tuberculosis, but pus was found in the pleural cavity.

Drs. Glynn, Warrington, Hubert Armstrong, and B. T. Davies also spoke.

NORTH-EAST LONDON CLINICAL SOCIETY.

MEETING HELD THURSDAY, MAY 5TH, 1904.

DR. J. W. HUNT, President, in the Chair.

DR. F. J. TRESILIAN (Enfield) read a paper on "The Influence of Certain Drugs in the Treatment of Children's Diseases," an abstract of which will be published later. In the discussion which followed,

Dr. A. J. WHITING said that although arsenic was probably the most valuable drug in chorea, yet it required to be given with great caution, as arsenical poisoning might be worse than the original disease.

The PRESIDENT thought that alcohol was often best administered in medicinal doses from a bottle, especially if a trained nurse was not in attendance. With regard to the use of belladonna in children's complaints, he had found it somewhat uncertain in its action, probably on account of variation in the different specimens, and he had used atropine itself instead in small doses. He was surprised that little mention had been made of bromide of potassium, which was a drug of great utility, and one which, according to the late Dr. Moxon, was of service in almost every disease of childhood.

Dr. E. A. LERMITTE communicated a paper on "The Administration of Hypnotics in Neurasthenia."

Dr. A. J. WHITING considered that it was of great importance to find out the time element in insomnia, as this often affected the question of a repetition of the hypnotic. He thought that paraldehyde was of great value, and pointed out that it also possessed a vigorous expectorant action. He had found some of the synthetic coal-tar preparations, such as antifibrin or phenacetin, very useful in the treatment of simple insomnia.

Dr. HORACE WILSON, in speaking of the influence of suggestion in producing sleep, uttered a word of caution against employing this remedy too freely in cases where the insomnia was due to the presence of some gross organic disease.

The PRESIDENT stated that he had found trional of signal benefit, and this drug was also free from bad after-effects.

Mr. R. PHILIP BROOKS exhibited a specimen of "Sarcoma of the Choroid" from a female patient, æt. 49, in whom he had performed enucleation of the globe. The growth was encroaching upon the sclerotic and consisted chiefly of spindle-cells.

THE SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

MEETING HELD APRIL 15TH, 1904.

DR. C. O. HAWTHORNE in the Chair.

DR. JAMES TAYLOR showed a boy, æt. 5, with congenital proptosis and meningocele. The mental condition was defective, recently his eyesight had been failing, and nystagmus and optic atrophy were also present.

Mr. SYDNEY STEPHENSON said that in all the cases of steeple-skulled children which he had met with there was also a condition of pallor of the optic discs which seemed to be secondary to neuritis. He thought a mechanical factor was probably the cause of the

neuritis, as well as of the proptosis and divergence of one eye, which were constant features of such cases.

Dr. ANDERSON SMITH (introduced) showed a girl, æt. 5, who at the height of an attack of measles developed cerebral symptoms, namely, vomiting, squinting, head retraction, photophobia, and unconsciousness. At the end of five days the acute symptoms subsided, but she was found to be aphasic, resented being touched, and wasted rapidly. There was no optic neuritis or ear trouble. A month later she was still aphasic, could not sit up in bed, moved her limbs in an ataxic manner, and appeared to have general cutaneous anæsthesia. There was slight rigidity of the limbs, ankle-clonus, and exaggeration of the knee-jerks. More recently there had been gradual improvement in the motor power, she could say a few words, the ankle-clonus had disappeared and sensation was improving.

Dr. HAWTHORNE thought the evidence of meningitis was not clear, and suggested that the symptoms might have been due to some form of toxin. He recalled a somewhat similar condition in an adult after influenza.

Dr. FARQUHAR BUZZARD thought that all the symptoms could be attributed to a lesion of the cerebrum, without any involvement of the spinal cord, and that there had probably been encephalitis produced by the measles toxin. As the improvement had been so marked, there was reason to hope for a good ultimate result.

Dr. JAMES TAYLOR agreed as to the good prognosis, and as to toxæmia connected with the measles being the probable cause.

In reply to questions, Dr. ANDERSON SMITH said he had thought of the possibility of the rash and other symptoms being due to cerebro-spinal meningitis, and had excluded that; further, another member of the family had measles at the same time.

Mr. SYDNEY STEPHENSON showed two cases of microphthalmos, one slight, in a boy, æt. 6, and the other extreme, in a girl of sixteen months. He pointed out that a few years ago the latter would have been called a case of anophthalmos, because no eye was visible on opening the lids, and it was only on deep palpation that a small pea-like body could be felt towards the back of each orbit. These small bodies, in all probability, represented rudimentary eyeballs, containing more or less immature nervous elements, and upon that ground he preferred to regard the case as one of microphthalmos.

Dr. BAUMANN showed two cases of anæmia. The first was in an infant of ten months, who was obviously syphilitic, and had an enlarged spleen. Blood examination showed merely the existence of a severe secondary anæmia. He considered the whole of the symptoms as secondary to syphilis. The second case was a girl, æt. 1½ year, without evidences of syphilis, but with an enlarged spleen. Blood examination showed a well-marked leucocytosis, and also a large number of nucleated red cells, a considerable proportion of which were megaloblasts. He was inclined to regard the case as an example of pernicious anæmia in infancy.

Dr. A. E. JONES agreed with the diagnosis of pernicious anæmia in the second case, as the large number of nucleated red corpuscles was very striking.

Dr. A. MORISON showed a case of dactylitis with subcutaneous nodules in an infant of sixteen months. He regarded the case as tuberculous. The case was discussed by Mr. Lockhart Mummery, who recommended general treatment; by Mr. R. C. Dun (Liverpool), who advised general treatment and the fixation of the hands in splints, so as to secure immobility of the fingers; by Mr. L. Bidwell, who had often found incision through the periosteum and scraping, and later on splinting, a means of shortening the duration of treatment; by Dr. H. Skelding (Bedford), who thought that the best local treatment was by a splint; and by Mr. R. P. Rowlands, who suggested that the disease might be syphilitic, judging from the density of the shadow in the skiagram.

Dr. S. VERE PEARSON showed a case of tuberculous nodule in the ponto-medullary tract. The patient was a boy, æt. 2, who was suffering from weakness in and disinclination for walking, slight drowsiness, and squint in the left eye. There had been occasional retching and difficulty in walking. Definite right-limbed paresis had developed later. Dr. Vere Pearson commented on the crossed paresis, and considered that there was a lesion on the ponto-medullary tract, probably a tuberculous growth.

Dr. HAWTHORNE referred to a case of basal tumour in a child, who developed third nerve paralysis, and who presented evidence of tubercle in other parts of the body. The tumour was found post-mortem to be tuberculous.

Dr. FARQUHAR BUZZARD referred to the rarity of tuberculous tumours in this region, and to the fact that they were usually discovered accidentally after death, having produced no symptoms during life. He was inclined to regard the case as one of pontine tumour, probably gliomatous.

Dr. C. O. HAWTHORNE showed a boy of ten years suffering from paramyoclonus multiplex. There were sudden, shock-like, clonic muscular contractions affecting both sides of the body at the same time. The bilateral and isochronous character of the contractions was well seen in the cremaster muscle. The muscles of the face, the trunk, and the thighs were also affected. Dr. Hawthorne also showed (1) a case of opaque nerve fibres, and (2) a case with extreme changes in the fundus, following an injury.

The following papers were read:—

Mr. LEONARD BIDWELL, a case of gonorrheal pyo-salpinx in a girl, æt. 6, treated by removal of the tubes.

Dr. GEORGE CARPENTER, a case of gonorrheal inflammation of the uterine appendages in a girl, æt. 3, with spontaneous recovery.

Mr. R. C. DUN (Liverpool), a case of post-hemiplegic chorea, petit mal, and mental irritability, treated surgically.

Mr. LEONARD BIDWELL, two cases of strangulated hernia in infants under one month, treated by operation.

Lunacy Department.

LUNACY IN SCOTLAND.

THE forty-sixth annual report of the General Board of Commissioners in Lunacy for Scotland has just been issued, and, as this Report always does, affords much interesting reading. It states that on January 1st, 1904, there were in Scotland 16,894 insane persons. Of these, 14,309 were maintained by parochial rates, 2,532 from private sources, and 53 at the expense of the State. As the total number at January 1st, 1903, was 16,658, an increase has taken place during the past year of 236. The average annual increase of pauper patients in establishments during the past ten years has been 293. The increase during the year has, therefore, been 213 below the average of the past ten years. The number of pauper patients in establishments has risen during these ten years from 8,476 to 11,404, that is, by 2,928. The proportion of pauper lunatics in establishments to population in 1903 was 250. At January 1st of the present year it was 249. The Commissioners have not, since 1883, had to record a fall in this proportion. The number of pauper lunatics in private dwellings has increased during the last ten years from 2,565 to 2,658. This increase of 93 has not been sufficient to maintain the proportion to population, which was 62 ten years ago, and is now 58, being the same as last year. In 1895 and 1896 the proportion rose as high as 64. The largest actual number of pauper patients under private care was attained in 1900, when it stood at 2,703. The proportion per 100,000 of population of private patients in asylums, who include a considerable number of patients drawn from England and Ireland, has risen during the past ten years from 44 to 49, the latter figure showing a rise of 2 over the proportion at which it had remained during the previous six years. The proportion to population of private patients under care in private dwellings has remained unchanged for many years. The number

of private patients in asylums has increased during the past year by 111, and in private dwellings decreased by 2, an increase of 109 in all.

The increase this year of registered lunacy is the smallest recorded since 1891. The Commissioners direct attention to some features connected with the smallness of this increase. Of the total increase of 205, 191 arose from an increase in the number in establishments, and of this number only 80 were pauper patients. This increase in the number of pauper patients is the smallest which has occurred during the past nineteen years. Sixteen counties show a total decrease of 178, and the remaining seventeen counties a decrease of 98. The County of Edinburgh is the most prominent contributor to the increase with 48, or 27 per cent. of the whole. The urban counties of Aberdeen and Renfrew show an increase of 29, or 17 per cent., while Inverness, Ross, and Sutherland together show an increase of 41, or 23 per cent. of the whole increase. The largest contributor to the total decrease is the mainly urban county of Forfar with a growing population, which shows 21 fewer than last year. Lanark, Linlithgow, Dumbarton and Selkirk, also mainly urban or industrial counties with increasing populations, are the next most conspicuous among those which show a fall in the numbers, and after them the largest decrease occurs among the most northerly group of all, Caithness, Orkney, and Shetland. The small amount of the net increase, taken along with a population which is estimated to be rising, has had the effect of reducing the proportion of pauper lunatics in establishments from 250 per 100,000 in 1892, to 249 in 1903. Twenty-one years have elapsed since we have had to record a similar fall. The Commissioners point out that this is worthy of record, as being possibly a symptom that the production at any rate of that part of pauper lunacy, which has hitherto grown out of proportion to the increase of population, may be at last reaching a point beyond which, through fluctuations may occur from year to year, it will not materially rise.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A MEETING of the Scottish division of the Medico-Psychological Association was recently held by invitation of the Corporation of Glasgow, at Girgenti Inebriate Home in Ayrshire, Dr. Clouston presiding. There was a large attendance of members of the Association, and also of members of the Corporation of Glasgow.

Dr. Carswell, who is closely identified with the treatment of inebriety in Glasgow, showed the members over the Home and grounds, and afterwards gave a short account of the Home, and the results obtained by the use of such an institution. This was followed by a discussion upon "Habitual Inebriety," and being participated in both by the medical and lay element present, afforded a most interesting discussion.

The subject was viewed from many aspects, and while all were agreed that it was worthy of deepest consideration, yet much discussion arose as to the best method of treating this great evil.

The meeting at Girgenti will be remembered as one of the most enjoyable and interesting meetings of the Association.

Special Articles.

DUTY OF MEDICAL MEN AS WITNESSES.—II.

In the Coroner's Court.—The Coroners Act, 1887, Sec. 21, provides that where it appears to the coroner that the deceased was attended at his death or during his last illness by any legally qualified medical practitioner, the coroner may summon such practitioner as a witness; but if it appears to the coroner that the deceased person was not attended at his death or during his last illness by any legally qualified medical practitioner, the coroner may summon any legally qualified medical practitioner who is at the time in actual practice in or near the place where the death happened, and any such medical witness as is summoned in pursuance of this section may be asked to give evidence as to how, in his opinion, the deceased came to his death. The coroner may, either in his summons for the attendance of such medical witness, or at any time between the issuing of that summons and the end of the inquest, direct such medical witness to make a post-mortem examination of the body of the deceased, with or without an analysis of the contents of the stomach or intestines. Provided that where a person states upon oath before the coroner that in his belief the death of the deceased was caused partly or entirely by the improper or negligent treatment of a medical practitioner or other person, such medical practitioner or other person shall not be allowed to perform or assist at the post-mortem examination of the deceased. If a majority of the jury sitting at an inquest are of opinion that the cause of death has not been satisfactorily explained by the evidence of the medical practitioner or other witnesses brought before them, they may require the coroner in writing to summon as a witness some other legally qualified medical practitioner named by them, and further to direct a post-mortem examination of the deceased, with or without an analysis of the contents of the stomach or intestines, to be made by such last-mentioned practitioner, and that whether such examination has been previously made or not, and the coroner shall comply with such requisition, and in default shall be guilty of a misdemeanour.

Where a medical practitioner fails to obey a summons of a coroner he shall, unless he shows a good and sufficient cause for not having obeyed the same, be liable on summary conviction on the prosecution of the coroner, or of any two of the jury, to a fine not exceeding £5. Where a place has been provided by a sanitary authority or nuisance authority for the reception of dead bodies during the time required to conduct a post-mortem examination, the coroner may order the removal of a dead body to and from such place for carrying out such examination, and the cost of such removal shall be deemed to be part of the expenses incurred in and about the holding of an inquest.

With respect to scientific witnesses, such as medical men, who are necessarily called in nearly every case which comes before the coroner's jury, it is to be observed that they form an exception to the general rule of law, which confines witnesses to a statement of such facts only as are within their knowledge. Scientific witnesses are allowed to state their opinions upon a matter with which they are conversant, and thus the opinions of medical men may be admitted as to the cause of disease or death, or the consequences of wounds, or with respect to the sane or insane state of a person's mind as collected from a number of circumstances. But the weight due to this, as well as to every other kind of evidence, is to be determined by the jury, who should form their own judgment on the matters before them, and are not concluded by that of any witness, however highly qualified or respectable. Nor is this always an easy task, there being no evidence the value of which varies so immensely as this, and respecting which it is so difficult to lay down any rules beforehand. There can be no doubt that testimony is constantly received as scientific evidence to which it is almost profanation to apply the term; in truth, witnesses of this description are apt to presume largely on the ignorance of their hearers with respect to the subject of examination, and little dread prosecution for perjury, an offence of which it is extremely difficult, indeed almost impossible, to convict a person who only swears to his belief, particularly when that belief relates to scientific matters. On the other hand, mistakes have occasionally arisen from not attaching sufficient weight to scientific testimony. Discrimination should be exercised, and the means inquired into which the witness has had of forming a judgment. It must be conceded that our practice is much too loose in this respect, in receiving all who are called doctors as witnesses, not only physicians, surgeons, and apothecaries, but hospital dressers, students, and quacks. And, further, it often happens that men

distinguished in one branch of a science or profession have but little knowledge of its other branches; the most able physician or surgeon may know comparatively little of the modes of detecting poisons, or of other intricate branches of medical jurisprudence, so that a chemist or physiologist, immeasurably his inferior in every other respect, might prove a much more valuable witness in a case where this sort of knowledge is required.

Fees of Witnesses.—The claim of medical practitioners to remuneration for their services until recently stood on an unsatisfactory footing. They were often required to give evidence in Courts of Justice, and complaints were frequent of the inadequate recompense received for loss of time, and for out of pocket expenses besides. Power to fix the scale of fees allowable in Criminal Courts was given to the Home Secretary in 1851 (14 and 15 Vict., Cap. 55, Sec. 5), and under it the scale in force until within a few months ago was issued in February, 1858. In December, 1903, the Home Secretary issued some new regulations governing the allowances payable to prosecutors and witnesses in criminal prosecutions.

By Sec. 22 of the Coroners Act, it is provided that a legally qualified medical practitioner who has attended at a coroner's inquest in obedience to a summons of the coroner shall be entitled to receive such remuneration as follows; that is to say,

(*a*) For attending to give evidence at any inquest whereat no post-mortem examination has been made by such practitioner, one guinea; and

(*b*) For making a post-mortem examination of the body of the deceased, with or without an analysis of the contents of the stomach or intestines, and for attending to give evidence thereon, two guineas. But it further provides that (1) any fee or remuneration shall not be paid to a medical practitioner for the performance of a post-mortem examination instituted without the previous direction of the coroner; (2) where an inquest is held on the body of a person who has died in a county or other lunatic asylum, or in a public hospital, infirmary, or other medical institution, or in a building or place belonging thereto, or used for the reception of the patients thereof, whether the same be supported by endowments or by voluntary subscriptions, the medical officer, whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid, shall not be entitled to such fee or remuneration.

Under the new regulations made by the Secretary of State governing the allowances to be paid to prosecutors and witnesses in criminal prosecutions, practising members of the legal and medical professions are to be allowed sums not exceeding the following amounts:—For attending to give evidence in the town or place where the witness resides or practises: If the witness attends to give evidence in one case only, not more than £1 1s. per diem; if the witness gives evidence on the same day in two or more separate and distinct cases, not more than £2 2s.; for attending to give evidence elsewhere than in any town or place where the witness resides or practises, whether in one or more cases, not more than £2 2s. per diem. There may be allowed to expert witnesses such allowances for attending to give expert evidence as the court may consider reasonable, including, where necessary, an allowance for qualifying to give evidence. The question whether a railway fare in excess of third class is to be allowed in any case will mainly depend on what may be reasonably supposed to be the witness' ordinary habit and practice. First class fare is not to be allowed even to a professional witness unless there is reasonable ground for supposing that he ordinarily travels first class.

Fees Payable in the Superior Courts.—Per diem: If resident in the town in which the cause is tried, £1 1s.; if resident at a distance from the place of trial, inclusive of all except travelling expenses (if the witness attend in more than one cause, he is entitled to a proportionate part in each cause only), £2 2s. to £3 3s. For travelling expenses, the amount reasonably and actually paid is allowed, provided that it does not exceed 1s. per mile, one way.

In the Probate Court, if resident within five miles of the General Post Office, £1 1s. per day; otherwise, £3 3s., including board and lodging. In the House of Lords, £2 2s. per day, and £1 1s. total expenses, if from home. Higher charges are, under special circumstances, sometimes allowed. Sundays do not count as time. In the County Court, 10s. to £1. For travelling expenses, the sum reasonably paid, but not more than 6d. per mile one way.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 8th, 1904.

ACUTE LEUCÆMIA.

THE clinical history of acute leucæmia, says M. Hirtz, is relatively simple. Yet by reason of the development of the disease and the variability of the cellular reactions which constitute its anatomical substratum, it is sometimes delicate and difficult to determine. In many cases the hypertrophy of the ganglions, splenic or hepatic, is insignificant or even absent. Under such conditions, the rapid development, the high temperature, and the purpura spots impose the necessity of a careful microscopic examination of the red and white elements of the blood.

A man, æt. 57, a bill-poster by trade, exempt from any hereditary taint, entered the hospital because for a month previously he experienced a sensation of general lassitude. He complained of no pain, had no fever, and ate well. The skin, of sallow pallor, presented over the body and the lower limbs small spots of purpura. The ganglions in the axillary and the inguinal regions were much hypertrophied, forming irregular, mobile, elastic and painless masses. The cervical, suboccipital and epitrochlean ganglions were slightly hypertrophied, while the liver was enlarged and the spleen extended to the umbilicus and was tender to palpation.

Three days after his entry to the hospital the temperature increased slightly, and examination of the blood made two days later showed abundant leucocytes. The patient gradually grew weaker, and died twelve days after the first examination.

This morbid affection developed in six weeks with absolutely classical signs—initial fatigue, pallor of the teguments, hypertrophy of the ganglions, and terminal hæmorrhage.

LEUCÆMIA IN A CHILD.

Different to the preceding is the case of acute leucæmia observed by M. Jeanselm in a boy, æt. 7. The little patient succumbed in three weeks to an affection which was characterised as follows:—Purpura hæmorrhagica following an attack of diphtheria, and accompanied with hypertrophy of the ganglions and the spleen; high fever and intense anæmia. When he was brought to the hospital the cutaneous hæmorrhage was so marked that the case was diagnosed as one of purpura hæmorrhagica. However, the excessive anæmia appearing suddenly a few days before, when the child was in the best of health, militated in favour of leucæmia, and this view was confirmed at the autopsy.

M. Leclerc published a similar case observed in a girl, æt. 17. Numerous ganglions, of which the largest were of the size of a walnut, were found on the sides of the neck, in the axillæ, and in the inguinal regions. The abdomen was prominent on account of considerable hypertrophy of the spleen, while the liver passed below the false ribs. The patient was much troubled with a cough of a whooping character;

the fever was high (104°), and the pulse 120. The pallor of the skin was very marked.

Rest in bed and injections of cacodylate of soda (5 to 8 cms.) were ordered daily for six days, after which from 15 to 20 drops of Fowler's solution. In spite of this treatment, the patient showed no signs of progress, and a month subsequently she had an attack of hæmorrhage from the intestines, accompanied by exudation of blood under the conjunctiva, the eyelids, the neck, and part of the thorax. A week afterwards œdema set in in the legs, and rapidly approached the abdomen. The patient finally succumbed after a short period of great agitation.

Hitherto, says M. Leclerc, it was believed that leucæmia was a chronic affection, covering from one to four or five years, with an average of two years. Acute leucæmia was not generally admitted. Ebstein and Fränkel were the first to prove the existence of the acute form, which presents the following characters: Sudden appearance; runs its course in from two to nine weeks; enormous increase of the lymphocytes; a special group of symptoms consisting in more or less hypertrophy of the spleen, liver and ganglions, and above all the early appearance of cutaneous, mucous or visceral hæmorrhage. If to the above symptoms a more or less elevated temperature be added, we have the picture of acute leucæmia.

Gilbert and Weil have described three forms according to the predominance of one or other of the symptoms:—

(*a*) An ordinary form in which the spleen and the ganglions are more or less hypertrophied.

(*b*) A hæmorrhagic form where at the outset there exists great pallor of the teguments, and profuse hæmorrhage, while the hypertrophy of the ganglions may be slight or non-existent; this type resembles pernicious anæmia or purpura.

(*c*) A pseudo-scorbutic form, in which the lesions and gingival hæmorrhage are very marked.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 7th, 1904.

AT the Surgical Congress, Hr. Beck, of Carlsruhe, gave a communication on

CARDIOLYSIS.

Three cases were reported of attachment of the pericardium to the chest wall as a consequence of pleurisy, in which he separated the attachments. There had been ascites, cyanosis, irregular action of the heart, with puckering of the lower anterior wall of the thorax.

The first case was that of a boy, æt. 9, who had had pleurisy, which had led to empyema. Examination last year showed a suffering appearance, emaciation, œdema, shortness of breath, cyanosis, systolic contraction in the region of the apex with renal stasis, albumin in the urine, &c. The speaker, with a view to separation of adhesions, resected the fourth, fifth, and sixth ribs. The adhesions were separated, but the heart's action became so feeble that it had to be supported by digitalis, &c. A good recovery took place. Three months later all the signs of disease had vanished. The boy was now well developed and could perform gymnastic exercises without trouble.

The second case was that of a man, æt. 26, who had gone through a similar illness and presented similar features. There was a feeling of illness, palpitation and shortness of breath. There was redness about a cicatrix where thoracentesis had been performed, and there was some discharge of pus. There were also ascites, cyanosis, imperfect cardiac action, and drawing in of the thoracic wall over the apex. Cardiolysis was performed. Complete recovery had taken place in three months. Thoracoplasty was then performed after Schede's method with implantation of the scapula. The patient was now quite well and able to follow his employment.

The third case was that of a man, æt. 26, who had had tuberculous pleuritis. In 1902 he had œdema, albuminuria, and engorged liver. Here there was no contraction at the apex. The patient, when first seen, was so ill that no operation could be thought of. When the general condition had improved, however, from rest, digitalis and camphor, cardiolysis was performed. Here there were tuberculous metastases and tuberculous swellings on the pericardium. Complete recovery took place.

In all three cases the mischief was associated with pleurisy, and in all grave cardiac disturbances had been going on for several years.

Hr. Hoffa showed some

LATE RESULTS OF TENDON PLASTIQUE.

He said that several years had now elapsed since the first introduction of this beneficent operation by Nikoladoni; the operation had been frequently performed, and it was time to consider the results of its performance. The conditions for a good result were faultless asepsis, careful arrest of hæmorrhage, and accurately adjusted tension of muscle and tendon. As a rule, the paralysed muscles were atrophied and degenerated, and they had to be carefully examined with a view to determining whether functional activity could be brought about again. In spinal infantile paralysis there was irregular fatty degeneration of muscles, so that in these cases mobility could be restored. A various coloration of the muscle was seen, from red to yellow. It must always be borne in mind that transplantation could be successful only when there were remnants of muscle capable of regeneration. A rosy red colour of the muscle was indicative of such a favourable condition. If the condition was favourable positively ideal results were obtained. Suitable tension was to be provided for, and the elasticity and tonus to be raised by shortening of the muscle. Where the paralysis was complete no ideal result could be obtained. Here enough would have been done if the patients could be freed from their bandages. (A large number of cases were shown in which excellent results had been obtained.)

Hr. Kehr, Halberstadt, discussed some new

OPERATIONS ON THE LIVER AND BILIARY SYSTEM,

showing cases. The first was a case of ligature of the hepatic artery for aneurysm. A man, æt. 30, had suffered for nearly two years from colic and hæmorrhage from the stomach and bowels. He was very anæmic and emaciated. A tumour of the gall-bladder was found filled with concretions. Free arterial bleeding followed the incision into the gall-bladder, but it was arrested by ligature. Behind the cystic duct was an aneurysm that was extirpated after ligature of the hepatic artery. The case did well.

2. Resection of the ductus choledochus and hepaticus with subsequent hepatico-duodenostomy. The patient was a man, æt. 45, who had been jaundiced for years, and was very much emaciated. A tensely filled gall-bladder was found. At the operation scirrhus of the choledochus was found. After this the complete operation was carried out. The case did well, and the patient had gained 18 lbs. in weight.

In the next case hepato-colangio-enterostomy was performed for stenosis of the pylorus and choledochus.

The next was the restoration of a defect of the

duodenum following an operation. The duodenum was severed, both ends closed, and simultaneously gastro-enterostomy was performed. The case did well at first, but ended fatally five weeks later.

The next was a case of the implantation of a fistulous tract of a retention cyst of the pancreas into the gall-bladder, with later gastro-cystotomy. The patient had suffered from biliary calculi for twelve years, and also from acute disease of the pancreas with fatty necrosis. Operation was performed, leaving two complete fistulæ, one of the gall-bladder and the other of a cyst of the pancreas. This fistula was implanted into the gall-bladder, and the latter into the stomach. The case did well, the patient leaving the hospital in three and a half weeks. The pancreatic secretion now passed into the stomach along with the bile.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 7th, 1904.

GASTRIC PERFORATION.

AT the Gesellschaft der Aerzte Lotheissen showed a patient, æt. 23, a moulder, on whom he had performed laparotomy for ulcus ventriculi. On opening the abdomen the omenta majus and minus were covered with a plastic layer. The abdomen was well washed with a sterilised solution of salt and then the ulcer covered with the large and small omenta, carefully closing up the wound with a few stitches. The patient speedily recovered.

The result of these cases is always very unsatisfactory, with a mortality of 67 per cent. If the operation be performed within the first twelve hours the operation seems to be more successful, averaging 90 per cent. The foregoing case was operated on about one hour after recognising the lesion.

ABSCESS IN THE MIDDLE EAR.

Alt next presented a case to the members where he had operated for an abscess in the middle ear. The patient was a male, æt. 41, who had suffered with his ears from childhood. About eight weeks before the operation he complained of severe pain in the head, with œdema and swelling around the mastoid process. This was opened and a part of the mastoid bone chiselled out, which freed the middle ear of a great quantity of matter. On closer examination, it was found that the dura mater of the brain substance was also infiltrated with pus, where there was a great loss of tissue. The whole was cleaned out, and the wound healed up without any other accident. A plastic operation finally cleared away all appearance of the destruction.

LUPUS TUMIDUS.

Ehrmann exhibited two cases of lupus, one a female, æt. 18, the second a male, æt. 40, both of which h treated with a 33 per cent. paste of resorcin and the Röntgen rays, which produced an erosive action, allowing the rays to penetrate deep into the tissues with a perfectly successful issue.

SERUM IN PUERPERAL FEVER.

Peham next treated the members to a long description of his experiments with serum in puerperal cases. The serum used was the product of the original streptococci of puerperal fever after passing through the horse. This serum, therefore, differs from Marmorek's, inasmuch as the streptococci of the puerperal patient had passed through an intermediary like the horse before using it on the human subject as an immunising agent. This serum, he contends, is a specific against the streptococcic disease. His method of diagnosis depends on the result of a bacteriological examination of the uterine secretions, as well as that of the blood corpuscle. In very severe cases of streptococcic infection where the serum was used, not a single death occurred, even where peritonitis had set in. His closing advice is in the terms of all other great men who meet with success—operate early, and use no less than 250 cubic centimetres of fluid in the injection. This is a large quantity to insert under the skin, but he assures us that he never met with one adverse symptom in all his twenty-nine cases treated.

RHEUMATIC NODULES.

Wick read a long paper to the members on chronic rheumatism and its products. He affirmed that in 2 to 5 per cent. of cases of chronic and acute articular rheumatism small nodules, varying from the size of a pin's head to a walnut, are constantly to be found under the skin, and around the tendons of muscles, particularly in the flexors of the arm. Histologically these neoplasms are fibrous tissue with a tendency, to calcification or necrosis. The acute form of rheumatism has similar conditions as in arthritis, nodosa, osteo-arthritis, deformans, ankylopœtica, &c., which, histologically, is the same process which produces the deposit in the chronic form, and is, therefore, identical in origin. He considered these nodules pathognomonic in a differential diagnosis of the disease from the rheumatism of scarlet fever, gonorrhœa, &c., as well as the presence of the uræmic diathesis.

Riehl contended that these nodules were not sufficiently characteristic to differentially diagnose the arthritic condition of the disease, as there were often multiple tumours tending to calcification under the skin in gouty conditions.

Braun stated that such nodules were often found along the margins of the ribs, which he thought was probably due to arthritic rheumatism.

RADIOMETRIC PRACTICE.

Freund reported that the Röntgen rays in contact with a 2 per cent. solution of iodoform and chloroform had a chemical action which liberated free iodine and produced a light yellow colour resembling in many respects the violet rays. He considers this an excellent quantitive measure of the intensity of rays in calculating the amount of iodine set free.

TÆNIÆ CUMERINÆ.

Rosenberg showed ten worms of the tæniæ cumerinæ type, which he had, curiously enough, obtained from a child fourteen months old. It is well known that this worm is peculiar to the dog and cat, both of which animals the child had frequently played with. This annelide is rarely found in the human intestine except in childhood. Of the 150 tæniæ which he had obtained from children this was the first tænia cumerina. The treatment was with extractum filicis maris in one gramme doses, care being taken that it passed as speedily as possible through the bowel. In children of this tender age such drugs must be given by means of a tube.

Escherich asked how he could get this thick fluid through a tube into the stomach.

Rosenberg replied that he diluted it with a syrup of peppermint.

Hungary.

[FROM OUR OWN CORRESPONDENT.]

BUDAPEST, May 7th, 1904.

AT the recent meeting of the Budapest Royal Medical Society, Dr. Köresi read a paper on the

DIET IN ACUTE BRIGHT'S DISEASE.

The object to be accomplished is to relieve the kidneys

of work as far as possible. This is done by instituting a diet of milk alone. The problem is not a simple one. The ingestion of proteid substance cannot be reduced below a certain point, because even if the diet is a fluid one entirely, the excretion of proteid substances in the urine will continue. Also, if the diet is so limited the patient will lose flesh and strength, and the constitutional symptoms will be aggravated. If milk is well borne, then we can give even three or three and a half litres daily, but if it fails to produce improvement, it is best to allow a more liberal diet, and to pay less attention to the albuminuria than to the general condition. As a food preference is given to skim milk, as it is more nutritive. It may be necessary to depart from this rule if the skim milk is not well borne. Dr. Köresi recommends the following *regimen* for nephritic cases:—Exclusive milk diet at the start; the albumin at first will increase, then diminish, and then remain stationary. The result should be noted, and when the quantity of albumin finally remains stationary, then meat may be allowed. Then the albuminuric curve should be noted again. From these data we may determine whether milk, milk and vegetables, or milk, meat and vegetables as a diet is preferable in reducing the albumin to a minimum. As regards the different foods, bread may be allowed, alcohol should be prohibited, beef and veal are preferable to mutton and poultry; fish is absolutely to be forbidden, contrary to the opinion of American authors. All these remarks apply only to the cases in which a strict milk diet cannot be enforced.

Dr. Markely spoke about the involvement of the ovaries in mumps. He has found that the genital glands were affected by the epidemic of mumps, infection occurring in twenty-six cases out of sixty-six patients. The region over the ovaries was sensitive to pressure, and more or less painful. He suggests that possibly mumps may be responsible for some of the pathological changes observed in later life. The doctor also recommends that this region should be investigated in girls, and local measures applied at once upon the slightest symptoms of inflammation of the ovaries or their environment. By warding off or dispelling inflammation in the early stage we can safely guarantee that the ovaries will pass unscathed through the disease.

Dr. Mandel read a paper on "Psychoses Associated with Migraine." Simple hemicrania sometimes develops mental irritation or depression, anger, or slight hallucinations. With migraine of an epileptic type, with muscular twitching or ocular manifestations, a visual aura can precede an attack of migraine as well. True epileptic nature of the migraine is noted when the visual aura assumes a red colour. Abortive attacks may occur in both, or one is substituted for the other. Psychical symptoms or a psychical equivalent can occur in either. A transitory psychosis sometimes follows or accompanies migraine. This is important from a therapeutical standpoint, indicating the necessity of an anti-epileptic treatment for migraine. In the same way, the writer notes close clinical relation between attacks of migraine and hysteria major. Several types of cases are on record. (1) A combination of hallucinations of sight, confusion, amnesia or ataxia, aphasia, with attacks of migraine lasting six hours. (2) Confusion, with religious delirium. (3) Hemicrania, with temporary blindness, paræsthesia and a speech disturbance. (4) Hemicrania after mental shock, with anxious delirium, and disturbance of consciousness for three days. The occurrence of these psychoses is, however, rare.

The Operating Theatres.

LONDON HOSPITAL.

OPERATION FOR SUBDIAPHRAGMATIC ABSCESS ON THE LEFT SIDE.—Mr. FREDERICK EVE operated on a man, æt. 19, who had been admitted suffering from subdiaphragmatic abscess. The history of the case was that three weeks before admission the patient was attacked with pain in the upper part of the abdomen, which "doubled him up." There was no vomiting, but pain was present on deep inspiration, which was chiefly referred to the left costal margin. On examination, an ill-defined induration was felt below the left costal margin, quite resonant and not moving on respiration; there was diminished movement of the lower part of the chest on the left side and also dulness up to the sixth rib anteriorly and to the tenth posteriorly. There was no friction sound. An examination by means of the X-rays and the fluorescent screen showed that the left side of the diaphragm was motionless at a point about half an inch below the nipple line. A blood examination gave considerable increase of polynuclear leucocytes. Before operation Mr. Eve discussed the differential diagnosis in this case. In the first place, he said, it was necessary to exclude enlargement of the spleen, which in some instances produced (as he had found on operating on one case) distinct displacement of the diaphragm upwards. A splenic tumour, he pointed out, would have a well-defined margin, a notch would be felt, and it would move freely on respiration, whereas in this case the swelling was ill-defined and immovable; both the general symptoms and the physical signs pointed to subdiaphragmatic abscess, among the general symptoms being pyrexia, constitutional disturbance, and leucocytosis, the latter pointing especially to the presence of pus. Among the important local signs were the immobility of the left side of the chest, the upward displacement and immobility of the diaphragm, and the local pain and tenderness below the costal margin, with the presence of an ill-defined lump. The question, he said, arose whether the subdiaphragmatic abscess was due primarily to an intra-thoracic or to an intra-abdominal cause. It was presumed that the latter was the case, notwithstanding the dulness in the lower part of the chest. This was believed to be due to displacement of the diaphragm upwards, owing to the absence of pulmonary physical signs, such as frictional *râles* or crepitations. The previous history, he considered, threw no light on the cause of the intra-abdominal trouble. An incision was made over the ninth inter-costal space in the anterior axillary line, and portions of the ninth and tenth ribs about three inches in length were removed after stripping them of their periosteum with Doyen's raspatory. A trochar was then passed through the diaphragm towards the swelling in several directions, but no pus was found. Another incision was therefore made externally vertically downwards from the costal margin over the abdominal swelling. After cutting through the muscles the peritoneum was found to be so thick and adherent that it was thought advisable to open the peritoneal cavity lower down, where the peritoneum was healthy, in order to explore the lower relations of the swelling. The finger of the left hand being passed into the peritoneal cavity below the swelling, a fine trochar was inserted into the mass through the upper part of the abdominal wound so that its direction could be gauged by the finger in the abdomen. A small quantity of pus escaped through the trochar; the opening in the peritoneal cavity was then closed with stitches, the

lower angle of the wound protected with gauze; then, guided by the trochar, the surgeon made a free opening into the abscess, which was of small extent, although evidently surrounded by a large amount of inflammatory tissue. A drainage-tube was inserted into the abscess and the wound in the thorax closed. Mr. Eve remarked that as a general rule it might be said that the safest and most convenient method of approaching a subdiaphragmatic abscess was through the lower part of the chest and diaphragm; the pus, however, in this case did not appear to be immediately below the diaphragm, although that structure was pressed upwards. In dealing with ill-defined inflammatory masses within the abdomen, it was far safer, he considered, to ascertain the relations of the swelling by opening the peritoneum where it was non-adherent than to cut blindly through inflamed and matted structures the nature of which could not be recognised. The subsequent progress of this patient was uneventful. The discharge soon ceased and the man left the hospital with the wound healed in less than a month. The bacteriological examination of the pus in this case was of great interest. Dr. Thresh reported that the cultures constituted an apparently pure growth of a bacillus which showed the morphological characters, staining reaction, all the culture characters, and agglutination reaction of the typhoid bacillus. This suggests, Mr. Eve thought, that the patient may have suffered from ambulatory typhoid followed after a longer or shorter interval by an intra-abdominal abscess, the site of which could not be precisely determined.

GREAT NORTHERN HOSPITAL.

CASE OF TREPHINING FOR SYMPTOMS OF CEREBRAL COMPRESSION.—Mr. PEYTON BEALE operated on a man, æt. about 38, who had been admitted a few hours previously in an unconscious condition with right hemiplegia. He was engaged in a public house, the landlord of which gave the following particulars of the case:—He had been in the habit of taking long bicycle rides—over a hundred miles at a stretch—and during the last few weeks had complained of feeling weak, with occasional shooting pains in the head, and want of sleep. On Sunday he rode a hundred and ten miles on a bicycle, coming home rather exhausted; the next day (Monday) he went about his work as usual, but at 2 o'clock, after his dinner, he sat down in a chair, and at 2.30 was found by his master still in the chair and apparently asleep. As it was not possible to rouse him, he was taken at once to the hospital. Upon examination, he was found to have complete right hemiplegia and more or less paralysis of the muscles of the left side as well; there was very indefinite anæsthesia as tested with a pin over the whole surface of the body, but as far as could be ascertained most of the facial muscles contracted when the skin of the face was pricked. Otherwise, his symptoms were such as were typically found in a case of cerebral compression. The symptoms were so indefinite upon the whole as to exclude the diagnosis of cerebral hæmorrhage in or about the internal capsule, but Mr. Beale remarked that he had seen several cases of this kind, and in one of them hæmorrhage around the pons was found to be the cause, and in the others a collection of pus around the medulla oblongata; in such cases, in his experience, it had been impossible to do any good beyond trephining and relieving pressure symptoms, such being always due in cases of this kind to distension of the ventricles of the brain with fluid, and to œdema of the brain. The man's condition was so critical that a rapid trephining was the only course that could be adopted, so, the head having been shaved and the scalp cleansed, a flap of skin on the left side of the head was turned down and a two inch trephine applied over the left temporo-occipital region. On removal of the bone, the membranes bulged through the opening to an almost alarming extent; there was no pulsation of the brain to be seen or felt. A small slit was made in the dura mater, and a grooved director pushed through the brain substance with a view of reaching the lateral ventricle. After one or two attempts the director entered the cavity and clear fluid spurted up along the groove of the instrument. A small drainage-tube was then insinuated along the groove into the ventricle, and after a little manipulation clear fluid issued from the end freely. It spurted at first for a distance of an inch and a half beyond the tube and about four ounces in all were evacuated by this means. After this the brain pulsation was quite evident, and the brain no longer bulged through the trephine opening. Practically no anæsthetic was administered after the skin flap had been made, but the patient's general condition was in no way improved after relief of tension from the escape of fluid. The man was put back to bed and remained in practically the same state as he was in when admitted until his death, which was due to gradual failure of respiration about five hours after operation.

At the post-mortem examination, a collection of pus was found around the medulla and pons, extending downwards around the spinal cord for about an inch and upwards into the fourth ventricle. The brain was removed, and hardened for future examination, but no evidence could be found to show that the pus had extended from the temporal bone, or, indeed, from any part of the skull. It was quite clear that the condition was a suppurative basal meningitis. Mr. Beale considered that it was of the nature of a pyæmic abscess, and stated that he had operated upon three or four cases of apparently precisely the same nature, and had not been able to ascertain the primary seat of infection. It was difficult, he said, to believe that the meninges around the medulla could be the seat of the primary infection. He had also operated upon an apparently similar case, but in this a definite track was found leading from one of the fissures in the petrous portion of the temporal bone, the pus having owed its origin to an old middle-ear disease. This track was only found after very careful examination, and he thought it quite possible that these cases of apparent primary suppurative basal meningitis were in reality secondary to old and long-forgotten middle-ear disease.

IN the House of Commons last week, Mr. Schwann asked the President of the Local Government Board what steps, if any, had been taken to deal with the report of the Departmental Committee on Nursing which was made in November, 1902, and whether the recommendations of the Committee in that report were to be adopted as they stand. Mr. Long replied that, as stated in the reply given to the honourable member by his honourable friend, the Secretary to the Local Government Board, on April 21st, after the report of the Departmental Committee was made, he received a considerable number of representations on points relating to their recommendations. He had caused these representations to be brought before the Committee, who had duly considered them. He was now in possession of the views of the Committee, and would shortly decide precisely what course should be taken in the matter.

THE annual general meeting of the Medical Defence Union, Limited, will be held at the Medical Society's Rooms, 11 Chandos Street, Cavendish Square, London, on May 26th, at 5 p.m.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 11, 1904.

THE STANDARDISATION OF DISINFECTANTS.

A STRIKING feature of latter-day commerce has been the growth of the trade in disinfectants, or more properly in those substances that are so called by their vendors. This development has probably been nearly, if not quite, as great proportionately as that of the patent medicine business, to which it is closely allied. But there is this difference between the two, that though the trade in proprietary medicine could be extirpated root and branch without anyone, except the proprietors, being a penny the worse, a sound disinfectant is needed at some time or another in almost every household. For the latter reason a State guarantee of the composition and efficacy of the preparation that passes as a disinfectant is sadly needed. The ignorance that prevails among the public with regard to the use and potentialities of disinfectants is appalling, and it need hardly be urged that disinfectants, like all other powerful and poisonous substances, should only be sold in response to medical order. Such a desideratum is, however, not likely to be forthcoming for many a long year, but in the meantime for the prevention of disease, and for the protection of people from fraud, a standard is needed to which all substances that call themselves disinfectants should conform. A disinfectant is a body that is capable of destroying bacterial life—whether in the form of the adult organism or the spore—if brought into contact with it for a certain period of time. If this simple fact were generally appreciated a distinct step in advance would have been taken. Most people have the vaguest ideas of what a disinfectant can do, and what it can be expected to do. In their eyes it is the modern homologue of the amulet or the charm, and can chase infection away by the magic of its presence. Infection to them is closely allied to bad smells, and a disinfectant should, therefore, be a strong-smelling substance. Recently there has been somewhat of a revolt against the old-fashioned odoriferous disinfectant, and a demand has sprung up for something that can frighten away disease-germs without producing nausea. The ingenuity of the trade has been equal to the occasion, and several pleasant-smelling preparations, free of any notable germicidal power, have been forthcoming, and have commanded a ready sale. There is only one word to describe the grandiloquent claims of the manufacturers of several such bodies; unless they are capable of thoroughly destroying bacterial life in a reasonable time, when brought into contact with disease-organisms, they have no more right to the title of disinfectants than their proprietors have to the profits they make out of them. There are, of course, a vast number of chemical bodies that are more or less inimical to the growth and existence of lowly-organised fauna and flora, but no honest man would countenance the sale of distilled water as a disinfectant because bacteria fail to flourish in it. Nor should the ignorance and credulity of the public be allowed to be preyed upon because they imagine that sprinkling disinfectant solutions on the carpet, or leaving them exposed in saucers in a room, can affect the spread of disease. What is required is, that all substances sold as disinfectants should be distinctly labelled with directions for use, and that such directions should state truthfully the strength in which the substance must be employed, and the length of time necessary, for the destruction of ordinary pathogenic organisms and their spores. Were this insisted upon, a large number of the present preparations would disappear from the market; and a much smaller quantity of those that remain would be used. If it were clearly understood that the perfunctory shaking of disinfectant powders down evil-smelling water-closets only added one more odour to those already existing, and that dipping the hands in "Healthine" or "Hygienia" was considerably less efficacious than washing them in soap and water, the demand for these preparations would suffer considerably. On the other hand, the dangers of disease-dissemination would be substantially minimised, for only real germicides in potent strengths would be employed, and then only in such ways as would be likely to bring about the desired result. But the first step in this direction is that a bacteriological standard should be set, and that the proprietors of all preparations should be made to declare how their disinfectant compared in germicidal powers with that standard. The lines on which this could be worked practically have been already demonstrated by Dr. Rideal and Mr. Ainslie Walker, and the need for the adoption of some such plan is no less than for Government standards for food substances—and drugs. For medical men, too, it would be a great convenience. The practitioner is nothing if not up to date, and his advice is constantly sought as to the use of this or that disinfectant. His knowledge of them at

present is perforce confined to the claims made on their behalf by their owners, some of which are genuine, and others, like the report of Mark Twain's death, "grossly exaggerated." The public exposure of these claims would involve an individual worker in an action for damages that would probably ruin him, and, moreover, it is not the individual's business. The Government should see that the public are protected from fraud by the sale of worthless disinfectants with at least as much assiduity as they display in the prevention of fraud in any other direction. For it is a matter in which the public cannot judge for themselves, and their medical advisers at present are not always able to give them definite information.

PHYSICAL EDUCATION IN SCHOOLS.

THE report which has just been issued by the Inter-Departmental Committee upon the model course of physical exercises now in use in schools renders it abundantly clear that the present system is not without its imperfections and drawbacks. Further, it is obvious that the physical training prescribed for children must differ in its essential details from that which is intended for recruits, not only in degree but also in kind. Were a system to be devised and carried out which would, although compulsory, be at the same time adapted to the frame of a growing child and efficient in developing those parts of the body which most need training, the fear of anything approaching to "militarism" would have no grounds for its existence. It is not only the muscular system of a child which needs to be regularly exercised, but the circulatory and respiratory systems, and, in fact, the whole physical being, which require alike careful training and skilled supervision if they are to be brought up to the highest possible level of efficiency. The exact manner in which this supervision is to be carried out is a matter worthy of careful consideration. While it is, no doubt, highly desirable that each individual teacher should be certificated in hygiene and elementary physiology, as well as in first-aid—though in the opinion of some this is too much to expect—yet there must ever be constantly recurring instances in school life in which the assistance of a duly qualified medical practitioner for purposes of inspection is absolutely necessary. Thus, it is stated in the introduction to the report of the committee that nasal breathing should be more cultivated in the child, which, considering the great prevalence of nasal obstruction at this age and consequent reversion of the functions of the nose and mouth, is a most excellent recommendation. But the diagnosis of adenoids or of an incipient infectious disease characterised by a catarrhal or inflamed condition of the fauces or of the adjacent parts can hardly be made by a school-teacher, however well certificated in hygiene. This is only one illustration of the inadequateness of any school staff unless there be a medical practitioner definitely connected with the establishment. The ideal arrangement would be to appoint to every school under municipal control a medical officer with a fixed salary whose duties would be those of periodical inspection and visitation of the health and physical condition of the pupils, and to advise on all matters of sanitation, exercise and so on that might arise. If cases of constitutional weakness, from whatever cause, are to be reported to the local authority, a medical practitioner alone is competent to make such a report. Upon such an officer, also, should rest the responsibility of excluding a child from taking part in violent outdoor games, or even from going through the various physical exercises in vogue at schools. In the conduct and arrangement of the latter skilled medical advice is, obviously, of first importance, though it might appear to a casual observer that any person trained in calisthenics and possessing a more or less rudimentary knowledge of anatomy and physiology would be sufficiently qualified to undertake such duties. Now that scholastic control will be vested in the new local authorities, it is to be hoped, for the sake of the future national physique, that the need for more thorough and individual medical inspection will be fully recognised.

ULTRAMICROSCOPY.

WE commented some weeks ago on the necessary limitation to the study of small bodies by means of the ordinary microscope, pointing out that these limits were fixed by the length of the light-wave. At the same time it was noted that although small bodies may be in themselves invisible, yet they may, by their reflective or refractive action on light, subject themselves to methods of examination. In the case of the germs of some diseases—for example, the foot-and-mouth disease of cattle—this power shows itself by giving the culture-fluid a certain opalescence. A most ingenious device has, however, been invented by Siedentoff and Zsyinaudy, by which the individual minute particles are made the subject of examination. The method used is one by which light rays of great intensity fall upon the object in such a manner that the reflected rays only shall reach the eye of the observer. By this means, an extension has been given to our powers of investigation of incalculable value. Under the present methods of microscopic study the limit of useful vision might be taken as one-thousandth part of a millimetre, though theoretically it was somewhat smaller, while by means of the new methods the limit is lowered to one-millionth part of a millimetre. The power of the apparatus depends on the strength of the illuminant used, and the best effects have been gained from concentrated sunlight in summer. The arc light may, however, be substituted. An instrument embodying Siedentoff and Zsyinaudy's principles has been constructed by Zeiss, and Herr Raehlmann has published an account of the results of some of his observations made by its means. Ordinary solutions of glycogen usually exhibit a certain bluish opalescence, although the highest immersion lenses previously used have

discovered no heterogeneity in the fluid. On examination with the "ultramicroscope," if we may use such a term, immense numbers of tiny bodies are seen, which in very dilute solutions can be distinguished as individuals. These bodies are in a continual state of oscillation, which increases as they approach each other, and disappear altogether on excessive dilution. Raehlmann makes the interesting suggestion that these movements are the expression of the influence of gravitation by which the bodies attract each other. On adding a few drops of diastase to the solution of glycogen the bodies grow smaller and smaller, and finally disappear altogether. An interesting practical discovery has also been made by Raehlmann in the examination of the humours of an eye enucleated on account of sympathetic ophthalmia. With a magnification of 2,400 diameters rod-shaped motile bodies were discovered, which seemed to be bacteria. This observation naturally leads to the opinion that sympathetic ophthalmia is a metastatic infective process, produced by micro-organisms. Not only, however, is the method suitable for investigating previously ultra-visible bodies, but it gives a new point of view for the larger bacteria. For instance, a much better examination of live organisms can be made by this means than in the ordinary hanging-drop. It is not, of course, suitable for investigation of tissues, since the object to be examined should be in the form of particles suspended in fluid.

Notes on Current Topics.

A Pneumatic Tourniquet.

THE despatch with which an operation can be conducted, not to speak of the lessened risk to the patient, is greatly facilitated by rendering the tissues as evascular as possible by the application of some external constriction. The india-rubber tourniquet, or Esmarch's bandage, is most generally adopted when it is desirable to operate by the so-called "bloodless method." Simple as this contrivance is, there is more bungling seen in its application to a limb by inexperienced dressers or nurses than in almost any other preliminary process. Few things are more annoying to the spectators or more vexatious to the surgeon than to see the bandage so loosely applied to the limb that the re-application becomes absolutely necessary after the first incision, to the great inconvenience of the operator and the possible vitiation of asepsis. The opposite extreme is equally to be deprecated, for in emaciated subjects, or in those whose integumentary tissues possess but feeble resisting powers, troublesome forms of paralysis are apt to supervene, for the production of which the anæsthetic may be wrongly blamed. The lack of common sense sometimes exhibited on the part of assistants at operations is perfectly amazing, for it is not at all infrequent to find a tourniquet being most carefully applied without any previous elevation of the limb or firm stroking towards the heart, or else that it is taken straight from an instrument-cupboard, hastily dipped in lotion, and wound round the part in most dangerous proximity to the aseptically-prepared area of operation. Dr. Harvey Cushing, of Baltimore, (*a*) has employed an inflatable tourniquet attached to an ordinary bicycle foot-pump in place of the elastic bandage. It can be readily rendered aseptic, and when once in place it can be inflated by an assistant to any degree of constriction required, the compression being everywhere uniform. In cerebral surgery this form of tourniquet has been found of great service in controlling the hæmorrhage from the skull-flaps, and it can be easily applied around the fronto-occipital circumference of the skull. In eighteen cranial operations in which the pneumatic tourniquet was used it is stated to have served its purpose admirably.

"Tramp" Accommodation.

THE natural history of the "tramp" is likely to attract a good deal of attention from sanitary reformers in the near future as it has from social reformers for generations past. There is good reason to believe that our present system with regard to the Poor-law accommodation of the vagrant class is conducted on lines of false economy. The food that is given a tramp is not enough to enable him to undertake hard work. The labour exacted from him in return for poor fare and lodging is utterly disproportionate, and so prolonged and arduous as to unfit him for further effort. An Oldham lady has framed a fierce indictment of the way in which he is treated by our Poor-law administration. The lady in question, Mrs. Higgs, gathered her information on the spot, and described her two days' amateur stay in a tramp ward as a descent into an Inferno. The method of bathing she condemed as barbarous, inasmuch as the exposure was injurious to health, while clothes were often spoilt by stoving. She pictured a man having undergone the tramp-ward treatment of "unmoist" food—"to eat which was positive torture"—a cold bath, and a heavy task, facing the foodless and prospectless day as he emerged from the workhouse. The worst part of this unhappy state of affairs is that it falls most heavily on the genuine working man thrown "on the road" by undeserved misfortune. The fact of the matter appears to be that the casual ward system of the whole kingdom stands urgently in need of searching inquiry and reform.

Spasmodic Agraphia.

OF all the so-called occupation-neuroses that of writer's cramp is, perhaps, the commonest and most troublesome. The peculiar, spasmodic rigidity which sometimes occurs in the hand and arm muscles as a result of much writing has to be carefully distinguished from mere fatigue on the one hand, and also from various disorders of the central nervous system on the other, whether these be functional or organic. Interference with the finely co-ordinated movements involved in

(*a*) *Medical News*, March 24th, 1904.

the delicate act of writing—one of those last to be acquired—is not unfrequently one of the earliest signs of an incipient but steadily progressive nervous disease, such as general paralysis or multiple sclerosis. The essential feature of true scrivener's palsy is, however, that it is spasmodic, for though the entire upper extremity may quickly become paretic, both the fatigue and the paralysis pass away upon the cessation of the movement or attitude which was responsible for their production. Improper methods of holding the pen are, according to Gowers, chiefly to blame for the causation of this troublesome affection. Its pathology is by no means fully established. Strümpell draws an analogy between writer's cramp and stammering, both of which are characterised by loss of co-ordination and the existence of a highly nervous state. That the condition is chiefly a neurosis is proved by the fact that several cases have been completely cured by suggestion under hypnosis (Bernheim and Lloyd Tuckey). In forty-seven cases Dr. Gustaf Norstrom,(*a*) of New York, has found scattered areas of myositis in the muscles concerned, massage of which caused a speedy return to the normal. A reflex excitability of the motor nerves is also stated to accompany these myositic deposits. The employment of massage or electricity in the treatment of the malady has long been recognised, but they have not, hitherto, been supposed to act by removing inflammatory deposits from the muscles themselves.

The Role of the Sense Organs in Disease.

INDISPENSABLE as the organs of special sense are to the full enjoyment of life, there are many occasions on which the stimulation of one or more of them gives rise to anything but pleasurable feelings. The two primitive forms of stimuli, whether arising from without or from within, are early recognised by the growing infant as either pleasant or unpleasant. As soon as the external environment has made sufficient impression upon the mind and has become a necessary factor in its everyday consciousness, mixed varieties of stimuli begin to claim the attention. The power of the special senses to awaken a long dormant chain of ideas and to revive faded memories of the past has many a time been a theme for the poet's imagination, and it has also been utilised from the therapeutic standpoint in certain forms of mental disorder. "Memory, imagination, old sentiments and associations, are more readily reached through the sense of smell than by almost any other channel," says Oliver Wendell Holmes, and the truth of this statement is borne out by the familiar feeling we sometimes experience of having been in a strange place on a previous occasion, an illusion produced chiefly through the medium of the olfactory sense. Stimulation of the retino-cerebral apparatus, perhaps because it is more or less continuous, is not so potent to recall the past, yet hallucinations of vision are frequent among the insane. Impressions received through the auditory nerve appear to be more often misconstrued than those arising from stimulation of any other special sense. Knowing this, it does not seem impossible that the judicious presentation of pleasant auditory stimuli, such as beautiful music, may have the power, under certain circumstances, of bringing back a "concatenation of ideas" when these have been wandering.

(*a*) *New York Med. Journ.*, March 12th, 1904.

Ovariotomy in Inoperable Cancer.

FASHION prevails in surgical procedures no less than in every other walk of life. Operations are conceived, executed, written about, practised for a time, and then fall into disuse. A few years ago, castration was widely in vogue in the treatment of enlarged prostate; to-day it is hardly heard of. So, too, with ovariotomy for inoperable cancer. Several cases were reported in which striking and unexpected results were obtained, and many surgeons gave the method a trial. But their experience was disappointing, and now it is considered barely justifiable. That there are some cases in which it can bring about arrest, if not cure, of the disease would seem to be the fact; the pity is that there is no means of distinguishing which, among the vast number of cases daily occurring, are amenable to the treatment. One remarkable instance has lately been shown to the Académie de Médecine by Dr. Reynès, of Marseilles. The patient was a woman, aged 33, who was suffering from pavement-celled epitheliomata of both breasts. The disease had been going on for nine years on one side and for three on the other, and there was marked general cachexia. The disease was too far advanced to allow of excision of the breast, and Dr. Reynès decided to perform double ovariotomy. The result was most gratifying. Soon after the operation the tumours began to show decided involution, and a large ulcerated patch covering one breast began to heal. In two months the process was complete, and when the case was shown at the Académie nothing was visible except a slight cicatrix, with a little induration. The diagnosis was confirmed by microscopical examination, and there was no doubt as to the genuine character of the case. The breast, as forming part of the genital organs, would be more likely to be affected by ovariotomy than other structures, but that malignant disease of such chronicity should disappear entirely is a remarkable fact. When medical men are asked if nothing can be done for inoperable cases of cancer, and a patient is likely to go the round of the quacks, it may be well to remember that this heroic form of treatment is sometimes successful.

Cancer Research.

THE first report by the investigators appointed by the Cancer Research Fund of the Colleges of Physicians and Surgeons has just been issued. It contains but thirty-six pages, but these are full of interesting and valuable matter The first part deals with the distribution of cancer among the lower animals, and though it only confirms what

has already been reported from other sources, it puts those reports on an authoritative basis. Growths having all the histological features of carcinoma have been found in birds, beasts, and fishes—the dog, the horse, the sheep, the cat, the hen, the parakeet, the cod, the trout, and many others. Sufficient observations have not been made as yet to determine in which classes cancer is most common, but it is worthy of notice that not only does it occur in animals having no common trait or article of diet, but also that it occurs in wild animals as well as in domestic ones. These observations put out of court many of the silly suggestions that are continually being made with regard to the origin of cancer; the cause of the disease is yet far to seek. The possibility of infection is the other notable feature of this admirable research. Professor Jensen had already announced that he had succeeded in transplanting carcinomatous growths from one mouse to another, and he kindly sent specimens of growths to be used for the purpose. Inoculations were made in 259 mice, and in some sixty cases the disease took on growth, the cells forming the new tumours being similar in character to those introduced. The tumour-material supplied could be sterilised, both by breaking it up in a mortar and by subjecting it to a temperature of 37° C. for twenty-four hours. Some mice appeared to be naturally immune to cancer inoculation, but the character of the growth itself seemed to be of great importance in determining whether it could grow or not. A single growth did not confer immunity, for second inoculations could be made successfully into animals in which growth had already been taking place for ten weeks. It is greatly to be hoped that these researches will bear fruit as practical as the labours of these diligent workers deserve.

Vermin in Children's Heads.

ONE of the matters that may be commended to the notice of the new education authorities, who come to this work, it is hoped, filled with zeal and energy, is the question of pediculosis of the scalp in children. How common, one might almost say universal, this condition is among the children of the poor in large towns is a fact which every hospital medical officer knows well, and also how frequently impetigo of the scalp and body follows in its train. That verminous heads are felt to be a disgrace even among the poorest is witnessed by the fact that mothers will always indignantly deny that the condition exists, and even ocular demonstration will only elicit the comment that the children must have contracted it at school. In the more respectable and careful households there is a great deal of truth in the contention, and it is very hard on those who try to keep their children clean that they receive so little encouragement from the school authorities, especially when it is considered that they are obliged *nolens volens* to send their children to school. No doubt the subject is a large one to tackle, and it is not to be expected that vermin can be eradicated from the heads of all the pupils at one stroke of the pen, but it is incumbent on those responsible for the management of public elementary schools to take precautions that the clean shall not suffer from association with the dirty. One of the primary provisions that needs attention is that each child shall have a peg for his own cap and coat, so that there is a reasonable chance of each being able to keep his garments from contamination. A periodical survey of the heads by the medical officer should be made, and the parents informed of those in which lice were found. It is doubtful whether the managers would have power to have the childrens hair cut and the scalp treated with disinfectants, but the sense of shame might be brought into play in the case of most of the parents. If this were not found to be sufficient, a one-clause Enabling Act might be put through Parliament without opposition. Filthy scalps are a disgrace and a danger, and it would be well for all available pressure to be brought to bear to make them less common.

The Central Midwives Board and Irish Maternity Hospitals.

IT has now transpired that at its last meeting, held in London on April 28th, the Central Midwives Board had again under consideration the extremely unpleasant position which they at present occupy in their relations with the great Irish maternity hospitals. It is satisfactory to learn that a considerable change has taken place in the feeling of the Board, and that whereas a short time ago only two of its members could be persuaded to recognise the impossibility and unfairness of the regulations of the Board, now the following resolution was lost by a majority of one only:—"That in lieu of the certificates of personal attendance upon twenty cases the Board may, if they think fit, accept the certificates of the Master or chief resident medical officer of a hospital or institution where midwives are trained that the candidate has attended the course of training prescribed for pupil-midwives for the period and in accordance with the regulations in force in such hospital or institution. All applications for the recognition of such certificates must be made by the Master or chief resident medical officer of the hospital or institution applying, and must be accompanied with a statement of the regulations for the time being in force, and of any special circumstances which prevent candidates trained in such hospitals or institutions from producing the ordinary certificates required by the Board." We desire to congratulate Mr. Heywood Johnstone, who proposed this resolution, on his changed attitude and on his apparent resolve to carry through the pledges which he gave to different Irish bodies. He must recognise the fairness of, and necessity for, the adoption of some such resolution as that he proposed, and we confess to a feeling of sympathy with him when the Frankenstein he created refused by a majority of one to adopt it. We think, however, that the Irish hospitals will not be much surprised at the result, and as it is obvious by this time that their demands will be agreed to, if not now, at any rate within a short time, the temporary check is of no

great importance. The Central Midwives Board must secure the passage of a Bill dealing with the "financial question," and one part of the price which they will have to pay for this measure will be such an amendment of their regulations as will ensure that justice is done to the Irish training centres.

A Discharged Lunatic Attendant.

A CASE of a remarkable nature was last week heard at Lambeth County Court, when Dr. F. H. Edwards, Medical Superintendent of Camberwell House, a private lunatic asylum, was sued by John Kenny to recover damages for false arrest and imprisonment. The plaintiff, who conducted his own case, said that while an attendant at Camberwell House, a patient died from broken ribs, and an inquest was held. Plaintiff reported other cases of ill-treatment, and his life was subsequently made a burden to him. Finally, believing his life to be in danger, he left, and received from Dr. Edwards a testimonial saying he had discharged his duties "in a generally satisfactory manner." He could not get another situation because of this word "generally," and failing to get it altered he assaulted Dr. Edwards in the street by throwing an egg at him. A policeman was called, and plaintiff told him he had acted in that way to draw public attention to his grievances. Defendant did not give him in charge, but later in the day he was arrested by the police and taken first to the station and then to the lunacy ward of Constance Road Workhouse. The resident medical officer there declined to sign a certificate of insanity, but that was done by Mr. Etherington, J.P., and Dr. Shillingford. Public attention was drawn to the case, and he was discharged after ten days' confinement. The police said they arrested plaintiff because of his wild statements of murders having taken place in Camberwell House. So far as the immediate County Court action was concerned, the plaintiff was non-suited because the police had acted on their own responsibility in the arrest, for which Dr. Edwards was not responsible. The judge, however, added that he felt bound to say that sufficient facts had been disclosed to make it necessary for the proper authorities to inquire into the matter. The Lunacy Commissioners and the police authorities can hardly avoid a searching inquiry into the whole of the facts of this curious case. *Primâ facie* there are several points which it is desirable in the public interest to investigate in the fullest and most open manner possible. Now that the police have seen their mistake in arresting the ex-attendant, perhaps it would be as well if they investigated the various statements made by him.

A Quack Remedy.—Damages.

THE amazing credulity of the public in medical matters is shown by the nature of the remedies which are foisted off on them by quacks and charlatans. Subacute and chronic rheumatism is admittedly an extremely obstinate and often incurable affection. The resources of quackery, however, rise to the occasion with a ring of such marvellous virtues that its wearer will be cured of his rheumatic aches and pains. Wonderful to relate, hundreds of apparently sane and well-educated persons buy and wear these rings. An enterprising company, not to be outdone, have patented some appliance called "foot drafts." A Cardiff citizen bought a pair of these drafts, and soon found he had more than he bargained for. Instead of drawing uric acid out of his system through the pores of his feet, the latter were found by a medical man shortly afterwards to be "acutely inflamed, with large blisters extending from his heels to the balls of his toes." The sufferer brought an action against the Good Health Alliance Company, vendors of the foot draft. Defendants produced evidence to show that there was nothing injurious in the composition of the drafts. More remarkable still, they produced a "London consulting physician," Dr. Boyd, to say there was nothing in the foot drafts which could set up a poisonous irritation of the feet, as it was not of sufficient strength. Judgment was given for the plaintiff for £20 damages. The attendance of a qualified medical man to give evidence on behalf of a company such as that indicated by the title under which defendants traded suggests somewhat serious consideration. Clearly, an action of that kind lays the witness open to the disapprobation of his professional brethren, not to mention the possibility of further proceedings of a disagreeable nature. If there should be any circumstances to excuse or exculpate the gentleman concerned an immediate disclosure is desirable in the interests both of himself and of the profession to which he belongs. Perhaps the Medical Defence Union, which so often represents the forlorn hope of the medical profession, will take some notice of the matter.

The Passing of the Coroner.

MANY people in New York have been congratulating themselves on the departure of "this antiquated relic of monarchical government," known as the coroner, from the city of Great New York. After four years of effort, the Elsberg Bill has been passed and the office is abolished. The Bill does not affect those coroners who now hold office, but as vacancies occur no successors will be appointed. In their stead are provided a chief medical examiner, and six medical examiners for Manhattan Borough, four for Brooklyn, three for Queen's, and two each for the boroughs of Bronx and Richmond. These officers are to be appointed by the Mayor, and as far as practicable from the coroner's physicians now in office. Their duty is to make reports in all suspicious cases to the magistrate, and if they are not satisfied with the result of their examination as to the cause of death to make a post-mortem examination in the presence of the district attorney and of a policeman. We learn from an American contemporary that the new system will effect a saving of 60,000 dollars a year, besides putting an end to the ignorant and corrupt

practices which have grown up under the late system. While we do not know that in these countries it is necessary completely to abolish the office of coroner, a recent case which we recorded in these columns shows the necessity that exists whereby the procedure in the coroner's court should be governed by fixed and sensible principles, and not left entirely to the individual fancies of the coroner for the time being.

The Arctic Region as a Health Resort.

THE medical officer who accompanied Commander Peary in two of his voyages in Polar seas, Dr. Sohan, has made an interesting contribution to the study of climatic hygiene in publishing (*a*) his views on the advantage of the Far North in the treatment of tuberculosis. It is not sufficient to cure a tuberculous patient merely to make him live in the open air. Important as fresh air is, it is by no means the whole cure of consumption, but merely one fact of the general hygienic system of the life the patient should live. Among the other factors of prime importance are solar rays—not merely *light* rays—a proper amount of exercise and invigorating conditions of life. Such a life can be lived in such Arctic regions as the fjords of Greenland. In addition one has the æsthetic effect of beautiful scenery, which is by no means to be despised as a therapeutic agent, and the stimulus supplied by the dry, keen cold of these high latitudes. Every pathologist knows how in advanced tuberculous processes the ravages of the tubercle bacillus are aided by a host of allies—streptococci and staphylococci of myriad varieties. These pus-forming organisms are often responsible for turning a mild case of tuberculous disease into a malignant one. In these lonely regions, however, in the absence of dust and of population, organisms are but few, of low vitality, and they tend to lose their pathogenicity. As regards the pleasures of life in Greenland fjords, Dr. Sohan is so enthusiastic that he makes one long to spend at least one summer there.

Individual Antipathies.

THERE is no more curious chapter in a study of psycho-physiology than that treating of the antipathies of various sorts to which individuals are occasionally subject. It is well known that many persons, of whom Lord Roberts is said to be one, cannot be comfortable in the presence of a cat, while the dislike of the average woman to a mouse is notorious. Medical history is full of instances, authentic or otherwise, of the remarkable effects on certain people of particular flowers, smells, or tastes. Many famous persons are said to have been very unpleasantly affected by the sight or smell of roses. A lady at the Court of Queen Elizabeth is said to have had her cheek severely blistered by having a rose secretly placed there during sleep. No less than two cardinals are said to have fainted whenever a rose was brought near them, while Bishop Laurentius, of Vratislonia, died from syncope at the smell of a rose. Many people are said to suffer from a form of hay fever on exposure to the odours of the same flower. Schenck records the case of one of his acquaintances, a merchant of Antwerp, who swooned at the sight of hog's flesh, while the physician Guaianerius records that so great was his own antipathy to the same meat that, on one occasion, when it was given to him without his knowledge, "within an hour after he fell into a palpitation of the heart, and thence into a syncope, and thence into a vomiting, in which he brought up pure blood." Other instances are on record in which the slightest quantity of egg acted as a violent irritant poison, and this whether the subject was aware that he had partaken of egg or not.

(*a*) *American Medicine*, April 23rd, 1904.

The Wearing of Collegiate Robes.

WE learn that at a recent meeting of the President and Fellows of the Royal College of Physicians of Ireland it was resolved to sanction the adoption of special robes to be worn by the Licentiates, Members, and Fellows of the college on occasions when such robes are customary. The robes selected were as follows:—For Licentiates: A gown similar to that worn by a Bachelor of Arts of a University, with three-inch facings of royal purple poplin. For Members: A gown similar to that worn by a Master of Arts of a University, with four-inch facings of royal purple poplin and a collar of the same material. For Fellows: A gown similar in shape to the robe worn by a Doctor of Medicine of a University, but made of black velveteen, with purple collar and facings, and a velveteen cap and tassel. We understand that in the case of the Fellows the use of this robe is optional and that University costume with the hood of the respective degree may still be worn as college dress.

Infectious Erythema.

DURING the past few years attention has been drawn from time to time, chiefly by German observers, to the occurrence of a severe erythema of infective nature. In most cases outbreaks of the disease have been associated with epidemics of measles or German measles, and some writers have believed the condition to be a locally modified form of one of these diseases. Further examination shows, however, that the condition is a distinct clinical entity with definite course and symptoms. In appearance the rash somewhat resembles that present in erythema multiforme, but there are marked differences. The latter disease affects the whole body at once, lasts some weeks, and never occurs as an epidemic, while the former affects certain positions in definite order, lasts nine days only, and occurs as an

epidemic. The usual course of the eruption is in the order of face, limbs, and trunk, and there are rarely any general symptoms, though in some epidemics initial rise of temperature, uniform scarlet rash, and pains in the limbs have been noticed. The disease seems to occur usually in the months of April and May, and it would be interesting to find if it has been noticed by physicians in this country.

An Epileptic in Custody.

AT the Lambeth Police Court, on the 7th inst., upon the name of an actor, Harry Colbourn, being called out, the police stated they were satisfied the defendant was a confirmed epileptic; therefore they proposed not to offer any evidence. It appears that Colbourn was seized with a fit on the stage, and was taken to St. Thomas's Hospital, where he was pronounced drunk, and taken off by the police in an insensible condition. Next morning the unfortunate man had another fit and was taken to the Camberwell Workhouse. In the police court the medical man who sent Colbourn in the first instance from the theatre to the hospital desired to make a statement, but was not allowed to do so by the magistrate. The unfortunate man was therefore dismissed without explanation or apology. This incident adds one more to the long list of deplorable and disastrous errors of diagnosis made by the authorities of our Metropolitan hospitals in cases where there is no reasonable excuse for not recognising the real state of affairs. A careful examination by an experienced medical man, with a prolonged period of observation in doubtful cases, would reduce the margin of error to a minimum. To jump at a hasty diagnosis of drunkenness in all cases of insensibility brought to hospital by the police is the mark of the hopeless amateur in medicine. An occurrence of the kind under consideration casts an unavoidable and unnecessary slur upon the good name of a great charity.

A Police-Court Vaccination.

A RECENT incident at the Todmorden Police Court has lent a little novelty to the humdrum annals of compulsory vaccination. The wife of a man in the neighbourhood of the Southall Small-pox Hospital was engaged as a servant in that institution. Under the influence of drink the husband went to the hospital and demanded his wife, and, being refused, straightway broke a window. After a violent struggle he was then secured and handed over to the police by the attendants. The magistrates were placed in a quandary when the prisoner was brought before them, and it was pointed out that it would not be safe to send him to a public prison after he had been in contact with small-pox attendants. The difficulty was overcome by vaccinating him, and sending him to the hospital for a fortnight's quarantine, in addition to the ordinary fine of five shillings and costs.

PERSONAL.

DR. ROUX, who received the Nobel prize of £4,000 two years ago, has been appointed successor to the late Professor Duclaux at the Pasteur Institute.

DR. J. J. BUCHAN, M.D., D.P.H., of Hamilton, has been appointed Medical Officer of Health of St. Helens.

M. WALDECK ROUSSEAU, the ex-President of the French Republic, last Thursday underwent a grave operation, and still lies in a serious condition.

SIR WILLIAM TURNER, K.C.B., will preside at the forthcoming Session of the General Medical Council, to begin on Wednesday, May 25th.

DR. SOMERVILLE will deliver the Oration at the 122nd Harveian Festival of the Edinburgh Royal College of Physicians on Friday, May 27th next.

THE Murchison Scholarship of the Royal College of Physicians, London, has been awarded to Mr. W. H. Harwood-Yarred, a student of St. Thomas's Hospital.

SIR WILLIAM CHURCH, as President of the Royal College of Physicians, has been elected an *ex-officio* member of the Council of the Lister Institute.

DR. WILLIAM STIRLING, Professor of Physiology in the Victoria University of Manchester, has been appointed Dean of the Medical School.

THE Professor Tom Jones Exhibition in Anatomy of the Victoria University has been gained by Mr. G. T. W. Todd.

DR. GEORGE MELDON has been elected Visiting Surgeon to the Westmoreland Lock Hospital in Dublin, in succession to the late Dr. Donnelly.

DR. W. PAGE MAY, on Wednesday last, delivered the first of a course of ten advanced lectures on the Tracts of the Brain, at University College, London.

LADY CLARK has presented the London Royal College of Physicians with a bust of her late husband, Sir Andrew Clark, Bart., executed in marble by H. Bain Smith, 1888.

M. CAMBON, in presiding at the annual dinner of the French Hospital in London, said that the *entente cordiale* was mainly due to the commercial classes of France and of England.

LORD EGERTON OF TATTON will preside at the seventh annual meeting of the Childhood Society, to be held at 7 St. James's Square, London, S.W., on May 11th, at 3 p.m.

THE Croonian Lecture on Bright's disease will be delivered before the London College of Physicians by Dr. J. Rose Bradford, on June 7th, 9th, 14th and 16th, at 5 p.m. each day.

DR. G. E. SHUTTLEWORTH will deliver an address on "Degeneracy: Physical, Mental and Moral," at the annual meeting of the Childhood Society in London, on May 11th.

DEPUTY INSPECTOR-GENERAL of Hospitals and Fleets Evelyn Richard Hugh Pollard has been promoted to the rank of Inspector-General of Hospitals and Fleets in His Majesty's Fleet.

MAJOR W. DUNCAN, M.D., F.R.C.S., Obstetric Physician to the Middlesex Hospital, has been elected Worshipful Master of the first Yeomanry Masonic Lodge, which was recently consecrated in connection with the Middlesex Yeomanry.

MR. ROCKEFELLER, the well-known New York millionaire, has contributed $500,000 to make good the damages sustained by the Johns Hopkins Hospital in the recent great fire at Baltimore.

DR. H. MACNAUGHTON-JONES, formerly Professor of Obstetrics and Gynæcology in Queen's College, Cork, has been elected a Corresponding Fellow of the Munich Gynæcological Society.

MR. F. CONWAY DWYER, M.D., F.R.C.S., Professor of Surgery in the Royal College of Surgeons in Ireland, and Surgeon to Jervis Street Hospital, has been elected Visiting Surgeon to the Meath Hospital *vice* the late Sir Philip Smyly, F.R.C.S.

SIR WILLIAM BLUNDEN, Bart., who, on the recent Royal visit to Ireland in his capacity of High Sheriff of the county, attended their Majesties, is M.D.Dub., M.R.C.P.I. He is domiciled at Blunden Castle, and at Temuka, Canterbury, N.Z. The original Blunden got a patent, says the *Pall Mall Gazette*, 20 Car. ii. by virtue of which he acquired Glanmore, and other property, "to be for ever called Blunden's Castle." The son of his grandson was a barrister of renown, and M.P. for Kilkenny. For one, or both, of these reasons, he was created a baronet in 1766. His grand-nephew, another barrister, and third baronet, was the father of the present medical graduate, who is fourth holder of the title.

Special Correspondence.

[FROM OUR OWN CORRESPONDENT.]

BELFAST.

MATER INFIRMORUM HOSPITAL.—The report of this hospital for last year, just issued, shows a largely increased amount of work done. The new hospital, built at a cost of over £50,000, was opened in 1900. In 1901, the intern patients numbered 900, in 1902 they were 1,074, and last year 1,508—a very satisfactory record. Of the number named, 932 were medical cases, and 576 were surgical, 382 operations being performed. In the Gynæcological Department 107 operations were performed, including 25 intra-peritoneal, with one death.

PROPOSED CONSUMPTIVE SANATORIA.—It is stated that in reply to their advertisement for sites for a sanatorium, the Belfast Guardians have obtained about thirty offers of ground, which are being inquired into. At the last meeting of the Corporation, strong opinions were expressed at the folly of having two sanatoria, one run by the guardians and another by the Corporation, and a resolution was passed to the effect that the city authorities should co-operate with the guardians in securing a site.

HEALTH OF BELFAST.—During the last four weeks, 132 cases of zymotic disease have been notified, including 39 cases each of scarlatina and erysipelas, 35 of typhoid and simple continued fever, 12 diphtheria, and 4 small-pox. No fresh cases of small-pox had occurred in the preceding fortnight. The deaths from zymotic disease numbered 70, from phthisis 111, and from other diseases of the respiratory system 204. The annual death-rate from all causes was 25·0 per 1,000 of the population.

Since the publication of this report several fresh cases of small-pox have occurred, so that it is clear that the city is not yet free from the disease. An outbreak has also occurred at Magilligan, a village on the Atlantic coast between Coleraine and Londonderry, where some half-dozen cases have been discovered. The infection is believed to have been carried from Glasgow or Greenock.

Correspondence.

THE DIMINISHING BIRTH-RATE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—By bringing this subject to the front and keeping it there you are doing a real service to the State. No medical journal is more fully and frequently quoted in the lay papers than THE MEDICAL PRESS AND CIRCULAR, and the necessity for discussion of the question by the people and their leaders is becoming more urgent as time flies by. No doubt you, Sir, have helped to disseminate information which is rousing religious teachers to recognition of their responsibilities in this matter; and it is satisfactory to note that the Bishop of Ripon, foremost among wise and eloquent Anglican prelates, is making his voice heard among his people. It will require the united influence of every moral agency to stay the progress of the evil, which has already spread so widely in our midst. It is discouraging to reflect that the voice of the religious teacher has been almost altogether disregarded in France, a land where the great majority of the women have, at any rate until quite recent years, been under the close spiritual guidance of priestly directors. Limitation of the number of offspring by artificial means can no doubt be justified on grounds of prudence in a large number of instances. What is destructive to the characters of the parents as well as of the children, and what must lead to the decay of every nation in which the evil becomes fully developed, is the growth of the narrow egotism which sacrifices everything in the pursuit of ease and pleasure, and regards toil and self-sacrifice as the sources merely of pain and unhappiness. The falsity of this belief can surely be proved both by science and religion. If the effort be not made to bring home the truth to the masses, or if it fail, no one who has studied the question, no one who has examined seriously the results produced among the French by the carrying out of their vast experiment almost universally to its logical termination, can doubt that the doom not only of the Anglo-Saxon race but of all Western civilisation is sealed. The nations will go to ruin like the peoples of antiquity; but with the difference that they will go not blindly but with their eyes open, with full knowledge of the inevitable results of their moral obliquity.

I am, Sir, yours truly,

May 4th, 1904. A LAY READER.

THE INTRA-UTERINE APPLICATION OF SUPER-HEATED STEAM (ATMOCAUSIS).—A SUGGESTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The application of superheated steam, 115° C., to the uterine cavity as a cure for persistent hæmorrhage from the unimpregnated organ has been found a useful proceeding in a number of cases.

This plan was first suggested by Professor Snegirew, and adopted by Pincus of Dantzig, who succeeded in showing that the proceeding was safe, and possessed valuable therapeutical effects.

Pincus has placed on record 833 cases treated by his method of application, with 749 returned as either cured or much improved.

The application of the steam should be painless, and only used while the patient is conscious, so as to be able at once to stop should any pain be complained of.

Its value appears to be as a substitute for the curette or in cases where failure has followed the use of that instrument. It has also been found of value in cases of inoperable malignant disease of uterus, safely and painlessly destroying the part acted on. When carried to excess, the whole uterus may be destroyed, or merely a shell left, which leads me to suggest its value in cases of total prolapse (procidentia), as the effect could be watched, and when the organ had been sufficiently melted away, or atrophied, the patient should not suffer, at any rate, from the weight or inconvenience, *i.e.*, pressure on bowel and bladder, the trouble generally complained of, and for which relief is sought.

I have as yet not had an opportunity of putting my suggestion into practice, which I intend to do, but should be pleased if other gynæcologists will give it a trial.

I can imagine a number of cases of uterine prolapse whose only means of relief is the constant wearing of a pessary, and perhaps belt in addition, who, if assured they would suffer no pain, would gladly submit with a view to radical cure, and at least be enabled to dispense with any uterine support. The proceeding seems to have the great advantage of being painless and devoid of risk if judiciously carried out, and my suggestion, if proved to be of value, may considerably extend the sphere of its usefulness.

I am, Sir, yours truly,
ALEXANDER DUKE, F.R.C.P.I.

Obituary.

WILLIAM FOTHERGILL TUCKETT, M.R.C.S.Eng., L.R.C.P.Edin., L.S.A., J.P.

MR. WILLIAM FOTHERGILL TUCKETT died at Bath, on April 27th, at the ripe age of 87. His medical education was received at St. George's Hospital, London, whence he took the qualifications of M.R.C.S. Eng. and L.S.A. in 1841, and that of L.R.C.P.Edin. in 1860. Mr. Tuckett practised first at Abergavenny and then at Bath. He was first elected on the Bath Town Council in 1880, and sat continuously since that year. In 1888 he was placed on the commission of the peace, and in 1892 became an alderman. Mr. Tuckett did much useful work in Bath, where he was held in the highest esteem, and where his loss will be felt amongst a wide circle of friends and acquaintances.

WILLIAM ALEXANDER HEPBURN, M.D.St. And., L.S.A.

WE regret to announce the death of Dr. W. A. Hepburn, of Coxhoe, Durham, on April 15th, at the early age of 56. Dr. Hepburn came to the district as assistant to the late Dr. Carnes, whose daughter he married, and to whose practice he afterwards succeeded. He took the L.S.A. Lond. in 1880, the F.F.P.S. Glasgow in 1881, and the M.D.St. Andrews in 1890. In addition to six collieries and to private practice, he held several public appointments, being Medical Officer of Health for Cornforth Parish, the Southern District of the Durham Union, and the Eastern District of the Durham Rural District Council; he was also Public Vaccinator for the same districts, and Medical Officer of the Houghall Small-pox Hospital.

FREDERICK BULLIN, L.D.S., R.C.S.Eng., J.P.

WE regret to announce the death, in his 71st year, of Mr. Bullin, of Chester, on April 12th, at Southport, Mr. Bullin was born in Bath, and took the diploma of L.D.S. in 1861. He was for a quarter of a century Honorary Dental Surgeon to the Chester General Infirmary. In 1887 he was President of the Midland Branch of the British Dental Association.

Literature.

GUIDE TO THE NAUHEIM TREATMENT. (a)

THE importance of scientific text-books should not, it need hardly be remarked, be estimated by bulk or weight; and the veracity of this usually platitudinous aphorism was brought forcibly to our minds while examining Dr. Thorne's booklet on the "Nauheim Treatment." All our readers, of course, know that it is now a good many years since this form of cardiac therapy was first introduced into Great Britain, but a large proportion of general practitioners have not had the opportunity of studying the original methods of its practice at the Nauheim baths; and, as a necessary corollary, have not been able to make themselves acquainted with the modifications which British climate renders desirable when the practice is carried out at home. It is for the benefit of such readers that this little volume appears to have been composed, and we have the fullest confidence in strongly recommending it to their notice. The methods by which the Nauheim treatment may be best carried out in England are here graphically and lucidly described, and, as the author deservedly claims, "in such detail that medical men who have had no previous practical knowledge of it may, by carefully following the directions given, avail themselves of this valuable therapeutic agent for the treatment of chronic affections of the heart." The importance of the medicinal treatment and the general management of chronic diseases of the heart, so generally phenomenal in their chronicity, and so rarely tending to terminate by the sudden death with which popular wisdom is so prone to associate them; so very prone to prove the professional life-burden of the medical practitioner, as they must necessarily prove the physical life-burden of those afflicted patients, such importance forms the first item in the claim of Dr. Thorne's booklet on the attention of our readers. The second is that the writer communicates his "own gained knowledge" fully, freely, and clearly, with the full confidence of a past-master of his subject and the crystalline lucidity of an artist in the scientific department of language. We make no extracts, as we consider it to be the duty of our readers to make themselves acquainted with the whole contents of the original.

(a) "A Practical Guide to the Administration of the 'Nauheim' Treatment of Chronic Diseases of the Heart in England." By Leslie Thorne Thorne, M.D., B.S.Durham, M.R.C.S.Eng., L.R.C.P.Lond., Medical Examiner to the London County Council Technical Education Board. London: Bailliere, Tindall and Cox. 1904.

WIGGINS ON MIDWIFERY. (a)

THIS is a nicely written and handy little book, and on the whole the teaching it contains is sound, although it may be objected to on account of its brevity. We are glad to find that the author does not advise the midwife to douche the vagina with a Higginson's enema, as appears to be the rule of thumb by many authors of similar works. It is a mistake to group septic infection occurring during labour under the head of "puerperal fever," as the use of such a term is sure to make the nurse believe that the condition is one peculiar to puerperal women. We would suggest to Dr. Wiggins that compression of the cervix is "not unsuitable treatment for accidental hæmorrhage," and, though it is vain to say so, that it does not *cause* concealed hæmorrhage.

MARTIN'S PATHOLOGY. (b)

THIS excellent manual is manifestly the work of a pathologist who has not ceased to view disease from its clinical aspect. There is a tendency in certain text-books of pathology to treat the subject as one purely pertaining to biology and to dissociate it from its human interests. Professor Sidney Martin has wisely remembered that the student of to-day is to become the practitioner of to-morrow, and in these pages has provided an admirable foundation for the rational study and the reasonable practice of medicine. The bases of the work are the lectures which the author has delivered at University College during the past five or six years.

Dr. Martin has succeeded in presenting in a short space a definite, comprehensive and thoroughly up-to-date account of the processes of disease. It is made clear that the study of general pathology must go hand in hand with that of medicine, and be preceded by practical work in morbid histology and anatomy, and to some extent in bacteriology.

It cannot be denied that the work is somewhat unequal. After a brief introduction, "inflammation" is dealt with, and considering the peculiar difficulties which surround a discussion of this subject in this period of transition in thought and expression, the matter is well expressed; this portion of the book is fairly well illustrated. Chapter II., which deals with

(a) "Midwifery for Midwives." By W. Denison Wiggins, M.R.C.S., L.R.C.P., Assistant Medical Superintendent of the Greenwich Infirmary. London: Bailliere, Tindall and Cox, 1904. Pp. xv. and 259. Price 3s. 6d. net.

(b) "A Manual of General Pathology for Students." By Sidney Martin, M.D., F.R.S., F.R.C.P., Professor of Pathology at University College; Physician to University College Hospital. Pp. 592 With numerous Woodcuts from Micro-Photographs and a Coloured Plate. London: John Murray, 1904. Price 15s. net.

pyrexia, strikes us as much too meagre considering the clinical importance of the subject.

The sections devoted to infection are particularly good, and Dr. Martin shows himself particularly happy when describing the chemical products of bacteria and their action. The subject of immunity is handled with much discretion, and the findings of recent researches into protective mechanism are well expressed. The chapter on the blood is good and excellently illustrated. We cannot find any reference to "growths," "neoplasms," "tumours" or "sarcoma" in the index. The descriptions of new growths are conspicuous by their absence. As a scientific introduction to the serious study of disease the work is excellent. It is, however, hardly complete enough to meet all the requirements of the modern student in the examination room, and we therefore venture to think it will not easily displace the older student's manuals.

The work, however, is one which may well be studied with advantage by every practitioner desirous of conducting his work in the light of present day conceptions of morbid processes.

KEEN AND WHITE'S SURGERY. (a)

KEEN and White's "Surgery" is too well known in this country to need much commendation from the critic. The names of the surgeons who have collaborated with the editors in its production are guarantees for the worth of the material produced. Nancrede, Roswell Park, Collins Warren, Stimson, Pilcher, and Nicholas Senn are names held in esteem in all surgical circles, and the present volume is a splendid token of the thoroughness and healthy virility of American surgery. The revision has been more complete and the changes introduced have been more extensive than on any previous occasion, the result being that about 100 pages have been added to the book, but its weight has been kept down by utilising a better and thinner paper, whilst several of the chapters have been put into small print. The arrangement of the work remains practically the same as before, but six entirely new chapters have been added dealing with military and naval surgery, with tropical surgery, with the examination of the blood as it affects surgical work, with immunity, and, finally, with the surgery of the pancreas. As to the value of the first two of these in a work intended for practitioners and students, one may be allowed to express one's doubts, whilst that devoted to immunity would perhaps take its place better in a text-book of pathology or bacteriology than in one devoted to surgery. The remainder of the new material is scattered widely through the book, and there are but few of the more modern improvements which have not been suitably noticed, whilst a good many old ideas have been removed.

At the same time one cannot but feel that there are sundry things which might be improved on or modified with advantage. Thus as to general arrangement: Whilst erysipelas, septicæmia, tetanus, tuberculosis, and other microbic diseases are rightly accorded separate chapters, anthrax, actinomycosis, glanders, and hydrophobia are relegated to the tag end of a lengthy chapter dealing with contusions and wounds. Then, too, it is unnecessarily irritating to break off Volume I abruptly in the middle of a description of spinal caries, so that the second volume starts in the middle of a chapter, the number of which is not even stated. The chapter dealing with fractures is good, and a number of illustrations, borrowed from Scudder's work, add to its value; but the X-ray pictures are decidedly poor, and there is but little reference to the importance and value of the open operative treatment of simple fractures, which one would certainly have expected to be commented on, even if the authors did not approve of it. The operative treatment of talipes might also be improved with advantage; it seems strange that in an American text-book there should be no reference to Phelps' operation, or to tarsectomy. Coxa vara occupies the anomalous distinction of being included under the section devoted to tuberculous diseases of special joints. In this relation we notice that but little attention is drawn to the influence of age in determining what ought to be done in tuberculous arthritis; especially is this the case in the knee-joint, where the patient's age plays a very important part in settling whether an excision should be undertaken or not. The question of dealing with displaced semilunar cartilages in the knee is also but poorly represented, and the frequency of the complaint merits more attention than is granted to it. In gastric ulcer no notice is taken of the distinctions that arise according to whether the lesion is acute or chronic, either as to symptoms or to prognosis. Apart from some blemishes such as these (and we have merely alluded to some that we have noticed), the work is sound and may well be consulted by those who would know what modern ideas of surgery are. The section devoted to abdominal lesions is particularly full, and the improvements that have been introduced here are judicious and manifold. In conclusion one has only to mention the fact that the work is as well mounted and illustrated (with the sole exception of defective representations of skiagrams), as is usual with American works, so that reading it is a pleasure, whilst the character of the letterpress renders its perusal profitable.

(a) "A Text-book of Surgery for Practitioners and Students." Edited by William W. Keen, M.D., LL.D., F.R.C.S.(Hon.), and J. William White, M.D., Ph.D. Fourth Edition, revised and enlarged, in two volumes. Pp. 1,563 with 551 illustrations and 59 plates. Price 30s. net. Philadelphia and New York: W. B. Saunders and Co. 1904.

Literary Notes and Gossip.

SURPRISE has often been expressed that Professor Kraepelin's classic work on "Clinical Psychiatry" had not been translated into English, there being nothing in our language which traversed the same ground. The reason assigned has usually been that the number interested in the subject was too limited to repay the cost of production, either to translator or publisher. This difficulty has at last been solved by Dr. Thos. Johnstone, of Leeds and Ilkley, who will publish this week, through Messrs. Bailliere, Tindall and Cox, an authorised English edition, of which alienists and all earnest students of mental disease in its multiple forms will doubtless be glad to avail themselves.

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THE ninth edition of Dr. Macnaughton-Jones' work on "Diseases of Women" is announced as in the press. Dr. Rentoul has issued a monograph on "Trachoma," Professor Allen Starr, author of "Brain Surgery," has finished an exhaustive treatise on "Organic Nervous Diseases." This work has just reached us, and a casual glance through its pages, which are full of original illustrations and coloured plates, impresses us with its value. Dr. Herbert French, medical registrar of Guy's Hospital, publishes a handy guide of "Medical Laboratory Methods and Tests," which will be found of distinct value in the elucidation of some of the puzzles that beset diagnoses. The sixth edition of Dr. Galabin's "Manual of Midwifery" is announced for the 16th inst.

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DR. LIONEL TAYLOR is publishing with Messrs. Smith, Elder and Co., on the 16th instant, a work entitled "Some Aspects of Social Evolution." In this he proceeds from a general review of heredity, as the basis of physical evolution, to the differentiation of special types corresponding to certain classes of the social organism. Accepting the principle of individual variation with unmodifiable structure, he rejects that of progress by use-inheritance; but finds in natural selection, which constantly accelerates the development of a given variation, a sufficient cause to produce new types of humanity.

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WE have received a signed artist's proof of Mr. I. Snowman's picture, "The Leopard Skin," which was

exhibited in the Royal Academy last year. The picture is the "bonus picture" which has just been issued to their clients by Bovril, Limited. Purchasers of Bovril receive coupons to face value varying with the size of the bottle purchased until coupons to the aggregate face value of a guinea have been accumulated, when they can exchange them for a copy of the picture. The picture, it may be remembered, represented the various emotions aroused in a highly decorative group of children upon first being confronted with the new drawing-room hearthrug—a leopard skin, head, claws, and tusks complete. The reproduction has been finely executed and the purchasers of Bovril are to be congratulated on the opportunity of obtaining this beautiful work of art.

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MR. LEWIS, agent for the New Sydenham Society's publications, announces an "Atlas of Clinical Medicine, Surgery, and Pathology," now being issued in folio size, uniform with the Society's "Atlas of Illustrations of Pathology." Subscription of five guineas secures the Atlas for six years.

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AMONG the weekly journals published in the English language which travellers find at most of the hotels on the Continent is the *Anglo-American Gazette*. Originally it appeared as a small daily at Geneva, for the convenience of the Anglo-American colony which concentrated from various parts of France in the summer of 1871 during the Franco-German War, and it speedily became the recognised official and social organ of the Anglo-Saxon community on the Continent. It is published during the winter (November to April) in the Riviera, at Nice. Its Geneva summer edition was suspended for some years, but will, we understand, be resumed there this year from June to October. This will doubtless be good news to the numerous English, American, Indian, and Colonial visitors on the Continent, as it contains the latest intelligence, which one is so anxious to read when away from home.

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"SOME Physicians of Victorian Fiction" forms the subject of an article in the last number of the *Medical Book News*. In it the writer remarks that Anthony Trollope's "Dr. Thorne" is one of the most notable instances of a medical hero of fiction, drawn with that faithfulness and quiet humour for which this author was distinguished. But many other novelists of the nineteenth century introduced doctors. Charles Reade, who hated "mad doctors," had a high opinion of Dr. Samuel Dickson, author of the "Fallacies of the Faculty and the Chronothermal System of Medicine," whose representative in "Hard Cash" diagnoses love-sickness when others had only thought of liver. Wilkie Collins has, on the other hand, supplied both villainous and virtuous specimens. Charles Kingsley, the self-assertive yet trustworthy Tom Thurnall in "Two Years Ago." Marryat has kindly sketches of naval surgeons. The immortal "Rab and His Friends" of Dr. John Brown gives a vivid picture of hospital life, and in a few graphic words describes students and physicians of the modern type without the humorous exaggeration of Dickens or the coarse realism of Smollett. The picture of the eager but sympathetic students and low-voiced, skilful surgeon about the operating table where lay the beautiful, patient old Ailie will always be a classic in the opinion of doctors. To the physician whose lot it has been to practise in a small town, the country doctor described by Ian Maclaren in "Beside the Bonnie Brier Bush" will always be an ideal. Many practitioners could recall scenes like those described in this story; the long drives or rides in the storm, the grateful family and friends of the patient and even the faithful old horse are to many of us here to-day familiar and pleasant recollections. In this story is found one of the best descriptions of the self-sacrificing, devoted physician in all literature.

Medical News.

Medical Cyclist Volunteers.

SANCTION has been given for the London Volunteer Companies of the Royal Army Medical Corps to form a cyclist section of one officer and twenty-two non-commissioned officers and men. The section will be similar to that of the Woolwich Companies of the corps.

Medical Sickness and Accident Society.

THE usual monthly meeting of the Executive Committee of this Society was held on the 29th ult. There were present Dr. De Havilland Hall (in the chair), Dr. Fredk. S. Palmer, Dr. J. W. Hunt, Mr. F. S. Edwards, Dr. M. Greenwood, Dr. A. J. Rice Oxley, Mr. Fred. R. Wallace, Dr. W. Knowsley Sibley, Dr. St. Clair B. Shadwell, Dr. F. J. Allan, Mr. Edward Bartlett, Dr. A. S. Gubb, Mr. H. P. Symonds (Oxford), Dr. F. R. Mutch (Nottingham), and Dr. J. B. Ball. The Committee examined the annual report of the Society for 1903, which, together with the report of the quinquennial valuation, will be distributed to the members in the course of a few days. The accounts for the year are very satisfactory, showing a large increase in the reserves and in the number of members. The total sum paid to the members as sickness benefit is the largest yet disbursed in any year since the business commenced in 1884, but is under the amount expected and provided for. At the annual general meeting, to be held on 19th inst., the Committee will suggest a plan by which the large amount of management savings will be returned to those members who have most largely contributed to it. Prospectuses and all information on application to Mr. F. Addiscott, Secretary Medical Sickness and Accident Society, 33 Chancery Lane, London, W.C.

St. Thomas's Hospital Medical School.

THE following prizes for the Winter Session have been awarded:—First Year's Students: J. A. Clark, the William Tite Scholarship, £25; R. W. Rix, College Prize £20. Second Year's Students: H. J. Nightingale, the Peacock Scholarship, £35; A. C. F. Turner, College Prize, £20; H. G. Bennett, College Prize, £10. Fifth Year's Students: A. G. Gibson, Medicine, £10; H. A. Kisch, Surgery, £10; C. E. Palmer, Midwifery and Disease of Women, £10; A. G. Gibson, Pathology, the Haddon Prize, £10; K. Takaki, Pharmacology and Therapeutics; F. A. Broadribb and E. W. Parry, Forensic Medicine and Insanity, £5 each. The Mead Medal for proficiency in medicine, pathology and hygiene was awarded to K. Takaki; the Wainwright Prize, £10, and the Seymour Graves Toller Prize to A. G. Gibson, of Christ Church, Oxford; the Cheselden Medal for proficiency in surgery and surgical anatomy to H. A. Kisch.

Royal College of Surgeons in Ireland.—General Meeting and Election of Officers.

A MEETING of the Fellows will be held on Saturday, June 4th, at 1 o'clock, to receive the annual report of the Council. A meeting will also be held on Monday, June 6th, at 1 o'clock, pursuant to the provisions of the Charters, to elect a president, vice-president, council, and secretary of the college for the ensuing year. Fellows who may desire to have their names printed on the list of candidates for office will please signify their wish by letter to the Registrar, at the college, on or before Tuesday, May 24th, as it is necessary to include the names in the voting papers which are forwarded to the Fellows; and no candidate is eligible unless his application is received within the date specified.

The Waterloo Festival Dinner.

HIS GRACE THE DUKE OF ARGYLL, P.C., K.T., G.C.M.G., G.C.V.O., &c., will preside at the festival dinner to be held on Monday, June 20th next, at the Savoy Hotel, in aid of the Royal Waterloo Hospital for Children. It is hoped that any ladies or gentlemen willing to attend the dinner as stewards or to act as hosts and hostesses, and bring their own parties, wil

kindly send in their names as early as possible. There will be no payment for dinner tickets, and separate tables to accommodate any number of friends, from two to fifty, can now be reserved, without charge. The Ladies' Committee, the chairman of which is H.R.H. the Duchess of Albany, are giving their co-operation and support.

Hovis.

WE have received from the Hovis Bread-Flour Company the annual report to end of March, from which we learn that so greatly has appreciation of the merits of their flour and bread extended among the medical profession and the public that additional mills have to be built, and as further practical proof of prosperity, a dividend of 14 per cent. has been declared for the last half year on the Ordinary shares. We congratulate the directors and shareholders on the result.

Dublin Sanitary Association.

THE following resolution was adopted by the Council of the above Association at its last meeting :—"That the attention of the Local Government Board be drawn to the unsatisfactory manner in which the Infectious Diseases Notification Act, 1889, is still being worked in the Dublin Metropolitan District. For example, chicken-pox is notifiable in all the townships, but not in the city; whooping-cough (at present epidemic and very destructive to child life) is notifiable in Pembroke, but in none of the other districts nor in the city; and measles is not notifiable in some of the districts, whereas it is scheduled as notifiable in others. The effect of this uncertainty in practice is to throw a serious obstacle in the way of notification." The usual routine business having been transacted, the Council adjourned.

Royal College of Surgeons in Ireland.

AT a meeting of the President, Vice-Presidents and Council, held on the 3rd inst., the following were elected to examine for the various Courts :— In Anatomy—Ambrose Birmingham, Alexander Fraser. In Surgery—F. Conway Dwyer, Andrew Fullerton, Thomas E. Gordon, R. Lane Joynt. In Physiology and Histology—E. L'E. Ledwich, Charles Coppinger. In Biology—John J. Burgess. In Ophthalmology—Arthur H. Benson, Patrick W. Maxwell. In Pathology and Bacteriology—Arthur Hamilton White. In Pathology—Robert Allen. In Midwifery and Gynæcology—Frederick W. Kidd. In Sanitary Law and Vital Statistics—Caleb J. Powell. In Dental Surgery and Pathology—Daniel L. Rogers, William G. Story. In Mechanical Dentistry—George M. P. Murray, William Booth Pearsall. In Chemistry and Physics—Edwin Lapper, Robert J. Montgomery.

PASS LISTS.

University of Edinburgh.

THE following is the official list of passes at the recent professional examination for degrees in Medicine and Surgery :—

Third Professional Examination.—Thomas Addis, Francis Aitken, D. C. Alexander, J. C. D. Allan, A. C. Alport, A. G. Anderson, William Anderson, G. S. Banks, D. M'F. Barker, J. M. Barkley, W. J. E. Bell, C. E. Blair, D. P. Blair, George Blair, R. A. Blake, Herbert Brown, J. W. Cairns, T. F. Campbell, H. M. Cargill, Marjorie Duake, Cohen, H. P. Cook, James Craw, D. C. Crole, J. A. Cruickshank, A. B. Darling, Thomas Davidson, M.A., J. M. Dickson, H. A. Edwards, C. E. Elliston, F. E. Field, C. N. Finn, N. G. Forsyth, R. S. Frew, W. G. Fröhlich, Jessie H. Gellatly, William Gemmill, Eleanor A. Gorrie, J. M. Grant, Joseph Green, C. Rose Greenfield (with distinction), J. C. Grieve, James A. Gunn, M.A., B.Sc., George Hadden, J. D. Harmer, Ada A. Hatchard, A. S. Hendrie, W. M. Hewetson, Jean S. Hogg, J. R. Holgate, Joseph Ings, T. Scoresby Jackson, J. P. S. Jamieson, J. H. H. Joubert, G. P. Joy, M.A., Solomon Kark, Ethel Landon, J. M. Lauder, James Lindsay, W. L. Locke, John MacDonald, Peter M'Ewan, M.A. (with distinction), T. A. MacGibbon, J. D. M'Kelvie, K. W. Mackenzie, Murdo Mackinnon, A. C. M'Master, Stewart M'Naughton, Charles M'Niel, M.A., N. N. G. C. M'Vean, S. E. Martin, E. S. Massiah, Alexander Mathieson, D. M. Mathieson, M.A., A. I. Miller, O. M. Mirylees, C. E. S. Mitchell, J. S. Mitchell, H. B. Morris, D. L. Morrison, R. R. Murray, A. W. Neill, G. P. Norman, A. J. R. O'Brien, A. A. Ollivierre, D. H. Paul, H. E. Rawlence, Charles Reece, A. E. Carey Rees, B.A., A. O. P. Reynolds, W. E. Reynolds, W. G. Robertson, M.A., W. Latto Robertson, J. Z. H. Rousseau, B.A. (with distinction), Alexander Sandison, W. M. Scott (with distinction), W. J. B. Selkirk, D. W. Sibbald, E. S. Simpson, Oliver Smith (with distinction), S. A. Smith, T. R. Smith, A. G. V. van Someren, A. B. Spence, J. R. Tannahill, J. A. R. Thompson, R. B. Thomson, Nettie B. Turnbull, Edward Valenzia, A. N. J. Vizarat, Frances M. Wakefield, R. C. Walker, H. E. A. Washbourn, H. C. Weber, J. D. Wells, W. H. Welsh, F. P. Wernicke, Elsie B. Wilkie, H. C. Wilson, and James Young.

University of Durham.

THE following candidates have passed the Third Examination for the Degree of Bachelor in Medicine :—

Honours—First Class.—James Glenny Gibb.

Honours—Second Class.—Wilfrid Fairclough and Robert Joseph Willan.

Pass List.—George Nixon Biggs, John Frederick Bridge, Horsley Drummond, Hamilton Drummond, Archibald Finlay, Sebert F. St. Davids Green, M.R.C.S., L.R.C.P., Capt. R.A.M.C., Arthur Beresford Jones, John Charles Norman, John Cuthbert Pearce, Leslie Martin Rosten, Robert Rutherford, Richard Geoffrey Shaw Simpson, Alan Ayre Smith, M.R.C.S., L.R.C.P., Robert Joseph Weidner, James Leslie Wilson, M.A.

The following candidates have passed the First Examination for the Degree of Bachelor in Medicine :—

1.—*Elementary Anatomy and Biology, Chemistry and Physics. Honours—First Class.*—Frank Rawlinson Dudderidge.

Honours—Second Class.—Charlotte Purnell.

Pass List.—Frederick William Cheese, M.R.C.S., L.R.C.P., Helen Mary Gurney, Gertrude Ethel O'Brien, Hubert Shield, Joseph Albert Sacco, Herbert James Slade, M.R.C.S., L.R.C.P., Charles Sim Thompson.

2.—*Elementary Anatomy and Biology.*—Kenneth Bruce Allan, Harold Ernst Bloxsome, Leonard Foster Browne, Lionel Knipe Edmeades, Elizabeth Niel Havelock, Hedvig Christina Kellgren, Thomas Harold Vessey King, Elizabeth Patteson, Francis Aidan Robinson, Rev. Robert Henry Smallwood, M.A., Basil Taylor, John Franklin Young.

IT is announced that a delegation of Canadian medical men have come to Europe for the purpose of investigating the hospital system prevalent in the various European countries. Among the delegates are four medical men who have been directly connected with the hospital organisation of the Dominion, and who believe that it is capable of a considerable improvement on British lines. Among centres to be visited are Birmingham, London, Manchester, Liverpool, and Glasgow.

IN his report to the Manchester Education Committee on the special schools for defective children, Dr. Ashby says that periodical examination of the scholars has convinced him of improvement all along the line, not only in industrial occupations, but also in the acquisition of knowledge, including articulation, reading, and writing. But the home conditions of many of the children are unfavourable, and he fears that the future of some of them is anything but bright without the help of some after-care association to keep in touch with them and help them to find employment.

THE Medical Society of London announce their annual conversazione, which is to take place at their rooms, 11 Chandos Street, Cavendish Square, on Monday next, May 16th, when Sir Isambard Owen, M.D., F.R.C.P., will deliver an oration, the subject being "The Future of Medical Education in London."

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive Signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," 'Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

DR. S. (Camberwell).—We understand that the matter is under the consideration of the Colonial Office.

T. B. Y.—Our correspondent should not accept the patient's statement as correct until he has heard the statement from the other side.

NOVICE.—Varicose veins on the legs are not made worse by cycling.

LEGATEE.—We fear the books and instruments of your medical relative have only a small market value. Medical works for the most part soon lose their value from the vendor's point of view. The surgical instruments, too, being somewhat old-fashioned, are practically unsaleable. Like many other things in the medical world the introduction of aseptic surgery and methods has worked a revolution in methods and appliances.

J. J. SMITH.—If the firm is an honourable one, there need be no fear about the fee. In any case, however, it is desirable to obtain confirmation by letter of the agreement, naming the nature of evidence required and the amount of fee to be paid on first and on succeeding days (if any).

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MAY 11th.

SOUTH-WEST LONDON MEDICAL SOCIETY (Bolingbroke Hospital, Wandsworth Common).—8.45 p.m. Paper:—Dr. E. F. Potter: Observations on the Removal of Adenoids.

DERMATOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).—5.15 p.m. Demonstration of Cases of Interest.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. J. Cantlie: Clinique. (Surgical.) 5.15 p.m. Dr. L. Williams: Personal Hygiene.

THURSDAY, MAY 12th.

HARVEIAN SOCIETY OF LONDON (Stafford Rooms, Titchborne Street, Edgware Road, W.).—8.30 p.m. Papers:—Dr. J. Taylor: Combined Sclerosis in the Spinal Cord associated with Blood States.—Dr. E. Squire: Common Errors in the Physical Examination of the Chest.

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.). 8 p.m. Specimens will be shown by the President and others. Discussion on Dr. Macnaughton-Jones paper on the Dangers of Pessaries.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. H. L. Barnard: The Principles of Abdominal Diagnosis.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. J. E. Squire: The Physical Examination of the Chest (Illustrated by Cases). (Post-Graduate Course.)

FRIDAY, MAY 13th.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION (Medical Society's Rooms, 11 Chandos Street, Cavendish Square, W.).—Cases, Specimens, and Instruments will be shown by Dr. F. Spicer, Dr. Kelson, Dr. Lumsden, and others. Notes on a Case of Acute Abscess of the Thyroid Body after Influenza. Adjourned Discussions on Mr. M. Collier's paper on Latent or Intermittent Nasal Obstruction (opened by Dr. S. Wallace and Dr. H. Pegler). Communications.—Dr. W. J. Horne: Pachydermia Laryngis (with lantern demonstration).

EPIDEMIOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).—8.30 p.m. Meeting.

CLINICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8.30 p.m. Papers:—Dr. S. Green and Dr. W. H. Brook: Cases Illustrating the Value of the Rontgen Rays, as a Factor in the Diagnosis of Early Pulmonary Tuberculosis.—Dr. E. A. Peters (introduced by Mr. C. J. Symonds): Notes of Two Cases Illustrating Some of the Advantages and Disadvantages of X Ray Treatment in Recurrent Breast Cancer.—Dr. H. E. Thompson and Dr. C. U. Aitchison (introduced by Dr. P. Kidd): Two Cases of Tumour of the left Auricle Simulating Mitral Stenosis.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. E. Clarke. Clinique. (Eye.)

Vacancies.

Evelina Hospital for Sick Children, Southwark.—House Surgeon. Salary £80 per annum, with board, residence, and washing. Applications to the Committee of Management at the Hospital.

Glasgow Parish Council.—Medical Officer. Barnhill Poor House, Springburn. Salary £250 per annum, with board and lodging. Application to Jas. R. Motion, Inspector and Clerk, Parish Council Chambers, 266 George Street, Glasgow.

Lebanon Hospital for the Insane, Beyrout, Syria.—Medical Superintendant. Salary £250 per annum, with board, lodging, attendance, washing, firing, and lighting. Applications to Francis C. Brading, Secretary, 35 Queen Victoria Street, London, E.C.

Miller Hospital and Royal Kent Dispensary, Greenwich Road, S.E.—Junior Resident Medical Officer. Salary £80 per annum, with board, attendance, and washing. Applications to James Marks, Secretary.

Norfolk and Norwich Hospital.—House Physician. Salary £80 per annum, with board, lodging, and washing. Applications to Frank Hazel, Secretary.

North-Eastern Hospital for Children, Hackney Road, Bethnal Green, E.—House Physician. Salary £60 per annum, with board, residence, and laundry allowance. Applications to T. Glenton-Kerr, Secretary.

North-Eastern Hospital for Children, Hackney Road, Bethnal Green, E.—Two House Surgeons. Salaries £60 per annum, with board, Residence, and laundry allowance. Applications to T. Glenton-Kerr, Secretary.

Perth District Asylum, Murthly.—Assistant Physician. Salary £110 per annum, with board and apartments, &c. Applications to Dr. Bruce, Murthly Perthshire.

South Devon and East Cornwall Hospital, Plymouth.—House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to P. J. Langdon, Secretary.

The Children's Hospital, Temple Street, Dublin.—House Surgeon. Salary Fifty guineas per annum, with apartments, fire, light, and attendance. Application to H. C. Mooney, Hon Sec. Medical Board. (See Advt.)

Tottenham Hospital.—House Surgeon. Salary £90 per annum, together with board, residence, and laundry. Applications immediately to Fredk. Drewitt, Secretary.

Valkenberg Asylum, near Cape Town.—Assistant Medical Officer. Salary £250 per annum, with board, lodging, and washing. Applications to the Agent-General for the Cape of Good Hope, 100 Victoria Street, London, S.W.

Westminster General Dispensary.—Resident Medical Officer. Salary £120 per annum, with rooms, gas, coal, and attendance. Applications to Fredk. Dawkins, Secretary, 9 Gerrard Street, Soho.

West Suffolk General Hospital, Bury St. Edmunds.—House Surgeon. Salary £100 per annum, with board, and lodging. Applications to John H. Bonner, Secretary.

York County Hospital.—House Physician. Salary £100 per annum, with board, residence, and washing. Applications to Fredk. Neden, Secretary and Manager.

Appointments.

BOXWELL, WM., L.R.C.P., L.R.C.S.I., Clinical Assistant to the Meath Hospital, Dublin.

BURGESS, MILDRED M., M.B.Lond., House Surgeon to the Royal Free Hospital, Gray's Inn Road, London, W.C.

CLARKE, WILLIAM, M.B.Toronto, Clinical Assistant to the Chelsea Hospital for Women.

ELLIS, L. ERASMUS, M.D.Brux., M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton, London, S.W.

GOW, P., M.R.C.S.Eng., L.R.C.P.Lond., Senior House Surgeon of the Stanley Hospital, Liverpool.

HAYMAN, CHARLES AUGUSTINE, M.D.St. And., F.R.C.S., L.R.C.P.Irel., L.D.S.R.C.S.Eng., Honorary Assistant Dental Surgeon to the Bristol Royal Infirmary.

HUNT, ALFRED WILLIAM DUNNING, L.R.C.P.Lond., M.R.C.S., Medical Officer for the Chagford District by the Okehampton (Devon) Board of Guardians.

MCCASH, JAMES, M.B., C.M.Glasg., House Surgeon to the Royal Eye Hospital, Southwark.

ROBERTSON, MONICA L. M., M.B., B.S.Durh., House Physician to the Royal Free Hospital, Gray's Inn Road, London, W.C.

Births.

ACKLERLEY.—On May 4th, at Croft House, Surbiton, the wife of Richard Ackerly, M.R., of a daughter.

BALDERSON.—On May 7th, at 30 Park Road, Forest Hill, S.E., the wife of Robert Balderston, M.B.Lond., of a daughter.

LE GEYT.—On May 5, at 56 David Place, Jersey, the wife of Edward Le Geyt, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

Marriages.

DENSHAM—SOPER.—On April 30th, at All Saints' Church, Devonshire Road, S.W., Alec Densham, M.B.Lond., of Woodville, Worthing, son of Benjamin Densham, Bramley Croft, Hindhead, to Alice Marian, daughter of William Soper, M.R.C.S., L.S.A., of 307 Clapham Road, S.W.

FURNIVALL—MACBEAN.—On April 6th, at the Church of St. Mary of Bethany, Quetta, India, Capt. Charles Hilton Furnivall, R.A.M.C., to Daisey, second daughter of Duncan MacBean, Esq. Quetta.

PERRY—MCFARLANE.—On April 30th, at St. James's Church, Tunbridge Wells, Cranley Marten Perry, M.R.C.S., L.R.C.P., A.K.C., eldest son of Marten Perry, M.D., of Spalding, to Miss Norah McFarlane, younger daughter of the late Daniel McFarlane, of Glasgow, of Rusthall Beacon, Tunbridge Well.

Deaths.

FITZPATRICK.—On May 5th, at Coimbatore, Lansdown Road, Cheltenham, Surg. Lieut.-Col. J. F. Fitzpatrick, retired I.M.S.

MONRO.—On May 5th, at Cotham Watford, Herts., William Charles Monro, third son of the late Henry Monro, M.D., aged 54.

SEWELL.—On May 1st, at Rosemount, Helensburgh, Scotland, Jessie Cruikshanks Whitelaw, in her 49th year, beloved wife of William R. Sewell, M.D.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, MAY 18, 1904. No. 20.

Original Communications.

SOME POINTS OF INTEREST IN SUPPURATIVE APPENDICITIS.

By PEYTON T. B. BEALE, L.R.C.P., (a)
Surgeon to the Hospital; Surgeon, Out-Patients, King's College Hospital.

IT may be well, in the first place, to describe what I mean by the term "suppurative appendicitis." I include all cases in which suppuration occurs within or outside the peritoneum, or around the cæcum or colon, and which is the direct result of an acute or chronic inflammatory process starting in some part or tissue of the vermiform appendix. This suppuration, practically speaking, occurs, first, when the bacillus coli or other organism passes out from the appendix through some lesion in its mucous membrane, and, secondly, when the appendix is the seat of tuberculous disease not spreading to it from other parts or organs. I particularly exclude all cases in which, although suppuration occurs near the appendix, that suppuration is merely the spreading of some inflammatory process from a neighbouring part or organ, such as takes place in some cases of tuberculosis, or during or after typhoid fever.

With regard to the anatomy of the appendix, I do not propose to weary you with an account of it, but there are certain facts which are of great importance surgically, and these I will touch upon. The appendix is entirely surrounded by peritoneum, and has a mesentery derived from the mesentery of the ileum, and not from that of the cæcum. The mesentery is triangular in shape, and does not extend more than two-thirds of the length of the organ, so that the terminal third is free and often bent at an angle. The appendix has a good arterial supply from a branch of the ileo-cæcal artery. It always seems to me to have a much better arterial supply than is generally described. Between the mucous membrane and its muscular layers there is a large amount of lymphoid tissue, and many lymphatic vessels pass into the mesentery. The orifice by which it opens into the cæcum is normally very small, and guarded by a little valve like structure known as the "valve of Gerlach." There are several variations in the position of the appendix:—(*a*) The fœtal form, in which it takes up the position of a gradually narrowing tube prolonging the cæcum downwards; (*b*) it may lie in front of the cæcum; (*c*) it may lie behind the cæcum; (*d*) it may vary from two inches to five or six inches in length.

As regards the literature of the subject, its amount is simply appalling. I fear I know very little of it, but I feel confident that the surgeons of this hospital are having a practical experience which must be quite as great if not greater than that obtainable at any hospital in London. So far as the literature of appendicitis generally goes, most writers are agreed as to its symptoms, progress and treatment. But when we come to the literature of suppurative appendicitis it is very different. There is very little agreement among writers as to how, and especially as to when, an operation should be undertaken. I believe this is due in a great measure to imperfect experience. When a surgeon has had under his care a dozen cases, he rather imagines he is able to generalise, and many of us frequently do so in writing. When, however, he has had experience of many dozens, he begins to feel that it is almost impossible to generalise at all. So various are the symptoms that one patient may be moribund and another actually able to walk about when the abdomen is full of pus. The more cases of this kind one sees, the less is one inclined to make any dogmatic statements in writing. Not many months ago one of the surgeons of this hospital had six cases of the kind admitted under his care in one week, and it is quite a usual occurrence for three or four cases of this kind to be admitted in one week. They appear to come in batches; we get several cases together, and then no more for perhaps a fortnight. I have never been able to account for this fact on the assumption that any atmospheric conditions, wind, or season of the year can play any part, but I have noticed that we get more of them in the late autumn and the early spring. At these periods of the year north-easterly or easterly winds are usually prevalent, and so there is a good deal of dust in the air, which may account for it to some extent. In the year 1903, in the months of March and October together, we had twenty-eight cases of suppurative appendicitis; that is to say, nearly one-quarter of all the cases admitted during the whole year came in those two months.

The history of suppurative appendicitis.—It has often been stated that these cases of suppurative appendicitis occurred just as frequently, or nearly as frequently, years ago as they do now, but that they were not recognised and were stated to be and described as cases of "idiopathic peritonitis." I thought that this was so myself until recently, when I had an opportunity of looking through the case books of a London general hospital, commencing about 1840. At first I looked at reports of surgical cases, but I found that when a surgeon had such a case, or any case which was thought to be peritonitis, he promptly handed it over to the physicians for treatment, and clearly looked upon it as a purely medical case. Now, in the reports of the medical cases, the greatest pains were taken in writing the case notes and post-mortem reports. From 1840 to 1865 I was unable to find a single case which died of peritonitis, local or general, in which there was any mention of a diseased appendix. Now, in all the cases of this kind which did die the cause was clearly defined, and it was specially observed and stated that the cæcum was normal. I think it must be admitted that the pathologists, or those who acted as such in those days, would have noticed a swollen or gangrenous appendix. There are several cases of typhlitis or perityphlitis, as one would have supposed them to be from the recorded symptoms, and in a few pus is noted as having burst into the bowel.

I remember quite well the first case of suppurative appendicitis which was operated upon in King's College Hospital. One of the surgeons had under his

(a) Presidential Address delivered at the Great Northern Central Hospital on Thursday, April 14th, 1904, before the North London Medico-Chirurgical Society.

care in the year 1889 a girl of about twenty, who was suffering from tuberculous sacro-iliac disease on both sides. She had been in hospital for some months, and the surgeon had opened several abscesses and scraped out both joints several times. This girl had a sudden rise of temperature one night, with rigors and pain about the umbilicus. Next day there was a large mass to be felt on the right side in the region of the cæcum, and as she had high temperature and great pain, and as neither could be accounted for by the sacro-iliac disease, it was decided to cut down on the mass and explore it. This was done, and a large abscess in which there was a gangrenous appendix was found. The appendix was excised, and it created no little interest for some time afterwards. After this case I cannot find evidence of another in King's College Hospital for about one and a half years. At this time I was a house surgeon there, so I am perfectly certain of the facts.

As far as the Great Northern Central Hospital is concerned, I can find no records of suppurative appendicitis, or of any case which might have been suppurative appendicitis, until the year 1890. In this year there were two cases, and they have steadily increased until the present time. Between the years 1891 and 1900, there have been more than 200 such cases, and in the year 1903 there were very nearly 100 cases, so that it is clear that they are steadily increasing.

There can be little doubt that the immediate cause of suppurative appendicitis is the escape of bacillus coli from the appendix, through some abrasion of the mucous membrane lining the organ, into the submucous lymphoid tissue. In a few cases the bacilli pass from the lymphoid tissue straight into the peritoneal cavity, but in far the majority of cases I believe they invade the lymphatic vessels which lead from the lymphoid tissue of the appendix, and so are carried along the mesentery of the appendix and the mesocolon to the subperitoneal tissue generally. A fact that I shall speak of presently, namely, that in very many of the cases of suppurative appendicitis the pus can be reached and evacuated *without* cutting through or opening the parietal peritoneum of the abdomen, favours this view very strongly; moreover, by this view the paths taken so frequently by the pus, upwards towards the liver, downwards towards Poupart's ligament, inwards towards the bladder, and into the lumen of the colon itself, are easily explained.

The next thing is to account for the abrasion of the mucous membrane of the appendix. In many cases (but by no means in all) this is caused by a concretion present within its lumen. These concretions vary much in consistency—some are soft and almost wholly fæcal, some are hard and formed evidently very slowly, chiefly of salts deposited round some nucleus (commonly a foreign body), but all are ovoid in shape and are rarely found at the tip of the appendix, but generally about the middle or two-thirds down, where the appendix is often sharply bent owing to the attachment of its mesentery.

Now, are these concretions formed in the appendix, or are they formed elsewhere, and then passed into the appendix? I believe that in many cases they are formed in the cæcum, possibly in the pouch of the valve of Gerlach, and then get pushed into the appendix.

It would be obviously unreasonable to suppose that the cause of the abrasion in the mucous membrane of the appendix was one which acted upon that portion only of the digestive tract. If we could prove that cases of irritation, abrasion, and ulceration of the mucous membrane of the digestive tract as a whole had been more frequent during the years that appendicitis has become more evident, then the case would be a strong one. Without going into statistics, I think we shall be agreed that during the last ten years or so such conditions as gastric catarrh and ulcer, enteritis and colitis, have been much in evidence. Is it not reasonable to suppose that all these affections may be due to some common cause, such as an irritant introduced into the digestive tract in one of our daily and staple foods, and one which is common to all classes?

From what I have already said, I think it must be admitted that suppurative appendicitis began to affect people, or, at any rate, became very much more common, in or about the year 1890, or between 1888 and 1892. In order to explain it, we have to find something which will account for abrasions or ulcers of the mucous membrane of the appendix, and which was not present before the year 1889.

Of course, there is a predisposing cause for appendicitis generally, and that is constipation, which may be put down in a great measure to lack of exercise—at any rate, of walking exercise. The people in towns can be carried to and from their work by cheap trams and trains faster than they can walk, so they do not walk as much as they used to.

But I strongly believe there is some quite different exciting cause at work—very likely it may be something in the food which is eaten by the community at large, for there is every reason to believe that suppurative appendicitis is affecting persons in every class of life, whether they live in towns or in the country far away from towns.

It has been put down to the use of enamelled cooking utensils—chips of enamel being swallowed and entering the appendix, but if this is the cause, the chip would be found without much difficulty.

Now, there has been a very great change in the staple everyday food of life, namely bread, during recent years. One of my colleagues spent some years of his life in a large flour mill, and I am indebted to him for what I am now going to say. Prior to the year 1885, practically all wheat was ground into flour between *stones*, mill-stones such as are now used in windmills only. The husk of the wheat was also ground up with the grain. Between 1885 and 1891 practically all the flour mills substituted *rollers* for *stones*. This change started at Vienna and spread first to the United States and then to England. In roller mills, the wheat is first cracked between steel rollers, and the husk completely separated from the grain. The cracked grains are then *rolled* between roughened *porcelain* rollers until the flour is fine enough for use. These porcelain rollers become soon polished, and are then ineffective, and have to be again roughened on the surface.

Then another change has occurred. A good deal of wheat has come during the last ten or fifteen years from Egypt and India, and is, I am told, mixed with American, Canadian, and English wheat. This Egyptian and Indian wheat is very dirty—often containing sand, stones, and lumps of earth, which are, to some extent, removed by fanning and washing before the wheat is rolled, and so made into flour. This wheat contains also various seeds from plants growing only among the corn of Egypt and India, and some of these, of course, are crushed and rolled with the wheat.

Flour from about the year 1889 and up to the present time, therefore, contains traces of three things which it did not possess before that time—porcelain, foreign earth, and foreign seeds in a finely divided form.

Is it possible that one or more of these, or possibly some bacteria contained in the two latter, may account for abrasion or ulceration in the mucous membrane of the appendix, such as would allow of the passage of bacillus coli through it?

But there is another point well worth considering. American flour is sent over to this country packed in *wooden barrels*, and the millers here obtain it, and mix it with a certain amount of English or Black Sea flour and then sell it to the bakers. I am told the reason for this is that satisfactory bread cannot be made from pure American flour—I suppose owing to a deficiency of gluten, or the precursor of gluten, which it contains. It is not improbable that this flour contains small particles of *wood* from the barrels in which it is packed, and these particles of wood might well act as irritants to the mucous membrane of the digestive tract. Some years ago I had a theory that

appendicitis was due to this very cause, as I found wood splinters as the nucleus in three concretions removed during operation for suppurative appendicitis but I then believed these splinters came from dust arising from the wood pavements of our streets. I, however, could get no evidence to show that cases were more frequent during spells of dry windy weather, when such dust would be in excess and would gain access to everyday foods. I nevertheless continued to examine the nuclei of concretions removed from appendices, and continued to find small wood splinters in very many. These are quite unmistakable under the microscope, the pitted or dotted vessels (woody vessels with pits) being at once recognisable. I have also found these small splinters in appendices which have not contained any concretions, and which have been removed during a period of quiescence between acute attacks of appendicitis.

Of course, one finds many other substances, spiral vegetable vessels, such as are found in cabbage leaves and stalks, fibres of cotton, linen, and jute, and hairs of various kinds from woollen and flannel garments. The particles of jute are of interest, as they probably come also from the bread, the flour from which bread is made being now commonly sold to the bakers in jute bags containing 100 lb.

As regards the symptoms of suppurative appendicitis, I can only give you the symptoms of the more common types of cases—anomalous cases are always turning up—and the more cases one sees the more difficult does it become to say exactly what the symptoms of the affection are. Now I think all, or nearly all, the case of typhlitis, or perityphlitis as they are sometimes termed, really start by inflammatory disturbance in the lymphoid tissue of the appendix brought on as I have before mentioned by infection with bacillus coli or other organism, and one would reasonably suppose that the main symptoms would be more or less localised to the region of the organ, but this is certainly not the case, and this is the very fact which often makes the diagnosis of the condition so difficult. It seems to me that the diversity of the symptoms is not difficult to account for if, as I believe to be the case, the pus which is formed first in the lymphoid tissue of the appendix spreads subperitoneally to neighbouring and often distant parts. Of course, there are some cases in which it bursts through the peritoneum covering the appendix at once, and so gives rise to a general suppurative peritonitis. These are the most fatal cases, and happily are not very common. We need not trouble about the symptoms of these, as they are the usual symptoms of very acute peritonitis, and are such as call for immediate laparotomy.

We may conveniently describe the symptoms under three headings :—

1. When the infection of the tissues of the appendix occurs, and before pus is formed.
2. When pus is formed and spreads to some near or distant part.
3. When pus has been present for some days and septic toxins are being absorbed by the blood.

In the *first*, there is *pain* of a burning or stabbing character in the region of the appendix, worse on straining, *nausea* and frequently *vomiting*, most marked when the patient attempts to walk. *Temperature*—between 100° and 102° as a rule, with slight shivering, or sometimes actual rigors. *Rigidity* of the abdominal muscles. Under an anæsthetic, if the patient be not fat, the thickened appendix may be felt within the abdomen.

In the second, the pain is generally referred to some part of the abdomen other than the appendix. The umbilicus is most common, then the transverse colon, the descending colon, and the bladder, and the pain is of a throbbing character, much worse on straining. There is also griping pain, and peristalsis evident on inspection. *Vomiting* is very common, and the abdomen is distended, and there is constipation. *Temperature* up to 104° or 105° at night—100° to 102° by day. *Rigidity* of abdomen very marked, and under an anæsthetic a lump or ill-defined swelling (possibly fluctuating) can be felt in the region of the cæcum by abdominal or rectal palpation. There is very often *œdema of the skin* of the abdomen over a small area immediately superficial to the appendix. *There is very often indeed severe pain on micturition.*

In the third, pain is very often nearly or quite absent, owing to the affection of the nerve centres by the toxins absorbed by the blood from the pus. Very often the patient is delirious at night. *Vomiting* continues and is often stercoraceous. The vomiting is more of the nature of a sudden pumping action of the stomach, the intestine being often paralysed. *Temperature* is not much raised, often subnormal. *Rigidity* and distension of abdomen very marked. Fluctuation may be detected in various regions—(1) in the region of the ascending colon and hepatic flexure; (2) in the pelvis, behind and around the rectum; (3) in the peritoneal cavity. I have remarked before that it is only rarely that pus bursts from the appendix *at once* into the peritoneum. My belief is that in the great majority of cases pus burrows beneath the peritoneum, and may be detected in various situations, and then may burst into the peritoneal cavity, as being the line of least resistance when it is at considerable tension.

The pupils are often dilated, and if one sees a case for the first time in this stage, one may be inclined to give a good diagnosis because the patient is free from pain and tenderness on pressure, and looks and seems fairly well. A patient in this state, if not operated upon, generally becomes suddenly delirious and dies.

In this stage one of the most noticeable features is the entire absence of pain and the fact that the patient may appear fairly well, and may even be able to walk about in spite of the fact that the abdomen is full of pus. Such cases might well be called "ambulatory appendicitis." I have come across three such, and will briefly relate the two most striking ones.

The first occurred in a youth, æt. 19, whom I was asked to see one Sunday night, and whose history was as follows: Just one week previously he had been seized with a typical attack of appendicitis. It was recognised and treated promptly, the patient being kept in bed for three days. On the Wednesday evening, apparently quite recovered, he got up and went to his work in the City, and this he continued to do on the Thursday and Friday. Each of these days he walked at least six miles, and, although not feeling perfectly well, was able to do his work. On the Saturday his doctor found that he had great pain in the region of the bladder, and supposing that he had cystitis, he washed the bladder out two or three times; but there was no appearance of cystitis, and the pain became, if anything, worse. This went on until the Sunday evening, when I was asked to see him. I found him with a rather sallow complexion, dilated pupils, with rigid but not distended abdomen. He got out of bed and passed water, but evidently with much pain. I gave him an enema myself, and it acted thoroughly. This appeared to relieve his pain, and he said he was quite comfortable, and he walked about the room in my presence. I did not like the look of his face, and so gave a guarded diagnosis, but I did not suppose that he was seriously ill. On Monday morning I received a telegram saying that he had suddenly jumped out of bed at three o'clock in the morning in a state of delirium, and had promptly died. We made a post-mortem examination the same afternoon, and found his abdomen quite full of pus, and the appendix gangrenous.

The second case was that of a lady, æt. about 50, who had had an attack of appendicitis about four days previously, but she had so far recovered that on the day before I saw her she had walked two or three miles, and had bathed in the sea—she was staying on the Devonshire coast. She, however, had a temperature of 102°, and a distended abdomen, but she was quite free from pain. An immediate laparotomy was performed, the abdomen being found quite full of pus.

I have not entered into full details of these cases; the facts in both of them are, practically, that the patients, although suffering from acute suppurative peritonitis following upon an attack of appendicitis, were in apparently fairly good health and able to walk; in other words, in such a condition that it was very difficult to believe they were at death's door.

The third case of this kind was that of a man who walked into this hospital, and in this case the pelvis was full of pus, but I rather think the abscess burst into the pelvis after he arrived.

I have not said anything concerning tuberculous appendicitis. The chief characteristics of this are its chronic nature and the fact that pus burrows in several directions and for a considerable distance.

As regards the treatment of suppurative appendicitis, I shall only deal with three points:—(1) the method of reaching the appendix itself and the pus; (2) the use of enemata; (3) the use of purgatives.

During the early stages of acute suppuration, the pus is, as I have before stated, between the mucous membrane and the peritoneal covering of the appendix, at any rate in the majority of cases. It spreads by burrowing beneath the peritoneum, and may then come forwards and point beneath the skin of the abdomen at McBurney's spot, or above or below Poupart's ligament. It may travel backwards or outwards around the cæcum and so reach the loin. In these cases the abscess is fairly easily recognised, for, as it reaches the surface, there is the typical inflamed and œdematous skin, with a soft fluctuating spot in its centre. The abscess is opened, washed out, and the cavity stuffed or drained with a tube.

In other cases the pus makes its way beneath the peritoneum, backwards and inwards to the base of the bladder, into the pelvis, and around the rectum, eventually, perhaps, bursting into the bladder or into the rectum. These are the cases which are so difficult to deal with surgically, and if they are not dealt with promptly there is very great risk of the pus bursting into the peritoneal cavity, and setting up local or general peritonitis. In very many cases while the pus is still beneath the peritoneum a local peritonitis is set up without the pus actually bursting through, then lymph is poured out and adhesions are formed which often prevent further danger to the general cavity of the peritoneum, but it is very unsafe to wait until this occurs or to wait hoping that it may occur. Directly we have reason to believe that pus has actually formed, we ought to evacuate it without delay.

To attempt to reach it by performing laparotomy always appears to me a highly dangerous proceeding, for when one has reached it, it must, of course, infect the peritoneal cavity. I am quite prepared to admit that the peritoneum is a long-suffering membrane, it will stand a great deal more in the way of infection than is generally supposed; but that is no reason for wilfully infecting it, as must result if we attempt to reach pus which is behind it by performing laparotomy. The proceeding which appears to me to be the best is to make a vertical or curved incision about one inch anterior to the usual incision for lumbar colotomy, to cut through the muscles, and then insert a finger into the subperitoneal fat and search for the pus. Very often one finds it easily, in some cases the finger feels the peritoneum bulging in one spot and can be easily pushed through, and is found to pass into a sac containing pus, which is really a part of the general peritoneal cavity shut off by adhesions and containing the ulcerated or gangrenous appendix. This sac or cavity is then washed out and drained, preferably by a gauze plug. If no abscess can be reached in this way, the best thing is to stuff the wound with gauze, and wait for the pus to find its own way into the cavity, which it does, as a rule, within twenty-four hours. In the majority of cases of suppurative appendicitis, the pus only bursts into the peritoneal cavity as a last resort, as it were—if you give it a chance of getting out by opening up the subperitoneal tissue it will take that chance rather than enter the peritoneal cavity. The operation is a safe and easy one, and is the one, in my opinion, which should always be performed when deep pus is diagnosed or when pus is suspected, for if the wound be kept open by plugging, the pus has a ready means of exit. There are other advantages also:—(1) A wound in such a situation is easy to irrigate and to keep irrigated and drained—there is little fear of the pus "pocketing"; (2) the liability to hernia after the wound is healed is much less than after laparotomy.

It always seems to me that the practice of performing laparotomy is order to find pus around or near the appendix is a most dangerous proceeding, for it involves the certain infection of the general peritoneal cavity if the pus is found. I want to make it quite clear that I am referring to cases in which pus from a suppurating appendix has not already burst into the general peritoneal cavity.

It is urged as a disadvantage that if, during this operation, the appendix is felt, it may be very difficult to ligature and remove it through such a lumbar incision. This is quite true in many cases, but, as a rule, the appendix has already sloughed off, and there is nothing left of it to remove; moreover, its base is generally so rotten that any attempt at ligaturing it ends promptly in a fæcal fistula being made. If the appendix has not sloughed, then the safe and proper procedure is to do a laparotomy at a later date when suppuration has ceased, and remove the appendix as one would in an ordinary case of appendicectomy.

The greatest misfortune in suppurative appendicitis is paralysis of the intestine leading to great distension and complete obstruction. This paralysis seems one of the most hopeless affections to treat successfully. If any distension is present when the operation is performed I generally dilate the anus fully when the operation is completed, and then wash out the rectum freely with very hot salt solution by means of an irrigator. Not only does this tend to promote peristalsis, but it combats shock, for if the rectum and descending colon be left full of fluid, the latter is rapidly absorbed and assists the heart quite as efficiently as intravenous injection.

I should like to remark here that shock after abdominal operations, and, indeed, after any operation, is, in my opinion, very largely due to exposure of the tissues to air at a comparatively low temperature. I believe that if we could perform severe operations in a room the air of which was at about 100 degrees Fahrenheit, our patients would suffer little, if at all, from shock. The objection to the proceeding would be that those performing or assisting at the operation would probably succumb to the effects of the heated air before the operation was completed, so that it is, of course, impossible to carry it out. At the same time one has repeatedly observed the very great benefit derived by placing the patient upon a heated table, and by using very hot lotions with which the parts exposed are irrigated

Another great trouble which is the result of a paralysed intestine is severe distension. Directly distension is observed in an abdominal case it is advisable to administer some salol by the mouth, five grains three times a day. It is easily retained, does not appear to induce vomiting, and certainly checks putrefaction in the digestive tract.

With regard to purgatives in suppurative appendicitis, there is great difference of opinion. Personally I always administer calomel by the mouth from the onset, and continue it together with hot soap and water enemata until the bowels are freely opened. By this procedure I feel certain I have checked many cases which would have become serious. By so doing, I do not know of any case in which the purging has caused an ulcerated appendix to rupture, though other have said that this is a real danger. I consider it much more risky to keep the intestine absolutely at rest, for I cannot help feeling that there is always danger in any formof appendicitis when constipati on is present.

DEGENERACY: PHYSICAL, MENTAL, AND MORAL. (a)

By G. E. SHUTTLEWORTH, B.A., M.D., M.R.C.S.Eng.,
Vice-Chairman of Council of Childhood Society.

DR. SHUTTLEWORTH disavowed the pessimistic views held by some as to the extensive prevalence of degeneracy in the nation, and confessed himself unable to accept all that Nordau had written as to genius being mainly degenerate, and Lombroso's and Benedikt's theories as to specialised criminal types of brain. Yet the subject was one calling for scientific observation, and strenuous measures of counteraction where detected; and in this direction the work of the Childhood Society might be most valuable to the country at large.

How to detect early signs of deviation from the normal in physical and mental development was one of the questions which this society had set itself to solve. The report on the examination of 100,000 children in schools, issued under its auspices in 1895, was a most valuable contribution to the problem, and set an example which might advantageously be followed in schools throughout the country. Anthropometric observations of the growing child were also of importance; and these, unfortunately, were too few and far between. The child being "father to the man," such observations would have national value in relation to the alleged physical deterioration of Army recruits; and it was only by combating adverse conditions in the incipient stage that good could be effected.

Dr. Shuttleworth then reviewed the alleged evidence of physical deterioration, and pointed out that even if it were proved it would apply only to the lowest stratum of the community. He referred to the inquiries made previous to factory legislation in 1832, and remarked that then, as now, unwholesome conditions of town life and of indoor labour were undoubted factors in physical deformity. The transmissibility of defects was then considered, and it was argued that much depended upon environment as well as upon heredity. Passing to the subject of mental degeneracy, its close co-relation with physical degeneration was pointed out; and the coincidence of physical deformity with moral defect has been noted from the most ancient times.

In conclusion, the causes and possibilities of prevention of degenerate states were briefly considered. The restriction of the marriage of the unfit was of prime importance, but formed a difficult social problem; ante-natal care in relation to female labour was desirable; maternal nursing instead of bottle-feeding should be considered a social duty wherever practicable. School methods should be brought into harmony with physiological principles, and with this view all teachers should be trained in that part of physiology and psychology which had a direct bearing on their work. Growing children should be protected from overstrain, mental or physical, and their conditions of life rendered as favourable as possible by legislative restrictions of premature employment out of school hours, as well as by sanitary homes, sanitary schools, and (if needs be) by supplementing scanty nutriment. The falling birth-rate was briefly alluded to, and a hope expressed that woman, while aspiring to share what used to be considered the responsibilities and employments of men, would not forget that the sacred duties of motherhood must not be shirked, for, as Lord Rosebery once pithily put it, "it is of no use having an Empire without an Imperial race!"

(a) Abstract of Address at the annual meeting of the Childhood Society, May 11th, 1904.

ON THE VALUE OF CERTAIN DRUGS IN MEDICINAL TREATMENT OF DISEASE IN CHILDREN. (a)

By FRED J. TRESILIAN, M.D., F.R.C.P.Ed.

MOXON'S dictum that "a doctor without physic is like a priest without a creed" is especially applicable to children. A hesitating and casual doctor, relying on expectant treatment only for sick children, will find that unbelieving mothers will frequently change their faith. Moreover, it is in children that one gets the quickest and most encouraging results from treatment, as they respond readily to properly-directed therapeutic measures.

The drug list available for children is a small one in comparison with that of adults.

Alcohol and cod-liver oil are more properly foods than drugs. Alcohol is most valuable in the treatment of pneumonia, zymotic diarrhœa, and severe chorea. It must not be pushed too far, as it generally is by parents, who do not recognise the symptoms of overdose; it must be given in regular doses and stopped as soon as possible.

Antimony is the most valuable of all drugs in the treatment of acute bronchial and pulmonary disease, acute lobar pneumonia, acute laryngitis and bronchitis, and early stages of catarrhal pneumonia, and children bear it well. It may be combined with aconite or acetate of ammonia. It is also useful in acute eczema.

Arsenic.—The method of curing chorea in a week with large doses of Fowler's solution is, I think, to be condemned. Smaller doses, spread over a larger interval and gradually increased, are preferable. Arsenic is also useful in asthma and the lymphadenomatous and leukæmic conditions of children.

Belladonna is very valuable in acute catarrhal or broncho-pneumonia, its effects in stopping the œdematous secretion being sometimes very striking. It is also useful sometimes in pure neurotic enuresis, and it may be pushed and combined with quinine, strychnine or bromides. In whooping-cough as well as in enuresis it, however, frequently fails. It is valuable as an external application in appendicitis and in the non-tuberculous forms of peritonitis.

Mercury.—The days of universal use of hyd. c. creta and calomel are declining. Jenner's dictum, "When you see a sick child, don't think only of grey powder," was a wise one. Small doses of hyd. c. creta are very useful in the treatment of digestive troubles of bottle-fed infants. The inunction of mercury is most valuable for producing rapid effects in the treatment of congenital syphilis, especially interstitial keratitis and labyrinthine disease, where the mischief must be checked as soon as possible. In these conditions the action of grey powder and the solution of the perchloride are much too slow. Mercurial inunction is also useful in tuberculous peritonitis. The

(a) Abstract of Paper read before the North-East London Clinical Society, May 5th, 1904.

external and internal administration of mercury in combination is sometimes the best in non-tuberculous forms of meningitis, which are generally posterior basic, but they frequently fail to produce any effect whatever.

Salicylates do not exert the same depressing effects in children that they do in adults, either upon the nervous or circulatory systems, and they do not affect the labyrinth in the same way. They have a tendency, however, to cause hæmaturia. Not only in acute rheumatism and acute erythematous symptoms, but in chronic mucous catarrh of the intestines, with papular urticaria in bladder affections, such as cystitis and uric-acidæmia, in headaches, in the rheumatic forms of tonsillitis, in acute summer diarrhœa, and, combined with belladonna, in appendicitis, they sometimes give most striking results. The salicylate of bismuth is a most valuable drug for children; it does not cause hæmaturia, and is most useful in diarrhœa and colic.

Antipyrin and phenacetin are useful in acute pain, such as ear-ache, in painful dentition, night terrors, and laryngismus.

Opium.—Opium in small doses in the form of nepenthe or Dover's powder can be used with safety in colic, appendicitis, intussusception, and acute diarrhœa.

Chloral is the best hypnotic for children, and is useful in tetany, convulsions and allied conditions.

Purgatives.—For young infants those which will be found of most service are manna, small glycerine suppositories or injections, the stick of soap dipped in glycerine; and for older children pilules of aloin and belladonna, cascara bonbons, Rubinat and Franz Joseph waters, and so on.

THE ADMINISTRATION OF HYPNOTICS IN NEURASTHENIA. (a)

By EDWARD A. LERMITTE, M.B., B.S., M.R.C.S., L.R.C.P.

IT is not my intention to cover the whole ground of the treatment of that very troublesome symptom of neurasthenia, namely, insomnia, but merely to point out the results obtained from the use of some drugs which I have constantly employed during the past ten years. Undoubtedly, much can be done to relieve this insomnia by the rest-cure and the Weir-Mitchell treatment, but there exist a vast number of patients who either cannot or will not afford the time or money which these somewhat expensive measures involve. Consequently, the practitioner, deprived of these means, is compelled either to disregard the sleeplessness of his patients or to resort to the use of some hypnotic, and probably in the majority of his cases he will have to adopt the latter course. If this be granted, then the choice of a hypnotic becomes an important question of almost daily recurrence.

There are some hypnotics which the public have appropriated, and which they are in the habit of taking without medical advice. This we are powerless to prevent, but when the patient seeks our advice, it may be laid down as an axiom that one of the worst things we can do is to place in his hands a hypnotic to which he can resort at will. The disastrous results of telling a patient that he may take, for example, tabloids of sulphonal when he is unable to sleep must be known to all of us.

The four drugs I have used are: (1) a bromide mixture, each drachm of which contains pot. brom., chloral hydrat. aa gr. xv; tinct. hyoscyam. ℥ xx, and which, with the exception of one-eighth of a grain of the extract of cannabis indica, is equivalent to a drachm and a half dose of bromidia. (2) Chloralamide. (3) Chloretone. (4) Paraldehyde. I propose to give you the results which I have obtained from their administration.

The following table has been compiled on the results obtained in 197 cases, in which the bromide mixture was given in 111 cases, chloralamide in 65, chloretone in 15, and paraldehyde in 6 cases:—

DRUG.	I.	II.	III.	IV.	V.	VI.
	M.	H. M.	H. M.	M.	H. M.	H. M.
Bromide Mix...	90	4 5	3 15	15	5 45	2 0
Chloralamide ..	45	4 40	2 0	15	5 45	3 0
Chloretone ..	32	5 40	0 55	20	5 55	3 15
Paraldehyde ..	23	5 23	0 35	20	6 5	5 5

Column I.—Average time taken to act. II.—Average period of induced sleep. III.—Maximum time taken to act. IV.—Minimum time taken to act. V.—Maximum period of sleep. VI.—Minimum period of sleep.

Chloralamide has been specially recommended as a hypnotic in neurasthenic, spinal and cardiac cases. It possesses no analgesic effects, and it is said to be unsuitable for the treatment of insomnia in phthisis. With regard to the mode of administration, it is most advantageously given in a weak alcoholic solution, and in doses of from 20 to 50 grains. It is not readily soluble, but, unlike sulphonal, we cannot call heat to our aid, as chloralamide is decomposed by a temperature of 120° F. Taken in the form of a powder, it is slow and uncertain in its action. I have not observed any unfavourable results from its administration, and, in fact, it seems to be peculiarly devoid of after-effects.

Cappilletti has reported the results obtained by him from the administration of chloretone in twenty-five cases of mental disease, in which the duration of sleep varied from two to five hours. As far as I have been able to observe its effects, chloretone does not influence the pulse or respiration, nor does it upset the digestive system. I have only seen unpleasant after-effects in one case in which diplopia, drowsiness, and headache supervened.

Paraldehyde is an extremely objectionable drug to take, having a very pungent, ethereal taste and odour. Another drawback to its use is that it imparts an odour of garlic to the breath. It is said to considerably increase the flow of urine, but this statement I have been unable to verify. It has been said that paraldehyde does not produce headache on the day following its administration, but my own impression is that it does, although it is difficult, when treating neurasthenics, to feel certain that the drug is the cause of the headache of which the patient complains. It certainly does not derange the stomach as might be expected from its extremely disagreeable flavour, nor have I seen it produce skin rashes.

If we compare the results obtained from the administration of these four drugs we arrive at

(a) Abstract of a Paper read at a meeting of the North-East London Clinical Society, May 5th, 1904.

the following conclusions :—First, with regard to the average time taken to induce sleep, the bromide mixture acted the slowest. (Column I.) The maximum and minimum times taken to act are seen in Columns III and IV. As far as the maximum of induced sleep is concerned, there is but a matter of twenty minutes to choose between the four drugs, paraldehyde winning by that amount, but in the minimum of sleep there is a difference of over three hours between the sleep obtained by the bromide mixture and that from paraldehyde. On the whole the results obtained from the latter drug are the most satisfactory, but I think there will be few of us who will succeed in inducing our patients to continue to take it for any length of time.

Clinical Records.

DIPHTHERIA FROM AN EXAMINATION HALL.

Under the care of J. C. McWALTER, M.A., D.P.H., M.D. Brux.

WHILST the Intermediate Examinations were being conducted in Dublin last year, I was asked to see a young girl, æt. 14, whose mother reported that she had been up for the Intermediate Examinations for the past three days, but had suddenly got a very bad sore throat. Inspection of the patient showed a typical case of diphtheria in the earlier stages—fever, headache, malaise, flushed face, ulcerated tonsils, adenitis, &c., and she was transferred to Cork Street Fever Hospital, where the diagnosis was confirmed. The attack was rather a grave one, so much so that her life seemed at one period to be in jeopardy, but eventually she made a good recovery.

The importance of this case lies in the fact that it shows how necessary it is that in future every schoolroom or building used as a centre for the purposes of the Irish Intermediate Examinations—or any public examinations—should be thoroughly disinfected before being used. There was no diphtheria in this girl's family, in her school, or among her friends. She had none when she presented herself at the Centre—which was a schoolroom for young pupils, who had recently been sent on their holidays. She was, of course, anxious on account of her ordeal, and eating but little, but those are the conditions which prevail in most girls who present themselves for public examinations, and which make them almost certain victims to the germs of diphtheria, if such happen to be present. As this patient lost her examination, her year, and her chance of an exhibition owing to a sickness consequent on the unhealthy state of the examination room, it seems as if the Commissioners of Intermediate Education would be held responsible for any future cases of a like kind which might occur after their attention has been pointedly drawn to the subject.

The Out-Patient Departments.

METROPOLITAN HOSPITAL.

Under the Care of W. LANGDON BROWN, M.A., M.D., M.R.C.P.

CARDIAC DROPSY IN CHILDREN.

Case I.—A little girl, æt. 4, who was known to have had rheumatic fever ten months previously, had been attending the hospital with signs of mitral stenosis, with regurgitation and some œdema of the legs. Her mother now stated that she had noticed the child's face to be swelling during the last three days, that she was getting very short of breath, and that the urine was scanty, thick, and muddy.

On examination, the child was found to be cyanosed and generally œdematous; the pulse was 132 and irregular. The heart's apex was in the sixth interspace, one and a half inches outside the nipple line; the impulse was very diffuse and preceded by a thrill. The cardiac dulness extended upwards to the third rib. At the apex presystolic and systolic murmurs were heard, the latter loud and musical, conducted into the axilla and heard behind at the angle of the scapula. At the pulmonary base the second sound was accentuated. There was some bronchitis, and the liver was palpable. The urine showed a heavy deposit of urates, but only a trace of albumin and no blood nor casts.

On the rapid development of the general œdema, involving the face, a very unfavourable prognosis was given. Events fully justified this, for the child, who was admitted at once, died the next day. Unfortunately a necropsy was not permitted, but the condition of the urine made it fairly certain that the kidneys were not the cause of the general dropsy.

In the following case, however, a post-mortem examination was made.

Case II.—A boy, æt. 7, was brought to the hospital for shortness of breath with orthopnœa. Ten months previously he had suffered from rheumatic fever, and was ill for four months. On examination, his heart's apex was felt in the sixth interspace, three-quarters of an inch outside the left nipple line. The impulse was preceded by a thrill. The cardiac dulness was not increased upwards. A presystolic and a musical systolic murmur were heard at the apex. The pulse was rapid, feeble, and irregular. The urine contained less than ·05 per cent. of albumin.

He was admitted to the hospital, and two days later he became cyanosed; there was a rapid development of anasarca, in which the face shared to a marked degree. This occurred within a few hours. The tongue was very furred, and a urinous smell was noted in the breath. Yet in twenty-four hours the boy passed forty ounces of urine, acid in reaction and containing only a trace of albumin. No casts could be found. Though he improved slightly for a time, he died rather suddenly a week later. The necropsy revealed double mitral disease, with infarcts in the lungs. The kidneys were merely congested.

Remarks.—Such cases are not very unusual, but in the text-books very little attention is directed towards them. Dr. Lees and Dr. Poynton, in their paper on "Dilatation of the Heart" ("Medico-Chirurgical Transactions," 1898), state that out of 100 fatal cases there was "much or considerable" dropsy in twenty-five, in nine of which it was quite recent. They conclude that there is usually a decided valvular lesion in cases of marked dropsy. Dr. Dickinson, in Prof. Allbutt's "System of Medicine," vol. v., contrasts the gradual spread of the œdema upwards in cardiac cases with the early œdema of the face in renal cases. These are the principal references to the subject that I have been able to find.

The development of œdema in other than dependent parts may be caused either by the increased permeability of the vessel wall (as in Bright's disease), or by sudden venous engorgement; and it is noteworthy that in both the cases here recorded the œdema was accompanied by cyanosis. This sudden venous engorgement implies a marked failure of compensation due to rapid dilatation. Such rapid dilatation is always of grave prognosis, especially in children, who are notoriously bad at re-establishing compensation. Indeed, this condition has proved fatal within a few days in all the cases I have seen in children.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MAY 13TH, 1904.

DR. FREDERICK TAYLOR, President, in the Chair.

DRS. A. STANLEY GREEN and W. H. B. BROOK (Lincoln) communicated a paper upon the

VALUE OF THE X-RAYS AS A FACTOR IN THE DIAGNOSIS OF PULMONARY TUBERCULOSIS,

which was illustrated by lantern slides. The authors had examined a large number of chests during the

past two and a half years, in nearly every one of which the physical signs were carefully elicited. Skiagraphs were shown illustrating the conditions of many of the cases before and after sanatorium treatment. The skiagrams were all taken by the plate-to-back method with the tube twenty to twenty-four inches from the plate, the exposure varying from thirty to sixty seconds. It was in the early cases of pulmonary tuberculosis that it had proved of great value as a diagnostic agent, for by means of a screen examination it was possible to see that unilateral limitation of movement of the diaphragm occurred. The transradiancy of the lungs or the presence of scattered areas of shadow were indications of the health or disease of these organs. The shape and slope of the ribs and the width of the intercostal spaces were also important points to note. The presence of cavities could be shown, and even fibrosis could be recognised under certain conditions. In bilateral cases, an X-ray examination was able to demonstrate the presence and extent of the disease in many cases before it was recognisable by ordinary methods of examination. It was necessary, however, in order to obtain the full value of skiagraphy, to regard it as an adjunct to the older methods of physical examination and microscopical examination of the sputum.

Dr. WILLIAM EWART considered that the best thanks of the Society were due to the readers of the paper for bringing such an important matter to the front. Considering how necessary it was for the sake of the patient to diagnose phthisis as early as possible, he hoped that the time would come when skiagraphy would be far more generally employed for this purpose.

Dr. THEODORE WILLIAMS, while welcoming the X-rays as a diagnostic agent, uttered a word of caution against the idea that they could supplant careful physical examination. He thought that the art of auscultation was in danger of being less thoroughly studied than its merits deserved.

Dr. G. B. BATTEN considered that, as a means of realising more vividly the physical condition than was, perhaps, possible by auscultation, the X-rays were to be welcomed in the diagnosis of phthisis, and also for recording the progress of the disease in its different stages.

Dr. HERBERT FRENCH inquired as to the extent of fibrous tissue present which could be seen in a skiagraph.

Mr. CECIL R. C. LYSTER asked what methods were adopted for measuring the output of the tube, and also if the X-rays could be utilised to distinguish between bronchitis and tuberculosis.

Dr. WILLIAM PASTEUR inquired as to the relative transparency to the rays of enlarged bronchial glands.

THE PRESIDENT considered that ocular demonstration of the morbid condition was most valuable, but, at the same time, shadows were not always infallible, and required to be interpreted with care.

Dr. GREEN and Dr. BROOK replied.

Dr. A. E. PETERS (introduced) described two cases of

RECURRENT CARCINOMA OF THE BREAST,

in which X-ray treatment had been employed. In the first case the original operation had been performed by Mr. Charters Symonds. Radiography was pursued for twenty-two months. The subcutaneous nodules and ulceration both disappeared under the treatment, only to return, however, in a condition of diminished activity on its cessation. Eventually the growths appeared under the skin at the back of the thorax, and these nearly disappeared after exposure to the rays. The breast and glands of the opposite side became involved. Considerable relief from pain was experienced by the patient. In the second case both the subcutaneous nodules and pleuritic thickening improved greatly under a month's treatment, but the patient died shortly afterwards from thoracic involvement. A tendency for scar-tissue to break down while under the treatment was noticed.

Dr. LEWIS JONES said that the whole question of the treatment of recurrent mammary cancer by X-rays was one of great importance, though he did not consider that it was by any means the final treatment. Superficial improvement often occurred and yet the patient would succumb from secondary deposits elsewhere. There was no doubt that the rays possessed the property of changing the characters of a growth or even of preventing its tendency to recur.

Dr. G. B. BATTEN referred to a case of recurrent cancer of the breast in which the nodules had been removed as fast as they had recurred, but upon the seventh occasion he had exposed the part to the X-rays with the result that the nodule had completely disappeared. The X-rays appeared to have a selective effect both upon degenerating and also upon actively-growing epithelial cells.

Dr. A. E. T. LONGHURST asked whether the rays might not, at times, excite the local condition and so give rise to a rapid development of the disease.

Mr. A. BOWLBY had no doubt whatever that the X-rays were by far the most potent agent at our command for the treatment of recurrent cancer of the breast. On the other hand, they might produce considerable inflammatory reaction.

Mr. LYSTER expressed the opinion that excision was still the best method of dealing with cancer, when it was discovered early enough, but that in inoperable cases relief of pain, comfort to the patient, and removal of recurrent nodules could be brought about through the rays.

Dr. PETERS replied.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

MEETING HELD MAY 6TH, 1904.

PROFESSOR E. H. BENNETT in the Chair.

MR. JOHN KNOTT exhibited to the Academy a series of the long bones of the human skeleton, showing the various epiphyses, and pointed out the peculiarities of their ossification and final junction with their respective shafts. The clavicle, which a novice would naturally place among the group of long bones, presented several peculiarities of ossification. There is no epiphysis for the acromial extremity; the centre of ossification for the shaft is the first to appear in fœtal life, while the (sternal) epiphysis is usually the last in the skeleton to unite with its shaft. This epiphysis is also distinguished by its peculiar thinness—making it the "battered sixpence" of anatomical similitude, and placing it quite beyond the possibility of the conservative resection of early life. The upper epiphysis of the humerus, which exactly includes the head and tuberosities, has long been familiarly known; but the lower has, till very recently, been always misrepresented. The best English text-books of surgery used to represent an "epiphysary fracture" as including both condyles in the lower fragment. The specimen exhibited showed that the epiphysis was a mere osseous crust, the removal of which hardly diminished the prominence of the condyle. The upper end of the ulna presents a supplemental epiphysis, placed on top of the recognised one, which has remained hitherto undescribed, except by the exhibitor at a former meeting of the Royal Academy of Medicine. The lower epiphysis of the ulna presents no peculiarity, nor do either of those of the radius. The upper end of the femur presents three epiphyses—for head and either trochanter—approximately in the same stage of fusion with the shaft, That for the head is thinner than is usually thought; when detached it is but a concave shell of bone. That for the lesser trochanter is very seldom found, its abrupt prominence and small surface of junction causing it to be almost always lost. The epiphysis of the lower end of the femur is of immense importance in connection with growth and development. As its centre of ossification appears immediately before birth, its presence constitutes the best test of the maturity of the fœtus—no other epiphysis of the skeleton developing an osseous centre during intra-uterine life. And the future gigantism

or dwarfism depends more on this epiphysis than on the whole of the rest of the skeleton. Most anatomists place its junction with the shaft at the age of twenty; this is too early for many cases. Till it fuses with the shaft, growth continues, and the height of a giant will be found to depend very largely on the length of the femur. The terminal epiphyses of the tibia, being thin, call for great care on the part of the surgeon in the operation of excision. Those of the fibula present no peculiarity, except the well-known one of the early ossification of the lower one.

Mr. ALEXANDER BLAYNEY read a paper on the

REMOVAL OF THE CÆCUM AND ASCENDING COLON,

and detailed the notes of a case which was sent to him with symptoms resembling those of recurrent appendicitis. A tumour could be felt somewhat above the appendix region, which proved to be a malignant growth infiltrating the beginning of the ascending colon. The cæcum with a small portion of the ileum and the greater part of the ascending colon were removed. The opening in the colon was closed by a double row of sutures, and the lower end of the ileum was implanted on the transverse colon, a Murphy's button being used to effect the junction. There was some leakage from the colon for a few days. The button was removed from the rectum at the end of a fortnight. The patient recovered rapidly, and was quite well six months afterwards, when the paper was read.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD MAY 4TH, 1904.

PROFESSOR CHIENE in the Chair.

MR. COTTERILL showed specimens of (1) giantism of foot, (2) osteoma of the frontal sinus causing necrosis of the frontal bone, and abscess in the frontal lobe, and (3) bilateral tuberculous disease of the testis—castration on the one side, and removal of focus from the epididymis on the other.

Mr. A. A. SCOT SKIRVING showed an unusually large horn growing from the ear of a woman.

Mr. J. W. STRUTHERS showed (1) bones from a recent fracture of tibia and fibula; (2) prostate gland of unusual size, removed supra-pubically; and (3) bladder and enlarged prostate.

Mr. ALEXIS THOMSON showed two prostates removed by supra-pubic operation.

Mr. ROBERT JONES, of Liverpool, gave (by special invitation of the Council) a paper and demonstration, "Clinical Notes on Tuberculous Arthritis in the Young," which we hope to publish in our next issue.

Mr. Jones' paper was discussed by Professor CHIENE, who, while he congratulated the author on his results, said he could not go so far in the direction of conservative surgery as Mr. Jones.

Mr. MACGILLIVRAY referred to the difficulty which instrument-makers seemed to have of making Thomas' splints properly.

Mr. WALLACE referred to the difficulty of diagnosing tuberculous arthritis early. Would a focus in the head of a bone, before the joint was involved, give that rigidity to which Mr. Jones alluded? In particular, how was sacro-iliac disease excluded? The time element was an important factor in the treatment of these cases.

Mr. THOMSON said that he thought that in bad cases of disease of the elbow and knee there was much to be said in favour of excision, which gave as good results as rest, and in a shorter time.

Drs. Cathcart, Taylor, and Watson also discussed the paper.

In reply, Mr. JONES reiterated the great diagnostic value of limitation of movement. The average duration of treatment was about two years. In adults he quite agreed that excision was often advisable; not in children. He had seen so much of the after effects of excision in the way of shortening that he thought that, unless the operation was done early, and required only the removal of a thin slice of the anterior surface, it was not to be advised, while in these very cases rest offered the prospect of a movable joint.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

MEETING HELD MAY 13TH, 1904.

The President, MR. BARK, F.R.C.S., in the Chair.

THE President remarked that the Association had sustained a serious loss through the death of Sir Philip Smyly, of Dublin, and he proposed that a letter of condolence be sent to Lady Smyly and family.

This was seconded by Dr. DENNIS VINRACE, and carried unanimously.

As the centenary of the inventor of the laryngoscope, Dr. Manuel Garcia, will be reached in March, 1905, it was arranged, on the motion of Dr. DUNDAS GRANT, that a special meeting be held to consider the desirability of appropriate celebrations of the event.

Dr. W. H. KELSON and Mr. MAYO COLLIER showed cases, and Dr. T. LUMSDEN exhibited an improved nasal dilator.

The adjourned discussion on Mr. MAYO COLLIER'S paper on "Latent Intermittent Nasal Obstruction" was then proceeded with. Full report of the proceedings of this meeting will appear in our next.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 15th, 1904.

DIURESIS AND REDUCTION OF LIQUIDS.

CONSIDERABLE advantage, says Dr. Huchard, is obtained in certain cases of cardiac dilatation from reducing the quantity of liquids absorbed by the patient. When in a patient with a very dilated heart the œdema increases in spite of a digitalis and milk *regime*, there is not a minute to lose, and the quantity of liquid absorbed must be diminished. Dr. Huchard prescribes in such cases one quart of water and one pint of milk mixed together and a wineglass given every one or two hours. From the first day the diuretic action is manifest, and increases for three or four days. In the meanwhile the patient eliminates large quantities of chlorides from the tissues, which, passing into the urine, bring with them the water which held them in solution, and thus the œdema disappears. This treatment thus becomes one of dechloridation.

A man, æt. 51, a heavy smoker, suffered from oppression for six months. The heart was hypertrophied, its point beating much beyond the nipple; the liver was enlarged and the legs much swollen. Milk diet was prescribed, but the condition of the patient became worse, œdema and dyspnœa increasing. A week later he was put on the restricted diet mentioned above, and one-tenth of a milligramme of digitalin was ordered daily, and an injection of gr. v of caffeine.

The first day the patient urinated only a pint, but the following days polyuria set in, he eliminating a great abundance of chlorides. In a fortnight the patient had lost twelve pounds in weight, while the oppression and the œdema had disappeared.

Another case was that of valvular disease of the heart. The man was æt. 38, and for the previous twelve months had suffered greatly from oppression. The heart, much dilated, revealed to auscultation a systolic bruit seated at both the mitral and tricuspid valves. The case was probably one of mitral organic insufficiency due to a former attack of rheumatism and tricuspid functional insufficiency from dilatation

of the right heart. The liver was very enlarged, and œdema was present at the base of both lungs and in the lower limbs.

The patient was treated by wet-cupping over the liver, milk diet and digitalin; the œdema increased, however, alarmingly, as did also the oppression. At this period the patient was put on a reduced quantity of liquid, as in the former case, and gr. x of theobromin was administered three times daily, and an injection of gr. v of caffeine. On the third day of this treatment the amount of urine eliminated was nearly two and a half quarts, and at the end of the eighth day the œdema had almost disappeared, and the liver had diminished in volume.

Sometimes, however, the results are not so brilliant. In certain patients, arrived at the extreme point of their cardiac affection, the heart and kidneys are no longer able to react, in spite of the remedies and reduction *regime* combined.

Such was the case of a patient, æt. 52, who suffered from a double aortic bruit; the ordinary treatment (digitalin, theobromin, milk), which had succeeded for months, had finally lost all effect. The liver was large and the legs greatly discended. The *regime* of restricted liquids was employed, but without the usual success. The diuresis being less than the quantity of liquid absorbed, acupuncture was performed in five or six places on each leg. The improvement was rapid and considerable; in a few days the patient was freed from the œdema, while all the other symptoms had also improved.

The reduction of liquids in diminishing the peripheric obstacles by the dehydration of the tissues constitutes a tonic, although indirect, to the heart. It does not act on the organ itself, but relieves its work. It can happen that the heart strengthened in this manner can be afterwards toned up directly by digitalis. An essential point, however, is to give small doses for fear that a too strong stimulation should produce immediate depression; one-tenth of a milligramme of digitalin during ten days is sufficient.

The conclusions of Dr. Huchard are as follows:—Reduction of liquids constitutes one of the most powerful weapons we possess to resuscitate or considerably improve patients who otherwise would succumb in a very few days.

The *regime* should be ordered thus:—The first day one quart of water and one pint of milk are prescribed. The second and third days, three pints of milk, and at the same time an injection of gr. v of caffeine. On the fourth and following days, the lacto-vegetarian diet without salt may be ordered, and gr. x of theobromin three times a day. From the first day the diuresis increases, and continues eight or ten days with rapid improvement in the condition of the patient. In patients whose limbs are greatly distended from the œdema, thus lessening the means of absorption, acupuncture is necessary before diuresis will set in.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 14th, 1904.

AT the Surgical Society's meeting Hr. Graser related a case of

TRAUMATIC RUPTURE OF THE LIVER.

The patient presented himself complaining of vague gastric symptoms, and examination showed the probability of a tumour. Nine weeks later the man came again, and now there was a distinct tumour in the region of the liver, which reached to the spine, and which could not be differentiated from the liver. Fluctuation could be felt. A large sarcoma that had melted down was suspected, but puncture showed greyish-yellow pus. The swelling was now incised, and a large cavity was found filled with pus and large balls, which proved to be pieces of liver. These were removed. The history now showed that a year and a half ago he had fallen from a shed on to his abdomen from a height of sixteen feet, and that he became unconscious after the fall. The liver injury must have taken place at this time. Apoplexy of the liver might have taken place, but the absence of symptoms of hæmorrhage was rather against this view. It was wonderful that such hæmorrhage had not taken place. There are also cases recorded in which with total rupture of the liver there had been no blood in the exudate, although bile was present. The veins were not so brittle as the liver substance, and they might give way later on after thrombosis had taken place. The great shock the patient suffered from the fall would also help to prevent hæmorrhage. As regarded the question of infection taking place nine months afterwards, we had to assume that it was hæmatogenous. There could be scarcely any doubt that the blood in the portal vein sometimes contained bacteria. Certainly toxins entered the blood from the intestinal canal, and in all probability bacteria also. The following case supported this view:—A young girl was operated on for purulent peritonitis without taking away the vermiform appendix. Fever set in, possibly from thrombosis of the mesenteric artery, and an abscess formed. Puncture always gave hepatic venous blood, and this was examined bacteriologically. It contained streptococci from the first, although none were found in blood from a vein in the arm.

The liver case gave no further trouble after the operation. It showed the risk of infection after such an injury to the liver.

Hr. Riese related a case of

GUNSHOT WOUND OF THE ABDOMEN,

and showed the patient.

A woman, æt. 26, was brought into hospital on June 3rd, 1903, with a gunshot wound in the abdomen. There were great anæmia and partial unconsciousness. The point of entrance was just under the costal arch on the left side. Operation was performed three hours after receipt of the injury. The opening in the anterior wall was closed by suture, as well as the exit opening. A wound in the spleen was tamponnaded, and one in the left lobe of the liver was united by suture, and a wound in the diaphragm was also closed by suture. The bullet was removed by Simon's incision. The twelfth rib was resected and the kidney, which was torn in two in the upper half, was tamponnaded. Recovery took place. The patient improved visibly, but on the sixth day infection of the surface wound took place, and a subphrenic abscess formed, and was emptied. Then the course was interrupted no further, except that a small fistula still remained posteriorly.

As regarded the treatment of hæmorrhage from the liver the speaker had always sutured, and with complete success. Catgut was the best material. He always drained in addition to the suture for the purpose of avoiding infection. In laceration of the liver tamponnade arrested the hæmorrhage more quickly.

Hr. Neugebauer spoke on the

SURGERY OF THE DIAPHRAGM,

and showed a case. A man had received a punctured wound in the left side. The mucous membrane of the stomach could be seen in the lower part of the wound.

Operation.—The anterior wall of the stomach was wounded, and a greater part of the stomach had passed into the pleural cavity, through a wound in the diaphragm, and had there emptied its contents. The wound in the stomach was closed by suture, the pleural cavity washed out, the stomach replaced, and the wound in the diaphragm, 4 cm. in length, closed by suture. On opening the peritoneum, no injury was seen on the posterior wall of the stomach. The case did well.

Such punctured wounds were rare in Germany, as knife thrusts were much rarer there than in the Roman countries. The overlooking of the passage of food into the pleural cavity always terminated in the death of the patient. The speaker had seen that in a case of gunshot wound of the stomach and diaphragm. It had been recommended by an Italian surgeon to always pass the finger over the diaphragm; but that was unnecessary, and it always carried with it the risk of pneumothorax, and, moreover, such a displacement might occasionally be overlooked. It was better and safer to open the abdomen and to operate transpleurally, if there was any injury. Such an operation gave good results. In hernia of the diaphragm the transpleural operation was also indicated, and not the trans-abdominal, as this had hitherto always been fatal.

Hr. Brentano showed a preparation of a

DOUBLE PERFORATION OF THE ABDOMINAL AORTA

from a gunshot wound, the patient surviving six days. The canal of the wound lay behind the peritoneum. When laparotomy was performed two hours after infliction of the injury, there was scarcely any blood in the abdomen. The next day the pulse was 144, and the patient improved slowly, but died suddenly on the seventh day. The autopsy showed an enormous quantity of blood in the bursa omentalis and in the mediastinum from double perforation of the aorta. The hæmorrhage had at first been prevented by the shock, only to come on when that passed off, and when stimulants were given.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 14th, 1904.

PRUSSIC AND PHOSPHORIC ACID VAPOURS.

AT the Physical Gesellschaft, Lehmann gave an account of his experiments on animals with the vapours of prussic and phosphoric acid, which, he affirmed, were in perfect accord with those of Wayschall and Yakote Prussic acid, when given in the strength of 0·03 to 0·04. per cent., has no effect on cats after four or five hours' exposure. As soon as the strength of the vapour is raised to 0·05 and the animal immersed in it for one hour and a half, grave symptoms appear, such as deep lung respirations, saliva running from the mouth, dilation of the pupils, cramp, and vomiting. If the animal is kept in this atmosphere for from two and a half to five hours, death ensues. If the strength of the vapour be raised to 0·12 or 0·15 per cent., death takes place within thirty minutes, accompanied by the foregoing symptoms. When calculating the amount of prussic acid necessary to destroy life, the dose is found to vary from 1 milligramme of the acid to 5 milligrammes per kilogramme of the animal. For man it is calculated that 60 milligrammes, or 0·8 to 1 milligramme per kilogramme of the subject would be a minimum lethal dose.

For phosphoric acid or PH_3, it is found that doses of 0·6 to 0·4 per cent. for a quarter of an hour leave the animal quiet and still. After twenty minutes' immersion the saliva is emitted from the mouth with vomiting, feebleness and unsteady movements, while half an hour is sufficient to produce death. If the animal be allowed to remain fifteen minutes in the saturated receptacle it would take the next two days in the open air to recover. He concluded this part of his inquiry by saying that PH_3 is ten times more fatal than had formerly been estimated, which he attributed to more exact observation in the experiments.

HÆMOGLOBIN IN THE MUSCLES.

Lehmann further gave the meeting the result of his experiments in estimating the amount of hæmoglobin in the muscles, which, he stated, was generally in proportion to the work performed by that organ; that the hæmoglobin contained in red muscle is twenty times greater than that contained in white, and that the cardiac muscle being the reddest in the body contained the greatest amount of hæmoglobin. This is not true in all animals, as the dog has the greatest amount in the muscles of the back, the calf in the diaphragm, which is also true of the fœtus. The full-grown cow is usually paler in the cardiac muscle than the diaphragmatic. The skin is five times less red than any of the other muscles.

ACTINOMYCOSIS OF THE LUNG.

Sternberg exhibited a few anatomical preparations which he had taken from the lung of a bricklayer's labourer, æt. 59, who was received into hospital December 30th, 1903. For several years past he had suffered from a slight cough, night sweats, and hæmoptysis. Four weeks before admission a swelling had been observed on the back, which was gradually increasing and diagnosed as a cold abscess that had been incised. On examining a piece of the tissue taken from the wall of the abscess, it was found to contain actinomycotic granulations. In the lung after death the typical actinomycotic glands were found. At the post-mortem, the whole of the left lung seemed to be involved, having the appearance of chronic induration after pneumonia. The pharynx and larynx, as well as the alimentary tract, were quite free as proved at the post-mortem, but in the left intercostal space near the spinal column the growth had made its way directly outwards, penetrating under the scapula and appearing at the acromion. This fistulous canal was found to contain a large quantity of actinomycotic pus and fungoid growths. Schrötter asked if he could account in any way for the etiology of the disease in this case, but Sternberg said he could not, as no ears of any vegetable matter could be found in the bronchi, vesicles, or lung tissue.

Nothnagel asked if a chronic pneumonia could not have existed for some time, and that later the foreign body be taken into the lung, where its growth would commence.

Sternberg replied that this would be very unlikely in a cirrhotic and hardened lung, as the actinomyces would have a very unfavourable media to extend. He further observed that the actinomyces usually avoids both in men and beasts localities which are hard or indurated.

LYMPHOID LEUCOCYTHÆMIA.

Reitter showed a boy, æt. 12, suffering from acute lymphoid leucocythæmia. Four weeks before reception in hospital, his mother observed reddish-blue spots on the body, while the boy appeared to be feverish. After admission, on February 1st, the gums began to bleed, with blood in the urine and continued fever. On the 5th the disease was diagnosed as morbus maculosi of Werlhofii, as the symptoms with enlarged spleen and all the glands conclusively proved. There

was pain on simple pressure on all the long bones, as well as the lymphatics. Examination of the blood was conclusive.

The Operating Theatres.

ST. PETER'S HOSPITAL FOR STONE, &c.

Enucleation of the Prostate and Suprapubic Lithotomy.—Mr. Swinford Edwards operated on a man, æt. about 67, who had had symptoms of urinary obstruction for the last two or three years, and now and then the patient had complained of pain on micturition, and he had at times seen a trace of blood. It was found that the quantity of residual urine amounted to about half a pint. When he had presented himself in the out-patient department he was sounded and a stone was felt. He was therefore admitted for further examination. Seeing that his symptoms were apparently more due to prostatic obstruction than to the presence of a vesical calculus, Mr. Edwards started by examining the bladder with the cystoscope, when he found the prostate bilaterally enlarged, the enlargement evidently being of the adenomatous type. In the posterior prostatic pouch was to be seen a calculus about the size of the ungual phalanx of the thumb. Mr. Edwards said that it would no doubt be quite easy to perform litholapaxy on this patient, but he would then only be removing the lesser of the two evils from which the patient was suffering. He therefore proposed to remove both the prostate and the stone by means of a supra-pubic cystotomy. The region had already been prepared in view of this eventuality, so, after having distended the bladder with about eight ounces of boracic solution, the usual incision was made above the pubes in the middle line; the recti muscles were rapidly separated. The finger having been passed into the præ-vesical space, the peritoneum was carefully pulled upwards and further distension of the bladder made through the inlying catheter. The anterior wall of the bladder being clearly seen, a knife was plunged into it, carefully avoiding one or two tortuous veins which were apparent on its surface. The finger having been passed into the bladder, the diagnosis made by the aid of the cystoscope was confirmed. The calculus was now removed and the operator proceeded to the enucleation of the prostate, which he carried out by the method initiated and so well described by his colleague, Mr. Freyer. No instrument other than the finger was used. The prostate, which was of about the size of a large Tangerine orange, was somewhat adherent to its sheath and required a considerable amount of muscular effort for its enucleation; in fact, the operator found that after he had freed the right side of the prostate by his right index he had to go round to the patient's left side and work on the left part of the prostate by means of his left index, as his right forefinger was almost benumbed through the effort of freeing the right side. The usual amount of hæmorrhage followed the removal of the prostate, but this seemed to yield readily to hot boric irrigation. A large red rubber drain an inch in diameter was inserted, and the skin wound brought together with a few silkworm-gut sutures. The catheter, of course, had been removed prior to the irrigation, another having been introduced for the last washing out. An examination of the enucleated prostate showed that it had been removed *en masse* with the prostatic urethra running through its centre. There was one adenomatous tumour the size of a large marble, which had evidently burst through the prostatic capsule. This had been removed separately during the operation. The bulk of the prostate showed that it was encased by the capsule over which in parts a few muscular fibres were to be discerned, showing, the operator thought, that this had been a true extra-capsular enucleation.

A week after the operation the patient was doing well. He had never really suffered from shock, nor had there been any particular rise of temperature. The urine had remained sweet, and the suprapubic wound, after the removal of the drain on the third day, looked healthy. It is expected that the patient's urine will begin to pass naturally in another week or ten days.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 18, 1904.

THE DEATH-RATE IN THE SOUTH AFRICAN MINES.

The question of the conditions of native labour in the Rand mines is to a great extent one that has to be decided on medical grounds. The average mortality of miners in the United Kingdom is known, and, weighed in the light of experience, can be appealed to as a standard. Moreover, we know how the percentage of deaths under former unwholesome conditions compares with that registered under modern sanitary control. With the advent of a proper system of ventilation and kindred hygienic measures the mortality from phthisis and other diseases was greatly reduced. Tatham's tables of occupation mortality in England and Wales for the three years 1890-92 give the comparative rates among males from twenty-five to sixty-five years of age. Taking the figures of average for all males at 1,000, we find that of the coal-miners 925, of the lead-miners 1,310, and of the tin-miners 1,409. In other words, while the coal-miners were rather under the average mortality rate, the lead-miners died at the rate of 1,310 to every 1,000 of the rest of the male population between twenty-five and sixty-five, and the tin-miners at the rate of 1,409. If we take the three classes together, we see that 3,644 miners die where 3,000 of all

males would have died. The excess of 644 does not by any means represent the excess of deaths over a wholesome occupation, but only that over the mortality of all occupations taken together, and therefore including such extremely unhealthy trades as that of file-makers, with a comparative rate of 1,810, of innkeepers with 1,642, of costermongers with 1,652, and of dock labourers with 1,829. If we take an average death-rate of 16 per 1,000 living, that of the three classes of miners works out roughly at 26. The figures among South African miners would naturally, under any circumstances, be somewhat higher, in view of the less advanced standards of public health attainable in a comparatively young Colony. That natural excess, if so it may be termed, is more than doubled among the natives employed in the Rand mines. According to the statement made in the House of Commons on the 11th instant by Mr. H. Lyttelton, the Colonial Secretary, the average in "the earlier months of 1903 was at the rate of 57 per 1,000," a figure that rose "during the whole year up to April to 66." These figures represent an appalling waste of human life. There are some 750,000 men employed in the mines. Let us take 30 per 1,000 as a high, but not unreasonable rate of mortality for that particular occupation, and we have an unnecessary mortality of more than double that figure. Mr. Lyttelton's estimate, moreover, appears to have understated the general facts. The *Daily News* of May 12th publishes certain statistics compiled by the Witwatersrand Native Labour Association that may well give pause to everyone concerned in the mine administration of South Africa. The figures for the twelve months of last year are given as follows :—

	No. of Deaths.	No. Employed.	Per 1,000 per annum.
January	287	49,506	69·48
February	207	52,472	47·28
March	252	56,218	53·76
April	255	59,280	53·64
May	447	62,502	85·80
June	523	64,454	97·32
July	629	66,662	130·16
August	503	68,228	88·44
September....	450	68,466	78·34
October.....	436	68,968	75·84
November....	503	69,311	87·00
December	520	68,841	90·60
Total	5,012	754,908	80·63

"The earlier months of the year" is a vague phrase, which might be applied to the first five months, for which the average was nearly 62 per 1,000. If we take the first six months, it was 67·76, and it rose, in the second half, to 88·88. In the individual month of July it reached the appalling figure of 113·16. Of the total no fewer than 3,003 deaths were due to pulmonary diseases; 583 deaths are ascribed to abdominal diseases; 400 to cerebro-spinal; enteric carried off 219 men; there were 205 fatal accidents, and four cases of suicide. Mr. Macfarlane, the general manager of the Native Labour Association, in his report to the Board of Management, enclosing the figures from which we quote, points out that "the death-rate is greatest during the first three months of their service. Since the beginning of the present year an experiment has been started by which inspectors have examined all incoming gangs, rejecting those unfit for mine work, and detaining for treatment natives temporarily unfit for work." From this report it would seem that the necessity of some elementary attention to the laws of health is at length being recognised. In conclusion, it need hardly be said that with the political aspects of the question we are not concerned. As a medical journal, however, we feel it a duty to draw public attention to a preventable mortality that constitutes nothing short of a disgrace to our boasted humanity and civilisation. The death-rate is in itself an unfailing indication of the standard of wholesomeness prevailing in any given mine. We do not hesitate to assert that the returns from the Rand mines are a blot upon the national escutcheon.

THE PROBLEM OF THE VAGRANT.

THE propagation of infectious disease by wandering and destitute individuals is a question which has long exercised the minds of sanitarians and legislators. During the last small-pox epidemic it was found that in many instances the disease was introduced into a town or village solely through the agency of some infected vagrant. These unfortunate waifs and strays will tramp for many miles in the hope of escaping detection and in search of some unmolested spot where they may obtain shelter for the night without fear of a peremptory order to "move on." The report which has recently been issued by Dr. Armstrong upon the relation of small-pox to vagrancy, based upon the returns of the provincial medical officers of health, plainly shows that the connection between the two is even more intimate than was at first supposed. The public press has lately called attention afresh to another danger to the community from the presence of the members of the "great unwashed" family in their midst, namely, the risk of contracting some contagious disease from the seats or grass upon which these filthily-dressed loungers have lain or sprawled. The return of warm weather not unnaturally attracts such individuals towards the great open spaces of the metropolis, where they may receive the bounties of Nature without let or hindrance. This method of airing themselves cannot be commended from a sanitary point of view. The presence of dirt in any shape or form is always obnoxious to lovers of decency and order, but when, in addition to its obtrusiveness it may harbour disease germs and parasitic organisms, its immediate removal then becomes a matter of necessity. The open forest and the desolate common-land doubtless afford good shelter to tramps and other homeless wanderers, and here the risks of infection to the community at large are almost infinitesimal It is otherwise, however, when the limited areas of the parks and public

gardens are daily contaminated by clothing of the filthiest description, and the seats are begrimed in a similar manner. Should the vagrant, by way of good luck, chance to earn a copper on the road, what is more natural than that he should enter the public room of a wayside inn, there to refresh his worn-out energies and possibly to discuss his adventures with other loafers of a like calibre? The whole party will probably meet together at a favourite "doss-house" or a casual ward later in the day, and in these ways it is quite conceivable that such an infectious disease as small-pox might be spread rapidly from town to town, and this is precisely what has happened in the past and is still going on to-day. But it is one thing to point out a public danger and another to suggest a remedy that shall be at the same time practical and efficient. The recommendations adopted by the Conference of Sanitary Authorities, convened by the London County Council in 1894, were most salutary, and had these been carried out to the full a great deal of trouble might have been prevented. A more thorough inspection of the casual wards and of the lodging-houses is urgently needed, and where cases of infectious disease present themselves powers of isolation and detention should be given to the authorities. Routine baths and systematic disinfection of clothing would also be most desirable, but, after all, vaccination and re-vaccination should be made compulsory upon all the inmates of lodging-houses and other places where the genus tramp is to be found. The matter is not simply one of violation of some sentimental idea of propriety, but it is one which vitally affects the public health. As Dr. Armstrong suggests, a second conference upon the subject would now be most opportune.

SCIENTIFIC RESEARCH IN RATE-SUPPORTED HOSPITALS.

A NOTABLE step was taken at a meeting of the Metropolitan Asylums Board at the end of last month; a step which it is much to be hoped may prove a precedent for many others in a similar direction. A resolution was submitted to the Board by the chairman of the Hospitals Committee asking that they should be empowered to sanction a series of investigations into the origin and nature of small-pox at the new Joyce Green Small-pox Hospital. Without dwelling on the unfortunate necessity for maintaining this enormous institution for the benefit of those who fail to protect themselves from small-pox by vaccination, or animadverting upon the abundance of clinical material likely to be available for the purposes of the investigations, one may say at once that the recognition, tardy though it be, of the benefit that will accrue to the community at large from properly-organised research in publicly-controlled hospitals is in every way to be commended. The exact nature of the proposal submitted to the Board was that an understanding arrived at meanwhile between the superintendent of the hospital and Dr. Martin, of the Lister Institute, should have the countenance of the Board, and that the two institutions should jointly take up the work of endeavouring to advance our knowledge about small-pox from the clinical and bacteriological sides respectively. The crux of the whole matter lay in the necessity entailed by such a scheme of the hospital being licensed under the Experiments on Animals Act. The experiments, it was pointed out, would consist entirely in inoculations, but the very idea of "vivisection" brought letters of protest from five metropolitan boards of guardians and heated speeches from their representatives on the Asylums Board. Happily the Board vindicated their reputation for common sense, and adopted the resolution in favour of the proposal. It is not to be expected that a specific cure for small-pox will be forthcoming immediately, nor that the cause of this obscure disease will emerge from the laboratory in six months' time to take its place in the hierarchy of germs, but it may confidently be anticipated that years of methodical and patient investigation, reflection and experiment will place us in a more favourable position with regard to dealing with the manifestations of variola, both in the community and in the individual. It is not unlikely that even our present antidote to small-pox infection, namely vaccination, will be superseded, and a method causing less inconvenience and opposition be substituted for it. The anti-vaccinators should, therefore, welcome the scheme warmly if they are amenable to rational considerations, but that this should be the case is hardly to be anticipated, as the "anti" mind may be trusted to oppose anything founded on pure reason. No doubt a great deal more will be heard of the licensing of Joyce Green for "vivisection," but we hope the Board will stick to their guns, and not pander to any ill-informed or ignorant clamour that may arise. It is lamentable to reflect that every year in rate-supported hospitals there are congregated masses of patients suffering from every kind of disease, who get well or die without any opportunity being afforded for their sufferings to benefit their fellows, or for the prevention of similar misfortunes to others. The rich stores of material presented by the large infirmaries and fever hospitals are not only almost wholly unworked, but are also unworkable under the prevailing conditions of constitution. It need hardly be pointed out that if the relief of human suffering be an object of these institutions, the organisation of research work into the nature and cause of the diseases that necessitate their existence is as beneficent a way of spending money as is the payment of their drug bill; whilst, especially in the case of fever hospitals, an outlay in research plant and salaries to investigators is the best investment for money that can be got; for it is not unduly optimistic to hold that all zymotic diseases are eventually preventable. The prime object of fever hospitals is to reduce the spread and prevalence of fevers, and if the

actual cases were used to the best advantage and studied by the best men with the best appliances, there would be reasonable hope that the number of candidates for admission to their wards would, in the near future, be sensibly reduced. The principle of applying public money to medical research is already recognised by the London County Council in its pathological department, and at the present day, when the desirability of expending money for objects a little way ahead is shown by the sums sunk in elementary and secondary education, is it too much to ask that a dole be given out of the public income to those who would save people from disease and death? But it is a day of small things—medically speaking. The enthusiast for the public health must be content with the crumbs that fall from the table. As it is, there are many eager and anxious workers who ask only for the opportunity for pursuing investigations, and do not demand salaries for doing so. The resolution of the Metropolitan Asylums Board to permit such investigations is a straw which shows which way the current of opinion is setting, and a straw for which we are deeply grateful. For it shows that people are becoming alive to their own best interests.

Notes on Current Topics.

Vegetarians as Soldiers.

IT is more than (vegetarian) human nature could stand to let the initial successes of the Japanese pass by without attributing their assumed superiority as soldiers to the fact that their diet is a non-fleshy one. The victories that they have gained hitherto have been due to their courage, endurance, and dash, which—so it is claimed—can be attained only by eschewing beef and mutton and eating roots and fruits. If the carnivorous Russians pick up and win eventually it will, of course, be due to causes other than their diet, which is at present as dead a weight on their constitutions as it is on their commissariat waggons. One would be loth to spoil the moral and unadorn the tale by pointing out that the Japanese eat eggs, and fish, and fowl—when they can get them. Every nation's diet is controlled by two factors, the products which their country is capable of turning out, and the price at which they can buy foreign commodities. A nation that can get fish and rice and eggs and fruit, and is, moreover, poor, naturally eats fish, rice, eggs and fruit, and might do much worse. That that nation also furnishes an army of capable and daring soldiers is not to be wondered at if its individuals are capable and daring in themselves. The absence of "Maconochie's rations" from their commissariat shows nothing more than that they either do not know of Maconochie (which is absurd), or that they can get cheaper and better food nearer home. But is the reason not further to seek? We know from statements recently made by certain anti-vaccinators that Japan is a badly vaccinated country. Is not their success due to their not having their blood contaminated by the putrifying juice of diseased calves? It is at least as likely, and Russian failure may possibly be claimed by some vegetarians as an obscure effect of flesh nutrition.

The Nocturnal Restraint of Infants.

MECHANICAL restraint, especially at a tender age, is rightly condemned as being an unjustifiable method of dealing with a superabundance of animal spirits, whether natural or pathological. That kind of restraint is always deeply resented by a child, to whom it appeals often more strongly than the infliction of bodily pain. In the restless violence exhibited by the insane adult some form of restraint becomes almost a matter of necessity, but even here the horrors which its mechanical application recalls have rendered its employment largely a thing of the past. The instability of the child's nervous system, while predisposing to outbursts of excitement, is the chief factor which causes such disturbances to be of only short duration. There are many other conditions, however, which contribute towards nocturnal restlessness in infancy and early childhood. Among these, rickets must hold the first place, for in this complaint there is often considerable difficulty in keeping the child covered over at night, or even in preventing it from falling out of its cot. The constitutional treatment of the disease itself and careful attention to the dietary both make for the natural disappearance of this troublesome symptom. The timely administration of a chloral draught, or a bromide mixture, may save the child from developing habits of restlessness and tossing themselves about at night. If morbid sensations from the skin, such as severe itching, threaten to destroy an infant's rest, or it is feared that actual harm may be done to the cutaneous lesions by scratching, the hands may be wrapped up in cotton wool. Any approach towards actual tying-up is generally most undesirable, and this practice should certainly not be tolerated in the children's wards of hospitals. That fatalities may arise in this way has, unfortunately, been proved by the recent death of a two-year-old infant in the Halifax Workhouse Hospital from accidental hanging.

A Study of Advertisements.

AN energetic writer, who believes that he can find "sermons in stones and good in everthing," contributes to one of our contemporaries the results of a scrutiny of the advertisements which have reached him by post during a period of twelve months. As most of us have probably been in receipt of the same advertisements, but have disposed of them with little consideration to the waste-paper basket, it may be interesting to note some of his observations. The total number of packets received was three hundred, of which a little more than half came from Great Britain. Of the remainder the United States sent fifty, and Germany and France thirty-five and thirty-four respectively. The total weight avoirdupois amounted to fifty-seven and a half pounds, and the

postage was just under twenty shillings. The samples received were very various, and ranged from mineral water to baby's bottles, and from whisky to soap. One of the commonest forms of advertisement, as all of us must have noticed, and one of the least useless is the writing pad. Attention is drawn to the enormous flood of bogus medical journals which reach us from America, the sole purpose of their existence being to push some nostrum or other. We have often wondered what inducement there is to pester orthodox medical men in this way, as surely but very few take any notice of such persuasion, Assuming that the writer has not received more than the usual number of advertisements which fall to the lot of every medical man in these countries, then on a moderate calculation there must be spent on advertisements of this kind, directed to the medical profession alone, a sum of fifty to a hundred thousand pounds per annum. The Post Office, apart from all intrinsic cost and cost of packing, draws a revenue of thirty thousand pounds from this class of postal packet alone.

Interchange of Medical Teachers.

EVERYONE must have noticed the constantly increasing intimacy which appears among men of science in our times, and is not limited by either racial or geographical boundaries. In its essence, science was always cosmopolitan and catholic, but its catholicity was somewhat obscured by the partial views taken by its worshippers. Nowadays this state of things is passing away, and as a sign of the change one welcomes the growing custom in schools of learning of inviting distinguished men from other schools to deliver courses of lectures. America has taken the lead in this direction, and the different medical schools in the States have obtained for themselves the advantage of the instruction at first hand of many of the best-known teachers and investigators in Europe. For example, Professor Ehrlich has just finished a course of lectures at the Johns Hopkins Hospital on the subject in regard to which his name is world-famed, and Professor Sherrington is about to pay a visit to Yale. Conversely, it is only a year or two ago since Professor Welch of Johns Hopkins delivered a valuable series of lectures in London, and many other instances might be mentioned. In like manner it is now usual to entrust the delivery of an inaugural address to a distinguished visitor rather than to one of the teachers at the school where the address is to be given. No one can doubt that the spirit of which these instances are signs is one of good import for the furtherance of science. The living voice and the spoken word incite with enthusiasm where the written page fails, and the better understanding arising from personal acquaintance tends to do away with the petty jealousies which have hampered progress in the past. President Eliot, of Harvard, while noticing these facts, makes the suggestion that an interchange of professors might be made from time to time between seats of learning, so that, for a period of some months or more, students might be brought under the influence of strangers. We fear that this plan is hardly quite practicable, though we entirely recognise the stimulating effect of an infusion of fresh ideas and methods of instruction into the routine of medical study.

Post-Graduate Work in Dublin.

NOT content with the innovations to which we have recently drawn attention, such as the inauguration of service classes and the establishment of a degree in dental surgery, the University of Dublin is making a further progressive step in arranging for a regular post-graduate course of study in various subjects. The particulars are not yet published, but it is understood that the first course, which will last three weeks, will begin about the middle of June. Lectures or demonstrations wil be given in medicine, surgery, physiology, pathology, gynæcology, and anatomy. The instruction given will be systematic, as well as clinical and practical. Among the subjects treated in lectures on medicine will be "The Treatment of Typhoid Fever" and "Diseases of the Stomach," by Drs. Bewley and Parsons, while Dr. Wallace Beatty will give demonstrations on diseases of the skin. In surgery, in addition to courses in clinical and operative surgery, particularly of the alimentary and uro-genital systems, given by Mr. Gordon and Mr. Edward Taylor, special courses will be given by Mr. Swanzy on the surgery of the eye, and by Mr. Woods on the surgery of the throat and ear. In gynæcology, Dr. Ernest Tweedy will have at his disposal the great mass of clinical material at the Rotunda Hospital, of which he is Master. Professors O'Sullivan, Thompson, and Dixon have charge of the courses in pathology, physiology, and anatomy respectively. We understand that those taking the course will be provided with rooms in Trinity College, and will be allowed to dine in commons.

A Medical X-Ray "Burn" Case.

THE case of Smith *v.* Pare, tried in King's Bench last week, hardly redounds to the credit of the plaintiff. Dr. Cloete Smith brought an action to recover fees for professional services and damages for assault from Mr. Pare. He had been applied to by the defendant to treat his wife with high frequency electrical treatment, and used X-ray treatment without being authorised to do so, and thereby inflicted a serious X-ray burn upon the patient. Mr. Pare admittedly assaulted the plaintiff. It seems that his wife was under Mr. Huxley, the surgeon, for some eight or nine years, and that some four years ago Sir Victor Horsley operated upon her for a condition that might recur. Last year Mrs. Pare became very ill, and Mr. Huxley advised her to have the open-air cure at St. Leonard's. Her husband saw a circular issued by or on behalf of Dr. Cloete Smith, and applied for advice to Sir Victor Horsley as to the advisability of trying the high frequency treatment. The latter said it would probably do no good and could no no harm, but no mention was made to him of X-ray treatment. Sir Victor Horsley expressed

himself very strongly in the witness-box as to the extensive Röntgen - ray dermatitis. In his opinion "no reasonably intelligent medical man could have anticipated any beneficial result from the treatment in question." The jury found that Dr. Smith's treatment was improper, negligent, and unskilful, and while they awarded him two pounds for the assault they found a verdict for £100 in favour of the defendant's counter-claim. At this time of day it would be impossible to defend either the deliberate or the accidental production of a deep focus-tube burn.

The London Street Ambulance Scheme.

THE new scheme for the provision of an adequate street ambulance system for the metropolis has been duly laid before the London County Council by a powerful representative deputation. Dr. Arthur James, the originator of the movement, is to be congratulated upon its recent developments. Briefly stated, the essence of the new proposal is to graft the ambulance service upon the Fire Brigade organisation already existing under the control of the Council. Dr. James, in explaining his views, stated that there was no intention of putting more work on the present Fire Brigade staff, but rather that a sufficient number of men, horses, and ambulances to deal with the 15,000 casualties requiring removal each year should be added to the Fire Brigade, and these extra men be practised in fire drill, so that they could be used for fire work if required in the event of any unusual emergency. It would not be necessary to place ambulances at all the ninety fire stations, but only in about thirty of them. To begin with, an addition of two men, one horse, and one ambulance to each selected station would be enough, as most of them already had sufficient accommodation for this increase, and only a few stations would require enlarging. Questioned as to cost, he said that it must be obvious to everyone that there would be enormous saving of expense in utilising the Fire Brigade machinery, &c., and that experience of other cities proved that this could be done with actual advantage to each service, and that no inconvenience arose from using Fire Brigade telephones for ambulance purposes also. It is to be hoped that a progressive body like the London County Council will rise to the occasion. and, whether the combination of the ambulance and the Fire Brigade services be considered feasible or otherwise, they will see to it that Londoners are henceforth provided with a practical and scientific system for the necessary carriage of sick and injured citizens.

The Temperature in Head Injuries.

THE existence of a special heat centre or centres in the brain is now universally acknowledged. The exact manner in which these cells preside over the mechanism of heat-production is not yet perfectly understood, but there can be no doubt that some are inhibitory in function, while others exercise a restraining influence. Disturbance of the brain substance from gross cerebral lesions, especially hæmorrhage into its various parts, is prone to give rise to considerable alterations in the bodily temperature. This may be absolute, or it may be more marked on one side of the body. In cerebral hæmorrhage the temperature usually falls at first, and the depression may continue until death, or, after twenty-four hours, it may rise slightly along with the inflammatory changes that often set in in the immediate neighbourhood of the extravasation. Post-mortem elevations of temperature are common. When the hæmorrhage occurs in the pons or medulla an initial rise of 104°, or more, is not infrequent. Should the temperature remain persistently high the prognosis is, in almost all cases, bad, even if unaccompanied by other grave symptoms. The study of temperature in relation to head injuries is most interesting, as it assists in throwing some light upon the subject of thermotaxis. Thus, in concussion of the brain, the rectal temperature is generally lowered, and there is no difference observed between the surface temperature of the two sides of the body. In cerebral compression, on the other hand, hyperpyrexia may be observed with the increase in intra-cranial pressure, and, as a rule, the surface temperature is raised on that side of the body opposite to the lesion. Fracture of the skull is almost invariably accompanied by concussion or compression, or both, but, as Mr. McAdam Eccles has stated, the prognosis is always bad if the temperature rushes up through five or six degrees within a few hours of the time of injury.

The Therapeutics of Music.

IN a County Court case last week there was a dispute about a certain musical instrument called a "polyphone," and in the course of the evidence it was alleged that the doctor had prescribed a course of melody from this equivocally named construction to soothe the brain of a delirious child. From the report of the proceedings it does not appear whether the desired result was attained, but knowing the partiality of the gutter urchin for the polyphonic discords of the street barrel-organ, it may be surmised that, as the strains of the instrument in question could scarcely be less harmonious than those of his favourite street-piano, and might certainly be much more so, the little one's mind might have been soothed where a more musicianly patient would only have been incited to wilder struggles. Since the days of Tubal Cain music has been highly esteemed by the sick for its calming and sedative action on the nervous system, but its position in the therapeutical gamut has never been decided authoritatively. We all know its alleged power over the savage breast, and if the myth of Orpheus be founde d on any substratum of fact, over wild beasts also, but we do not yet employ it, as David did with Saul, as an hypnotic. That it may have a sphere of usefulness in such a direction may quite well be the case, but hitherto the difficulty of getting any portable instrument into the sick-

room, except the dulcet but not very powerful musical-box, has, perhaps, been one of the greatest obstacles in the way. The late Mr. Abingdon Baird had a beautiful automatic orchestra fitted up at his seat at Newmarket, and he found its music very conducive to sleep when over-tired or excited. With the progress of mechanical aids to the production of good music, such as the pianola and the pianotist, it may be that it will be possible in the near future to use good automatic instruments in the bedroom to produce lullabies and sleeping-songs, whose influence on the patient will be as effective as bromides and sulphonal, but without their after-effects. The polyphone may be a step in this direction; but one hardly imagines it is the final one.

Domestic Animals and Infection.

CONSIDERED as fomites, there can be little doubt that many of the domestic animals play an important part in the dissemination of infectious disease. Parasitic disorders, especially ringworm, are not seldom conveyed through the medium of cats and dogs. When it is remembered that feline visitors to the nursery commonly remain as playmates, it is a wonder that children do not catch more diseases from them, seeing that these furry creatures are hugged and petted. Fur is a good absorber of odours and dirt of all kinds, including, of course, the ubiquitous microbe which may happen to be pathogenic or not. Numerous instances have arisen where in otherwise inexplicable outbreaks of tricophytic disease the infection has been traced, upon careful investigation, to a household pet. In obscure cases of suspected ringworm of the body, the diagnosis may sometimes be cleared up by examination of any domestic animal with which the patient has had to do. With regard to zymotic disorders, the danger is even greater. Even the common cold in the head may be propagated through an entire household by means of an innocent cat who has been fondled and breathed upon by one individual who is suffering therefrom. Worse than this is the possibility of the transmission of diphtheria, or any of the acute exanthemata by a domestic animal, not that they may necessarily be affected themselves, but on account of the infection clinging to their coats. As Sir James Crichton-Browne has said, "Even when a cat coughs, it is well to take care!" To show what little importance the majority of people attach to this question, it may be mentioned that these animals have been seen nestling up against a small-pox patient and rubbing against the pustules in a most affectionate manner Had they not been disinfected, they might have been responsible for an extensive outbreak of the disease. Other domestic animals also may be sources of danger to human beings unless special precautions be taken.

Cicatrices Treated by Thiosinamin.

THERE are no more troublesome conditions to treat than those caused by the contraction of scar-tissue. When the skin or subcutaneous tissues have been destroyed by burns, or large areas have been removed by operation, the cicatrices that result invariably contract, and frequently lead, in spite of all treatment, to unsightly deformities or permanently useless limbs. The methods usually adopted to combat such contractions are massage and exercises, but when the scar is large and deep they are seldom of much avail. No drug treatment has hitherto been of the slightest use, and one finds it difficult to imagine how any medicine can be. Within the last few months, however, from Germany come reports from medical men of standing reporting favourably of a body named thiosinamin (allyl-thio-urea), prepared by heating under pressure an alcoholic solution of mustard with ammonia. This drug is said to have the property of softening cicatricial tissue, and of thus rendering it more supple and pliable. On what this property depends seems to be a matter of doubt, but after trials in the hands of a good many practitioners, promising and gratifying effects have shown themselves. The drug is administered in an alcoholic solution by subcutaneous injection, and after some weeks the scar-tissue is found to yield readily to exercise and traction. The exhibition of the drug must be accompanied by active and passive movements, but when once the pliability of the tissue has been established there does not seem to be much tendency to relapse. So far no long time has elapsed since restoration of function has taken place, but two cases of Dupuytren's contraction treated in June last remained cured eight months after treatment had ceased. Lengemann, who reported these cases, has since had a patient whose thumb had become useless in consequence of the contraction of a scar after an accident, and this has yielded equally well to thiosinamin and exercises. A still more significant result was obtained by Hartz who had a case of cicatricial contraction of the pylorus, in which gastro-enterostomy seemed to offer the only chance of cure. The patient objected to operation, and Hartz tried thiosinamin without much hope of success. To his surprise, after twenty-three injections all the symptoms disappeared. The credentials of this drug seem good enough to warrant a trial of its properties in this country.

Medicine as a Diplomatic Instrument.

SCIENCE has no native land, and it is the boast of medicine that it knows no distinction of class, creed, or race. All are welcome to its benefits, and the world is its country. For this reason the honest and disinterested practice of medicine has done, and can do, more to bring into play that touch of nature which makes the whole world kin than all the forces of law or of arms. Thus, too, is it with diplomacy. Two nations have opposing interests, and their rulers are doing their best to reconcile them and avert appeal to force. The way is beset with difficulties, till illness occurs; the doctor enters, and all is settled informally.

The attitude of the present Ameer of Afghanistan is the most anxious problem of the moment for the rulers of India, and they would probably do anything consistent with their dignity to gain his good-will and place him under an obligation. The opportunity has come most unexpectedly. In the middle of April the Ameer was out shooting, when his gun burst and his left hand was severely injured. Suppuration set in, and the local Afghan surgeons do not seem to have been skilled in the use of antiseptics. His Highness suffered much pain, and could get but little sleep, so, in despair, he sent to Lord Curzon for surgical help. The Viceroy replied by despatching his own medical attendant, Major Bird, who found an abscess in the palm, and promptly opened it. The relief afforded by this operation was immense, and the Ameer had the first sleep after it that he had enjoyed for many nights. He is now filled with gratitude to his benefactor and the Government who sent him, and one may confidently assume that negotiations will be far easier, and his obligations to this country greatly strengthened by this little incident. Major Bird may not receive any great recognition for his services, but his surgical skill has probably done more to cement our relations with Afghanistan than an expedition of a hundred thousand soldiers could have accomplished.

Military Patients in Workhouse Hospitals.

THE Chief Secretary, in answering a question of Mr. Farrell in the House of Commons on the evening of the 9th instant, said that "there was no obligation on the part of Poor-law guardians to admit military patients to workhouse hospitals. He was informed by the War Department that in all instances where arrangements were made with the local authorities for the reception of infectious cases, occurring among troops or their families, the charges agreed upon for their maintenance were defrayed by the department." To this we may remark that if the military authorities remove troops from all the garrison towns of the provinces in which they have made no provision for the treatment of infectious diseases and in which the local authorities refuse to admit any individual wearing the uniform of his Majesty, the local authorities would soon find that the taxpayers of the affected towns would quickly change the *personnel* of the board of guardians.

A Millionaire's Quackery.

THE death of a Newcastle millionaire, Mr. George Handyside, recalls a curious side of his character. His fortune was founded mainly in his business as a boot and shoe manufacturer. Part, however, of the completed fabric of his million of money was gained from the sale of a "cure for consumption," a preparation of his own devising, which was vended over the greater part of the Kingdom in a famous painted van. It is sad to think of the pyramids of false hopes that must have been piled up by that quack enterprise. There is little compensation to be found in the fact that the owner of that vampire van bequeathed £100,000 to hospitals and charities. Scientific medical men who devote their whole lives to research in the interests of their fellows are often constrained to live and die in the grip of poverty. Were a tithe of their abilities to be expended in the unworthy design of preying on the ignorance of the community, they might readily exchange the meagre purse of honesty for the gilded halls and splendour of the patent medicine proprietor. Contrast the moderate means of Koch, the immortal discoverer of the specific organism of consumption, with the million obtained, more or less, from the sale of a quack cure for the same disease. Fortunes are being made every day—directly or indirectly—by unqualified persons out of the brains of medical men.

The Antivivisection Hospital.

THE existence of a sick hospital that did not profit by the discoveries due to experiments on the lower animals would, in the opinion of ninety-nine out of a hundred medical men, be an impossibility. To found a hospital on the basis of antivivisection, therefore, is to kick away the ladder which has rendered the position available. These facts may be commended to the notice of the Antivivisection Hospital at Battersea, London, of which it is announced in the *Daily News* of May 10th :—"This hospital represents a principle : First, that the torture of animals is unjustifiable in the interests of science. Secondly, that experiments on animals have led to experiments on human beings, and that vivisection is absolutely useless for the cure or alleviation of disease and suffering. Thirdly, that these experiments have had the poor and defenceless for their victims, have taken place in hospitals supported by the charity of the public, and have retarded real progress." This proclamation stigmatises the medical men attached to the other hospitals as hopelessly brutal to their fellows and to the lower animals. Only within the walls of the antivivisection hospital will suffering humanity be safe, and there they will be exposed only to the essays of the electrical ward, fitted up with every modern requisite to carry out what is clearly the most actively and aggressively experimental of all therapeutic methods. Following another great example, a fitting motto for the institution would be : "Consistency, Battersea."

District Nurses in Ireland.

IT is just twelve months since Lady Dudley, wife of the Lord Lieutenant of Ireland, made a public appeal for funds to establish district nurses in the poorest parts of Ireland. A generous response ensued, with the result that nine nurses have been established during the year, and the report of the first year's work encourages to further effort. All the nurses employed belong to the Queen Victoria's Jubilee Institute, and in addition to full medical and surgical training, have had special training in district nursing. Those sent to agri-

agricultural districts hold also certificates in midwifery. The Central Committee, in deciding on the districts to which nurses were to be despatched, were aided by the advice of the local doctor and priest, who had in most cases already appealed for assistance. Where possible a local subscription was raised to help in bearing the expenses, and the Committee held their hand until they were satisfied that the locality had done its utmost. In some of the very poorest districts, of course, no local effort was possible, and the central body had to bear all expenses. The advantage to the poor of a country, where medical aid is scanty and distant, of having the assistance in times of sickness and childbirth of a competent nurse is hard to over-rate, and her educational influence on the people is of primary importance. No one knows her value more than the country doctor, whose toil she shares, and whose responsibility she relieves. We turn with some interest to the estimation of the expense of maintaining a nurse in agricultural districts, and we find that the average amount is £110 a year. It is worthy of note that this sum, while by no means too large to secure the services of a woman of skill and trust, is higher than the average salary of the Poor-law medical officer, and this, too, in districts where private practice is entirely absent.

The Bellevue Hospital.

THE proposed Bellevue Hospital, which is about to be undertaken by the city of New York, will be by far the largest hospital in the world. It will take ten years to build, and its cost is estimated at eleven million dollars. This does not include an electric light plant which will cost one million dollars, nor the expenditure necessary in buying up and clearing the site, and filling in a portion of the East River. The building will occupy ground now covered by three whole blocks and, when complete, will consist of twelve pavilions. In the middle will be a large dome, in which accommodation for the resident staff will be provided. The number of residents is naturally large, and the house room at their disposal at present exceedingly narrow. Forty-three physicians have to fit themselves into sixteen rooms. The wards are, of course, equally crowded, as, on an average, 125 patients are admitted each day. With the amount of work that this number of patients entails, it is no wonder that the health of the house officers has been very unsatisfactory, and that many of them have fallen victims to tuberculosis.

PERSONAL.

SIR GEORGE HARE PHILIPSON, M.D.Cantab., M.D. Durh., D.C.L., LL.D., has been elected president of the Newcastle Royal Infirmary.

DR. BARR will preside at the next meeting of the Otological Society of the United Kingdom, to be held at the Glasgow University on Saturday, May 21st.

THE Harveian Oration will be delivered on Tuesday, June 21st, by Dr. Richard Caton, at the Royal College of Physicians of London, Pall Mall East, at 4 p.m.

DR. J. C. WILSON, of Philadelphia, will preside at the twenty-first annual meeting of the American Climatological Association, which will be held in that city on June 2nd, 3rd, and 4th.

AT a meeting of the Court of Governors of St. Bartholomew's Hospital, held on April 28th, Dr. Morley Fletcher, M.A., M.D.Camb., F.R.C.P.Lond., was elected Assistant Physician to the hospital.

DR. JOSEPH O'CARROLL has been elected President of the Leinster Branch of the British Medical Association, and Sir Thomas Miles has been nominated as President-Elect.

MR. CHANCE, F.R.C.S., Vice-President of the Royal College of Surgeons in Ireland, has been nominated for the Presidency of the College for the ensuing year, and Mr. Swanzy for the Vice-Presidency.

WE regret to hear that Sir Francis Lovell has had a bad spill from a rickshaw at Singapore. He is well known as the Dean of the London School of Tropical Medicine, in whose behalf he is travelling in the East.

DR. CLIFFORD ALLBUTT, F.R.S., Regius Professor of Physic at the University of Cambridge, on the 10th inst. opened the new Dispensary at Leeds, an institution said to be one of the finest of its kind in existence.

LIEUTENANT-COLONEL J. G. MACNEECE, Royal Army Medical Corps, now stationed in Dublin, has been appointed Principal Medical Officer on the Dublin District Staff, vice Lieutenant-Colonel G. A. Hughes, D.S.O.

AN International Congress on School Hygiene was opened at Nuremberg on April 5th by Prince Ludwig Ferdinand of Bavaria. All the European States were represented, and Japan also sent a delegate. The Congress lasted four days.

PROFESSOR HYSLOP, of Columbia University, has announced that a hospital for the hypnotic treatment of diseases will shortly be established at New York. A well-known millionaire has agreed to give a large sum of money for this purpose.

HIS GRACE THE DUKE OF ARGYLL, P.C., K.T., G.C.M.G., G.C.V.O., &c., will preside at the festival dinner of the Royal Waterloo Hospital for Children and Women, to be held on Monday, June 20th next, at 8 p.m., in the new rooms at the Savoy Hotel.

A MEETING of the Ambidextral Culture Society will be held in the rooms of the Medical Society, Chandos Street, Cavendish Square, W., to-day (Wednesday) at 5 p.m., when a lecture on Ambidexterity from the Medical Point of View will be delivered by Dr. James Shaw.

THE Medical Society of London held a *conversazione* at their rooms, 11 Chandos Street, W., on Monday last. A reception by the President took place at 8.30 p.m., and at 8.45 Sir Isambard Owen delivered an oration on "The Future Prospects of Medical Education in London."

THE Right Hon. Chas. Scott Dickson, K.C., M.P., Lord Advocate for Scotland, will preside at the dinner of the Glasgow University Club, London, to be held on Friday, June 3rd, 1904, at the Café Royal, Regent Street. Applications for tickets should be made to the Hon. Secretary, 63 Harley Street, W.

AT a general monthly meeting of the members of the Royal Institution, held on May 9th, the Duke of Northumberland, K.G., President, who was in the chair, announced that he had nominated Sir Felix

Semon and Sir James Crichton-Browne (treasurer), among others, Vice-presidents for the ensuing year.

THE annual dinner of the Indian Medical Service will be held at the Café Monico, Piccadilly Circus, on Thursday, June 9th, at 7.45 o'clock, under the chairmanship of Surgeon-General Sir Colvin Colvin-Smith, K.C.B. Officers who intend to be present should communicate with the Hon. Secretary, Lieutenant-Colonel P. J. Freyer, 46 Harley Street, W.

A MEETING of the Sociological Society was held in the School of Economics and Political Science (University of London), Clare Market, W.C., on Monday, May 16th, at 5 p.m., at which a paper on "Æugenics: Its Definition, Scope, and Aims," was read by Mr. Francis Galton, D.C.L., Sc.D., F.R.S. The chair was taken by Professor Karl Pearson, F.R.S.

A GENERAL meeting of the Epidemiological Society will be held at 5 p.m. to-day (Wednesday), at 20 Hanover Square, W., when an address will be delivered by Sir Dyce Duckworth, M.D., LL.D., F.R.C.P., entitled, "Some Observations on British Winter Resorts." The annual dinner will take place later in the evening at the Criterion Restaurant, Piccadilly, at 7.30 p.m.

MR. HOWARD MARSH, F.R.C.S., Professor of Surgery in the University of Cambridge, will deliver the Hunterian Lecture in the theatre of St. George's Hospital Medical School, at 8.30 p.m., on the 25th inst. The subjects announced are (*a*) "Intermittent Hydrops of the Joints"; (*b*) "The Influence of Growth on Deformities." All members of the profession are specially invited to this lecture by the Dean of the Medical School.

WE do not often have the pleasure of congratulating members of our own profession on reaching high ecclesiastical dignity, though, if we mistake not, medical men have before now sat on the Episcopal Bench. The Rev. Francis Clarke, who has just been appointed Archdeacon of Elphin, is a graduate in Medicine of Dublin University, and practised for many years in Drogheda before taking holy orders. We believe his medical neighbours still sometimes seek his advice in consultation.

THE late Sir Henry Thompson, Bart., left an estate of the value of £226,298 gross, and £223,748 net. He stated that he had written and compiled a work which he had designated "My Personal Recollections," the same being in manuscript and unpublished, and he gave it to his trustees, to retain for ten years after his death and not to divulge the contents or any part thereof during that period, and then to cause the same to be printed and published by some London firm of publishers, taking steps to secure the copyright.

CENTRAL MIDWIVES BOARD.—IMPORTANT IRISH BUSINESS.

AT a meeting of the Central Midwives Board, held on April 28th and adjourned to May 11th, the following business was transacted:—

Present on April 28th: Dr. Champneys, Mr. J. Ward Cousins, Dr. Cullingworth, Mr. J. H. Johnstone, M.P., Miss Paget, Dr. Sinclair, Miss Wilson, Mr. E. Parker Young. Present on May 11th: Dr. Champneys, Miss Paget, Dr. Sinclair, Miss Wilson, Mr. E. Parker Young.

Dr. Champneys was re-elected Chairman for the ensuing year. Mr. J. H. Johnstone, M.P., was re-elected Hon. Treasurer.

Letters were read from the secretary of the Rotunda Hospital, Dublin, the general secretary of the Royal Academy of Medicine in Ireland, the Master of the Coombe Hospital, Dublin, and Dr. Byers, Physician to the Incorporated Belfast Maternity Hospital, asking the Board to reconsider its decision as to an alteration of its rules, so as to allow pupil-midwives trained in the chartered maternity hospitals of Ireland to be placed on the same footing as candidates for the examination of the Board producing the certificates prescribed by Forms III and IV in the Schedule to the Rules of the Board. *Resolved*, that it is desirable to reconsider the Rules, so far as regards the application contained in the letters now read.

It was moved and seconded:—"That in lieu of the certificates of personal attendance upon twenty cases the Board may, if they think fit, accept the certificates of the master or senior medical officer of a hospital or institution where midwives are trained that the candidate has attended the course of training prescribed for pupil-midwives for the period and in accordance with the regulations in force in such hospitals or institutions. All applications for the recognition of such certificates must be made by the master or senior medical officer of the hospital or institution applying, and must be accompanied by a statement of the regulations for the time being in force, and of any special circumstances which prevent candidates trained in such hospitals or institutions from producing the ordinary certificates required by the Board." On a division there voted, for the motion, 3; against the motion, 5. The motion was accordingly lost. The further consideration of the matter was then adjourned to May 26th.

After consideration of applications for certificates, the names of 1,037 women were passed under Section 2 of the Act, and ordered for entry on the roll. The following table shows the separate numbers of the various qualifications at present appearing on the roll:

Royal College of Physicians of Ireland	1
Obstetrical Society of London	1,213
Rotunda Hospital	55
Coombe Hospital	23
Queen Charlotte's Hospital	73
Liverpool Lying-in Hospital	20
British Lying-in Hospital	3
Glasgow Maternity Hospital	39
St. Mary's Hospital, Manchester	78
Manchester Maternity Hospital	1
City of London Lying-in Hospital	7
Royal Maternity Hospital, Edinburgh	6
Salvation Army Maternity Hospital	4
National Maternity Hospital, Dublin	1
Women in *bona fide* practice, July, 1901	2,928
Total enrolled	4,452

Resolved, that it is desirable to appoint an inspector to visit and report on institutions applying for recognition of certificates or approval as training schools, in cases where it so appears advisable to the Board.

The consideration of the scheme of examinations to be instituted by the Board was further proceeded with, and adjourned.

Special Correspondence.

[FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

EDINBURGH.—MEDICAL OFFICER'S ANNUAL HEALTH REPORT.—The death-rate for 1903 was 15·15 per 1,000 (excluding "country deaths," *i.e.*, of persons temporarily resident in the medical institutions of the city), this being the lowest figure yet reached. The infantile death-rate, that is, the proportion of deaths under one year to 1,000 births, was 117, as compared with 119, 143, and 132 in the preceding triennium. The zymotic death-rate was 1·13 per 1,000, slightly below the average of the past five years. One of five cases of small-pox occurring in 1903 proved fatal. Measles accounted for 91 deaths, or ·27 per mille—considerably less than the average. Scarlet fever has been more prevalent than in former years with a corresponding excess of deaths. Whooping cough was very prevalent during 1903, and caused 148 deaths, as compared with 97, 284, 58, and 192

in the four previous years. These figures indicate a diennial epidemicity, there being a markedly increased mortality every second year. The city was practically free from typhus fever during the year, and the mortality from typhoid (22) is the least recorded. The low mortality was not due to diminished prevalence of the disease, but to the fact that 214 out of the 237 cases were treated in the fever hospital, where the conditions were much more favourable than in the houses of most patients. The death-rate at hospital was only 7 per cent., whilst among cases treated at home it was 26 per cent. Tuberculous diseases were responsible for 698 deaths, 467 being due to phthisis. Of the latter 34 per cent. occurred in houses under £10 rental, 26 per cent. in houses from £10 to £15; 15 per cent. in houses from £15 to £20; and 17 per cent. in houses above £20. Deaths from diseases of the respiratory organs amounted to 759 of which bronchitis and pneumonia accounted for 693. The suicides, amounting to 40 (25 males and 15 females), were above the average. The method employed was:—Firearms, 5 cases; cut throat, 7; drowning, 5; hanging, 5; poison, 11; other methods, 7. The poisons taken were:—Laudanum in 6 cases; carbolic acid, 2; arsenic, 1; oxalic acid, 1; chloral, 1. Discussing the distribution of infectious diseases throughout the city, Sir Henry Littlejohn speaks in sanguine terms of the gradual but continuous process of extermination which typhoid fever is undergoing. This he ascribes to general sanitary improvements, to the prevention of outbreaks arising from milk supplies, and to hospital isolation. Diphtheria, on the other hand, is on the increase, an increase which is not wholly due to improved diagnosis. While it is a disease associated with new property and the well to do classes, typhoid is the corresponding disease connected with old houses and the poorer districts. Only the first four cases of the present epidemic of small-pox came within the scope of this report; they are all directly traceable to the original focus at the Talla waterworks, and the difficulty in dealing with them is due to the class among whom they occur—navvies inhabiting common lodging houses. Two epidemics of scarlet fever occurred, one in February, which was clearly traced to an infected dairy, and in which 76 persons took the disease within four weeks. It is Sir Henry Littlejohn's experience that a striking feature of scarlet fever outbreaks caused by milk is the large number of adults affected; when this occurs suspicion is at once directed to the milk supply. In the second outbreak no cause was found; it was probably due to school infection. The whole report, which is replete with statistical material, both in the form of tables and charts, is well worthy of perusal and a credit to the energetic medical officer of health, whose years rest so lightly on him.

THE LATE DR. WILLIAM KNOX, EDINBURGH.—Dr. William Knox, who died on May 4th, in his 91st year, was a lineal descendant of the Rev. William Knox, the first Protestant minister of Cockpen, and a brother of the great reformer. Dr. Knox, who lived a somewhat retired life, was not well known to the general community, but had high intellectual gifts, which he retained to the last. His likeness to the best authentic portraits of John Knox, both as regards features and beard, was very striking.

BELFAST.

MEDICAL GOLF MATCH.—The silver challenge cup recently presented to the Ulster Medical Society by Professor Lindsay, to be competed for by the golfing members of the Society, has been won by Dr. H. Bailie, of Belfast. The match, which excited much interest, was played at the links of the Malone Golf Club, though it is intended to play on different links each year. The preliminary competition by strokes resulted in the survival of eight gentlemen, whose scores were as follows:—Dr. Thomas Houston, 97—24, 73; Dr. J. E. White, 88—12, 76; Dr. W. Monypeny, 99—22, 77; Dr. H. Bailie, 88—10, 78; Mr. Robert Campbell, 102—24, 78; Dr. J. E. MacIlwaine, 102—22, 80; Professor Lorraine Smith, 100—20, 80; Dr. Gardner Robb, 97—16, 81. In the next round MacIlwaine beat Campbell, Lorraine Smith beat Robb, White beat Monypeny (absent), and Bailie beat Houston. In the tie semi-final MacIlwaine beat Lorraine Smith, and Bailie beat White, and in the final Bailie beat MacIlwaine by four up and two to play.

Correspondence.

[We do not hold ourselves responsible for the opinion of our correspondents]

PALMAM QUI MERUIT FERAT.—A PROTEST.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It appears to me that very few words will suffice to dispose of "Ignoramus"—my old "friend the enemy."

He says, "Lister perceived that to prevent septic processes in wounds, it would be necessary to destroy the germs of putrefaction and fermentation in wounds, and to prevent their entry." I commend to him the perusal of Lister's addresses at Berlin and Liverpool. In the former Lister confessed his shame at having invented the spray; he showed how it could not possibly have had the effect he had intended, and stated that the "germs in the atmosphere might be totally disregarded." At Liverpool he further explained himself by saying that it was the *grosser forms* of septic mischief rather than microbes in the attenuated condition in which they existed in the atmosphere that we had to dread in surgical practice. Has "Ignoramus," like Rip van Winkle, been asleep all these years?

"Ignoramus" cavils at my statistics. Perhaps it may interest him, with his peculiar views as to "septically polluted atmospheres," to know that during the three and a half years in which I was doing those ninety operations, the mortality on the antiseptic side of the hospital was very considerable.

"Ignoramus'" memory does play him false when he attributes to me the denial of the existence of "germs" (synonymous with microbes, bacilli, bacteria, cocci). The difference between us is that I put a totally different construction on their effects from his.

His view of what is scientific is represented by the celebrated definition of orthodoxy and heterodoxy. Is it scientific (how this word is misapplied!) to say that germs *produce* disease, but antiscientific to say that they are the *product* of disease? (What a difference the substitution of one letter of the alphabet produces!)

"Ignoramus" will find it difficult to establish his position.

I am, Sir, yours truly,

GEO. GRANVILLE BANTOCK.

April 29th, 1904.

[This letter was held over last week through pressure on space.—ED.]

THE VALUE OF ETHYL CHLORIDE IN DISLOCATIONS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Might I be allowed to correct a mistake your correspondent has made in his synopsis of my paper on "Ethyl Chloride," read before a meeting of the Ulster Medical Society, and published on pages 473-4 of THE MEDICAL PRESS AND CIRCULAR, of May 4th? He has stated (or perhaps it was a printer's error) that I had used this anæsthetic three times for reducing a dislocated shoulder, each time unsuccessfully. As a matter of fact, I had *marked success* in the three cases. The men were aged respectively 54, 58, and 28, and I noted in my paper that it was worthy of report that in the youngest man an unsuccessful attempt had been made to reduce the dislocation under nitrous oxide the evening before I gave ethyl chloride. I have found that relaxation of the muscles is frequent in adults, but that muscular spasm results sometimes

even when the anæsthetic is pushed till corneal reflex is abolished.

Thanking you for publishing a synopsis of my paper,

I am, Sir, yours truly,

VICTOR G. L. FIELDEN.

Belfast, May 12th, 1904.

VERMIN IN CHILDREN'S HEADS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of this morning you have a note on vermin in children's heads. In it you say "a periodical survey of the heads should be made by a medical officer." It may interest you to know that some years ago I wrote to the *School Board Journal*, and made the same suggestion. The answer I received was that it would be too great an interference with the liberty of the subject. I trust you may succeed where I failed, and get this disgrace and danger looked after.

I am, Sir, yours truly,

V. R. H. STEWART,

Aural Surgeon, Great Northern Central Hospital.

42 Devonshire Street, Portland Place, W.

May 11th, 1904.

Obituary.

DR. WILLIAM O'NEILL.

WE regret to announce the death of Dr. William O'Neill, of Mitchelstown, co. Cork, at the patriarchal age of ninety years. He belonged to a family of physicians, and his earliest experience of medical practice was acquired in the dreadful epidemic of typhus and famine fevers that followed on the failure of the potato crop in the forties. Having obtained the degree of M.D. of the Edinburgh University in 1842, he then went for a couple of sessions to walk the Paris hospitals, and enjoyed the benefits of the clinical teaching of Louis and Dupuytren. On his return to Ireland, he found himself, under the care of his father, Dr. Eugene O'Neill, introduced to practice—fever practice in the cabins of the dense population of the neighbourhood, where the remaining years of his long life were to be spent. When the Poor law system was introduced his was one of the earliest appointments, and for many years he was a dispensary medical officer of the Mitchelstown district, and afterwards medical officer of the workhouse. He resigned this latter appointment on the Jubilee anniversary of his entrance into the medical profession, some twelve years ago. And it may be said with confidence that during his medical career, extending over three score odd years, his conduct reflected credit on himself and upheld the honourable traditions of the ancient family to which he belonged.

MR. ADRIAN HOPE.

WE regret to announce the death of Mr. Adrian Hope, which occurred on the 12th inst. at St. Thomas's Hospital, after an operation for appendicitis. A son of the late Colonel W. Hope, V.C., he entered the Bank of England, but ill-health necessitated his leaving, and he went out as private secretary to the late Sir James Longden, G.C.M.G., then Governor of Ceylon. Returning soon afterwards, he accepted the secretaryship of the Hospital for Sick Children, Great Ormond Street. It seems difficult to realise that when that institution was founded, largely by the efforts of the late Earl of Shaftesbury, in 1851, there was not a single children's hospital, not in London alone, but in all Great Britain. A start was made in Great Ormond Street with twenty beds.

RICHARD SISLEY, M.D.Lond., M.R.C.P.

THE death is announced of Dr. Richard Sisley, M.D., of Saunton Braunton, North Devon, formerly practising in London, which occurred at Florence, at the age of 47. Receiving his education at the medical school of St. George's Hospital, at Guy's, at University College, and at King's College, London, he was admitted a Licentiate of the Royal College of Physicians, London, and of the Society of Apothecaries in 1880, after having taken honours in botany at the University of London in 1876, and in organic chemistry in 1879. In 1882 he was house physician at St. George's Hospital; in 1883 took honours in medicine at the London University, graduating M.B.; and the following year was admitted a member of the Royal College of Physicians, London. From 1885 till 1887 he was curator of the museum at St. George's Hospital, and, taking his M.D. degree in 1888, from 1888 till 1890 medical registrar. He received the M.D. degree in State medicine in 1892. Dr. Sisley, who was a member of the Medical and Epidemiological Societies, was the author of several works on epidemic influenza.

WILLIAM KNOX, M.D.Edin., L.R.C.S.

DR. WILLIAM KNOX, who died on the 4th inst., was a lineal descendant of the Rev. William Knox, the first Protestant minister of Cockpen, and a brother of the great reformer. His father was Major Knox, of the Royal Artillery, who died many years ago, while stationed at Leith Fort. Born on February 3rd, 1814, the deceased doctor had attained the age of ninety years and three months. Living a somewhat retired life, he was not well known to the general community, but he had strong mental powers, which he retained to the last. His likeness to the reformer, as shown by the best known portrait, both as regards features and beard, was very striking. Dr. Knox graduated M.D. of Edinburgh University in 1839, and became L.R.C.S. Edin. in 1842.

MR. P. J. HAYES, M.D.R.U.I., F.R.C.S.E.

WE much regret to record the death of Mr. P. J. Hayes, a former surgeon to the Mater Misericordiæ Hospital in Dublin, which occurred at his residen e at Blackrock during the past week. Mr. Hayes had a long and distinguished career. In 1859 he obtained the licence of the Royal College of Surgeons in Ireland, and in 1860 the licence of the Royal College of Physicians of Edinburgh. In 1879 he was made a Fellow of the Edinburgh College of Surgeons, and in 1885 he became an M.D. and an honorary M.Ch. of the Royal University of Ireland. Mr. Hayes had held many appointments, chief amongst which were the Consulting Surgeoncy to St. Michael's Hospital, Kingstown, and to St. Joseph's Hospital for Sick Children; Visiting Surgeon to St. Patrick's College, Maynooth; Senior Surgeon to the Mater Misericordiæ Hospital; Fellow and Examiner in Surgery to the Royal University of Ireland; and Professor of Surgery in the Medical School of the Catholic University School of Medicine. His contributions to medical literature were mostly made in the form of articles in the medical press, and were numerous and important. A couple of years ago Mr. Hayes' health commenced to break down, and to the extreme regret of a large circle of friends he was obliged to relinquish his different appointments. A short time afterwards he gave up his residence in Merrion Square and retired from practice.

Literature.

CROCKER OF DISEASES ON THE SKIN. (a)

THE appearance of a third edition of Crocker's well-known treatise marks an era in the progress of British dermatology. During the present generation, especially during its latter half, the study of diseases of the skin has undergone an immense development. The great principle of asepsis and the discoveries of bacteriology have profoundly influenced the attitude of the modern worker in the field of therapeutic dermatology. The author presented to his readers a faithful picture of a subject that, in spite of vast progress, still lacks the generalisations that must one day come to lighten the pathway of the learner. With that

(a) "Diseases of the Skin: their Description, Pathology, Diagnosis and Treatment." By H. Radcliffe Crocker. M.D.Lond., F.R.C.P. Third Edition. In 2 vols., large 8vo, price 28s. net. London: H. K. Lewis.

reservation in view, the student will find in this book perhaps the most trustworthy guide in the English language to the complex subject of diseases of the skin. Under the heading of "Treatment" the Rōntgen rays are mentioned as being useful in lupus, epithelioma, coccygenic sycosis, and in epilation; but we venture to think that the list given does not do justice to the efficacy of this new agent in many chronic skin affections. Then, again, the "high frequency" electrical current is discussed in a few lines. The success claimed by various observers for the value of this form of treatment by Freund, d'Arsonval, and Oudin, in eczema, psoriasis, tertiary syphilides, and various ulcerations, suggests that a powerful therapeutic agency has been thereby placed in our hands. The author, however, has omitted little that is essential in his comprehensive account of modern methods, and has been careful in most instances to give the name of the inventor or discoverer of any special agency. The classification of skin diseases has always been the despair of dermatologists, and it is possible to hope for a really scientific solution of that difficult problem in a future when scientific workers have penetrated the many obscurities of etiology and of pathology with which they are at present confronted. Dr. Croker accepts the position and adopts the system of Hebra, which applies the general principles of pathology to skin diseases, and makes a convenient if arbitrary division of the subject into nine classes, namely, (1) disorders of secretion; (2) hyperæmias; (3) exudations; (4) hæmorrhages; (5) hypertrophies; (6) atrophies; (7) new growths; (8) neuroses; (9) parasites. There is no need to cavil at this classification, or to point out that symptomatically a single malady might with more or less justice be placed under various of the foregoing subdivisions. Take the rash of small-pox, which is a specific inflammatory lesion dependent on some unknown factor, probably a specific pathogenic organism. In a scientific classification the place of small-pox would probably fall under that of specific bacterial infections. As etiology advances the value of symptomatic manifestations decreases. The scabies parasite causes papules, vesicles, pustules, and sometimes scars, results that tally with those of small-pox. It is not unreasonable to imagine that the ultimate cause of small-pox may be just as definite as that of scabies. In some future edition of Dr. Crocker's book it is not impossible that some generalising mind, either his own or that of some fellow-worker, will enable him to set forth the long-sought plan of a full and adequate classification. Some day, in other words, dermatologists will be able to see the wood instead of the leaves, and will desert the old tradition that scientific dermatology consists in the minute description and differentiation of morbid conditions of the skin. For the descriptive part of the book we have nothing but praise. Some excellent coloured plates have been added, and among the other new illustrations is an extremely good and clear picture of the various forms of ringworm fungus. We find no mention, by the way, of calcium chloride in the treatment of pruritus. The remedy has been so much vaunted that one would have expected a note upon its action, real or alleged. This book is valuable as a reference to all medical practitioners, as it is, of course, essential to all who make a special study of diseases of the skin.

DIVINE HYGIENE. (a)

THIS ponderous work bears testimony to remarkable industry and much painstaking research. It is truly monumental, and as a work of reference will doubtless prove of considerable service. Many minds will probably find a peculiar attractiveness in the study of these pages. But, judged from the standpoint of the modern scientist and considered in the light of recent Biblical research and medical investigation, Dr. Rattray's volumes can scarcely claim a right to serious consideration.

The title, we fear, must be considered unfortunate, but it aptly expresses the attitude of the author. Dr. Rattray would seem to be a true believer in the verbal inspiration of the Scriptures, and seems to consider the medico-hygienic matters presented in the Bible as "given in the very words of Jehovah." Serious controversy with an author who adopts this view, is of course, impossible. But while the author's material is wearisome in its abundance, and his manner of exposition peculiarly irritating to a mind trained in the science of logic and cognisant of the results of modern hygienic study, much of his material is rich in suggestiveness, and his descriptions of Israelitic hygiene and sanitation of the Mosaic code full of interest. We commend these volumes to the study of patient, unprejudiced physicians, who need a pastime for dutyless days. The ordinary practitioner busy with the material interests of his mundane life will, we fear, find but little direction for a sanitation fitted for to-day in these remarkable volumes.

(a) "Divine Hygiene: or the Sanitary Science and Sanitation of the Sacred Scriptures and Mosaic Code." By Alexander Rattray, M.D.Edin. With Map and Plans. In two volumes; pp. xvi-655 and viii-748. London: James Nisbet & Co., Ltd. 1903. Price 32s.

INFECTION AND IMMUNITY. (a)

THIS excellent work is one of the latest additions to the valuable "Progressive Science Series," edited by Mr. F. E. Beddard and Professor J. McK. Cattell. Dr. Sternberg has addressed himself to non-medical readers, but we have no hesitation in saying that the book will be of much service to many busy practitioners desirous of keeping abreast with the results of modern methods of research. As far as possible, technical terms are avoided, but the chief points connected with infection and immunity are succinctly but accurately presented. Discussion of theories has been wisely avoided, and very judiciously no attempt is made to give an account of the results of recent investigations with reference to "antitoxins," "agglutinens," "precipitens," "bacteriolysms," and the like, and, as we quite agree, Ehrlich's "side-chain theory" does not "seem suitable for popular treatment." In the second part of the work descriptions of the more important infectious diseases are given. Much historical matter of considerable interest is presented, and, as might be expected, statistical returns of the United States are largely quoted. It would have been well if Dr. Sternberg had associated himself with an English editor who could have incorporated facts and figures representing British experience. The work has been well planned and excellently executed, and may be commended to the careful consideration of both laymen and medicals.

(a) "Infection and Immunity, with Special Reference to the Prevention of Infectious Diseases." By George M. Sternberg, M.D., LL.D., Surgeon-General U.S. Army (Retired). Pp. 193, and 12 figs. London: John Murray 1903. Price 6s. net.

Medical News.

Medico-Psychological Association of Great Britain and Ireland.

THE next general or quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland will be held in London to-day (Wednesday), under the presidency of Dr. Ernest W. White, at the Langham Hotel, at 4 p.m. The following papers will be read:—"Quantitative and Qualitative Leucocyte Observations in Various Forms of Insanity," by Dr. Lewis C. Bruce, Physician Superintendent, and Dr. A. E. M. Peebles, Assistant Physician, Perth District Asylum, Murthly; "A Statistical Note on the Social Causes of Alcoholism," by Dr. W. C. Sullivan; "The Psychology of Hallucinations, with diagrammatic illustrations," by Dr. W. H. B. Stoddart; "Notes of a Case of Combined Spinal Degeneration with Unusual Mental Symptoms with microscopical sections of the cord," by Dr. J. Kennedy Will. The members will afterwards dine together at 6.30 p.m. at the Café Monico.

The Plague.

The plague returns from Johannesburg up to May 14th show that 11 whites and 77 coloured persons have died of the disease, and that 24 whites and 114 coloured persons have either been proved or have been suspected to be suffering from plague. The following telegram from the Officer Administering the Government of Mauritius has been received at the Colonial Office :—"No case of plague for the week ending May 12th."

The Royal University of Ireland.

AT the examinations in the Faculty of Medicine, Spring, 1904, the following exhibitions and honours have been awarded by the Senate at the undermentioned examinations respectively :—

The Second Examination in Medicine. Exhibition—First Class, £25.—James B. Butler. *Second Class.*—James A. Shorten.

Honours—First Class.—James B. Butler. *Second Class.*—James A. Shorten.

Upper Pass.—John A. Black, Cecil R. Crymble, Charles H. Harbinson, John F. Neary, James J. O'Neill, Maria Rowan.

The Third Examination in Medicine. Exhibition—First Class, £30.—William A. M'Kee, B.A.

Honours—First Class.—William A. M'Kee, B.A., *Second Class.*—None.

Upper Pass.—John L. Dunlop, Maurice P. Scanlon.

The M.B., B.Ch., B.A.O. Degrees Examination. Exhibitions—First Class, £40.—William M. Crofton, B.A. *Second Class*, £25.—Thomas Lyle.

Honours.—First Class.—Wm. M. Crofton, B.A., Thos. Lyle. *Second Class.*—None.

Upper Pass.—Ernest Clements, Percival T. Crymble, Hugh P. Devlin, Marie E. Hayes, Richard G. Meredith, Samuel Stockman.

The Senate of the University met on Thursday last, May 12th, when the Secretaries reported the death of George Johnston Allman, LL.D., D.Sc., F.R.S. The following resolution was then passed unanimously :—"The Senate desire to express their deep regret at the death of Dr. Allman, who has been a member of their body from the foundation of the University; and they wish to place on record their sense of the great benefits which the University has derived from Dr. Allman's scientific attainments and wide educational experience, his strict integrity and his devotion to the interests of the University for so many years."

The reports of the examiners upon the recent spring medical examinations were considered and honours and exhibitions awarded.

It was resolved that the degree of D.Sc. be conferred *Honoris Causâ* upon Sir William Crookes, F.R.S., and upon Professor James Dewar, F.R.S.

Hospital Sunday Fund.

ON May 10th a meeting of the Council of the Hospital Sunday Fund was held at the Mansion House, under the presidency of the Lord Mayor. A letter was read from Mr. George Herring, of Hamilton Place, Piccadilly, stating that he was willing, as on previous occasions, to give either £10,000 to the fund or to add one quarter to the amount collected in places of worship on June 12th, limiting this to a collection not exceeding £100,000. He made that offer, as he feared that the demands of the charitable for building, &c., might deprive many deserving hospitals of part of their present income and so compel the closing of some of the wards. Sir Edmund Currie stated that Mr. Herring in the past five years had contributed in all £53,000 towards the fund, namely, £10,000 a year for three years, and subsequently sums of £11,000 and £12,000, representing a quarter of the amounts collected in churches and chapels on Hospital Sunday. Prebendary Ridgeway proposed a cordial vote of thanks to Mr. Herring, and the Council accepted his proposition to add one quarter to the collections in places of worship.

THE fifty-fifth annual meeting of the American Medical Association will be held in Atlantic City, New Jersey, on June 7th, 8th, 9th, and 10th.

The Chemists Exhibition.

THE tenth annual exhibition organised by our energetic contemporary the *British and Colonial Druggist*, was held at Argyll Street, London, from Monday to Friday last week. The "show" was more than usually successful, and was crowded daily. A diagnostic (electric) lamp was shown by Messrs. Christy. The new elements, radium, polonium and thorium, were shown by Mr. Martindale, the emanation of which is being tried, on the recommendation of Mr. F. Soddy, as a cure for phthisis. A recent anæsthetic, somnoform, was shown by Messrs. de Trey and Co.; and a powerful germicide for internal use, acetozone, by Messrs. Parke, Davis, and Co. Some additions, among them "rénine," are made to the sale of medicinal waters, and much is claimed for the new Anturic-bath salts, for the cure or amelioration of gout. A striking attraction of the Photographic Section was the exhibit of Messrs. Johnson and Sons—crystals of chloride of gold weighing 620 ounces and worth £1,305, and crystallised nitrate of silver valued at £34. The editor and the staff of the *British and Colonial Druggist* may be congratulated on the brilliant success of their tenth public appear-.ɐacn

Registration of Nurses in America.

A BILL for the registration of trained nurses, with the title of "R.N.," has been introduced into the State Legislature of Maryland.

Pasteurism in the United States.

THE Pasteur method for the treatment of persons bitten by dogs has been recently employed for the first time in the State of Philadelphia.

The Bellevue Hospital, New York

THIS institution, we learn, is to be rebuilt by the City on a magnificent scale. It is estimated that the total cost may amount to no less than £2,800,000. When finished it will accommodate 2,500 patients, and quarters will be provided for more than 100 resident physicians and surgeons.

PASS LISTS.

University of Durham.

DEGREES in Medicine and Surgery were conferred on the following candidates who had previously passed the various examinations :—

Doctor in Medicine.—Charles Fisher, M.B., B.S., Durh., Robert Bond Greaves, M.B., B.S., Durh., Laurence McNabb, M.B., B.S., B.Hy., D.P.H., Durh., Maurice Frederick Squire, M.B., B.S., Durh., Marmaduke Cordeux Wetherell, M.B., B.S., Durh.

Doctor in Medicine for Practitioners of Fifteen Years' Standing. — John Bradford, L.R.C.P.E., L.F.P.S.G., Myer Akiba Dutch, L.R.C.S.I. L.K.Q.C.P.I., D.P.H., George Belben Flux, M.R.C.S., L.R.C.P., Harold Hendley, M.R.C.S., L.R.C.P., L.S.A., Alfred Hooper, M.R.C.S., L.S.A., Alan Rigden M.R.C.S., L.R.C.P., William Swanson Sprent, L.R.C.S.I., L.K.Q.C.P.I.

Bachelor in Medicine (*M.B.*).—Thomas Engelhart Amyot, Robert Story Brown, Herbert Christal, Edgar Fletcher Edmunds, Arthur Henry Fullerton, William Gibbons, Albert James Gilbertson, Walter Haward, W. G. T. Hepplewhite, Leonard Montgomery Markham, L.D.S., William John Phillips, B.Sc., Mary Raw, Frederick William Ritson, Constance Charlotte Robertson, John Malcolm Shaw, Fred Stoker, Otho Boyle Travers, William Frank Wilson, Hermann Wolfe.

Bachelor in Surgery (*B.S.*).—Thomas Engelhart Amyot, Robert Story Brown, Herbert Christal, Edgar Fletcher Edmunds, William Gibbons, Albert James Gilbertson, Chella Mary Hankin, M.B., Walter Haward, W. G. T. Hepplewhite, Leonard Montgomery Markham, L.D.S., William John Phillips, B.Sc., Mary Raw, Frederick William Ritson, Constance Charlotte Robertson, John Malcolm Shaw, Fred Stoker, Otho Boyle Travers, William Frank Wilson, Hermann Wolfe.

Bachelor in Hygiene (*B.Hy.*).—William Edwin Peacock, M.D., B.S., D.P.H. Durh., Robert Stobo, M.B., C.M. Glasg.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive Signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES OR LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

THE DOCTOR'S TELEPHONE.

The following impromptu is sent us as a souvenir of the recent dinner of Old Corkonians in London:

'Tis the ring of the telephone bell,
The doctor he knows it well!
They say "'Tis laid on in ——,
To signal each funeral knell."

'Tis the ring of the telephone bell,
Some horrible news to tell,
And he has had many a sell
By a call from a telephone bell.

'Tis the ring of the telephone bell,
Helter-skelter, pell-mell!
Was ever a sound so fell
As the tinkle of telephone bell? H. M. J.

SCOTUS.—The idea of treating acute rheumatism by salicin first occurred to the late Dr. T. J. Maclagan in November, 1874. His famous paper on the subject was published in the *Lancet*, March 4th, 1876. We are glad to see that the appreciative obituary notice published by THE MEDICAL PRESS AND CIRCULAR has been quoted by the Editor of the *Nineteenth Century* under the title "Dr. Maclagan and his Great Work" (see May number of the present year). Maclagan was one of our great men.

MALTA.—The L.M.S. of Bombay is a registrable diploma by the English General Medical Council. The American University degree mentioned is, however, not so recognised.

HASTINGS.—The insect bites are not those of "fleas," as they would not be found in the open near the sea front. They are probably due to some species of ant.

H. PRESTON.—(1) The influenza bacilli are exceedingly minute, single non-capsulated rods. They stain with carbol fuchsine and with carbol methylene blue, but not by Gram's method. (2) Yes, it is a rational method to spray the nostrils and pharynx with an antiseptic solution.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MAY 18th.

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY (20 Hanover Square, W.).—5 p.m. General Meeting. Election of Officers and Council for the Year commencing October, 1904. 5.30 p.m. Address:—Sir Dyce Duckworth: Some Observations on British Winter Resorts. 7.30 p.m. Annual Dinner at the Criterion Restaurant, Piccadilly. Followed by a Smoking Concert.

ROYAL MICROSCOPICAL SOCIETY (20 Hanover Square, W.).—8 p.m. Exhibition of Flower Seeds under Microscopes:—Mr. C. Beck. Paper:—Mr. E. M. Nelson: Note on Grayson's Rullngs.

AMBIDEXTRAL CULTURE SOCIETY (Medical Society Rooms, 11 Chandos Street, Cavendish Square, W.). 5 p.m. Paper:—Dr. J. Shaw: Ambidexterity from the Medical Point of View.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street W.C.).—4 p.m. Mr. A. H. Tubby: Clinique. (Surgical.) 5.15 p.m. Mr. W. Stuart-Low: Aural Sepsis, its Pathology and Treatment.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND (Langham Hotel).—4 p.m. Quarterly Meeting.

THURSDAY, MAY 19th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. H. L. Barnard: The Principles of Abdominal Diagnosis.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. J. E. Squire: Differential Diagnosis of Pulmonary Lesions (Illustrated by Cases). (Post-Graduate Course.)

FRIDAY, MAY 20th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. P. R. W. de Santi: Clinique. (Ear.)

SATURDAY MAY 21ST.

OTOLOGICAL SOCIETY OF THE UNITED KINGDOM (Glasgow University).—10.30 a.m. Meeting.

Vacancies.

Bradford Royal Infirmary.—Dispensary Surgeon. Salary £100 per annum, with board and residence. Applications to William Maw, Secretary.

Ebbw Vale Workmen's Medical Fund.—Assistant Medical Officer at Beaufort, and Assistant Medical Officer at Victoria. Salary £200 per annum. Applications to Dr. Keith Campbell, The Lyncombes, Ebbw Vale.

Finchley Urban District.—Medical Officer of Health. Salary £200 per annum. Applications to E. H. Lister, Clerk to the Council, Council Offices, Church End, Finchley.

Glasgow Parish Council.—Medical Officer, Barnhill Poor House, Springburn. Salary £250 per annum, rising ultimately to £350, with board and lodging. Applications to Jas. R. Motion, Inspector and Clerk, Parish Council Chambers, 266 George Street, Glasgow.

Lanark County Council.—Assistant Medical Officer of Health. Salary £140 per annum, with travelling expenses. Applications to the County Medical Officer, Hamilton, N.B.

The Leeds Public Dispensary.—Junior Resident Medical Officer Salary £100 per annum, with board and lodging. Applications immediately to the Secretary of the Faculty, Public Dispensary, North Street, Leeds.

Royal College of Surgeons of England.—Election of Professors and Lecturers. Applications to S. Forrest Cowell, Secretary.

South Devon and East Cornwall Hospital, Plymouth.—House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to P. J. Langdon, Secretary.

Valkenberg Asylum, near Cape Town.—Assistant Medical Officer. Salary £250 per annum, with free board, lodging, and washing. Applications to the Agent-General for the Cape of Good Hope, 100 Victoria Street, London, S.W.

West Suffolk General Hospital, Bury St. Edmunds.—House Surgeon. Salary £100 per annum, with board and lodging. Applications to the Secretary.

Westminster General Dispensary.—Resident Medical Officer. Salary £120 per annum, with rooms, gas, coal, and attendance. Applications to the Secretary, 9 Gerrard Street, Soho.

York County Hospital.—House Physician. Salary £100 per annum, with board, residence, and washing. Applications immediately to Fredk. Neden, Secretary and Manager.

York Dispensary.—Resident Medical Officer. Salary £120 a year, with board, lodging, and attendance. Applications immediately to W. Draper, Esq., De Grey House, York.

Appointments.

BEVAN, ARTHUR, M.D.Lond., M.R.C.S.Eng., L.R.C.P.Lond., Anæsthetist to St. Thomas's Hospital.

BROWN, A. T. F., M.S.Durh., Certifying Surgeon under the Factory Act for the Chatham District of the County of Kent.

DINGLE, C. V., M.D.Durh., Medical Officer to the Tees Port Sanitary Authority.

FLETCHER, H. MORLEY, M.D., F.R.C.P.Lond., Assistant Physician to St. Bartholomew's Hospital.

HORNER, W. E. L., M.D., B.S.Lond., M.R.C.S., L.R.C.P.Lond., Medical Officer of Health to the United Urban District of Wolstanton, Stoke-on-Trent.

KENNEDY, A. J., L.S.A., Certifying Surgeon under the Factory Act for the Shepley District of the County of York.

LEE, W. H., M.R.C.S., L.R.C.P.Lond., Medical Officer to the new Isolation Hospital at Morton, Yorkshire.

MACGREGOR, D. A., M.B., M.S.Edin., Certifying Surgeon under the Factory Act for the Denby Dale District of the County of York.

REED, J., M.B., M.S.Aberd., Certifying Surgeon under the Factory Act for the Portsoy District of the County of Banff.

ROBERTSHAW, W. M., M.B., M.S.Edin., Certifying Surgeon under the Factory Act for the Stocksbridge District of the County of York.

SHAW, W. F., M.B., Ch.B.Vict., Resident Medical Officer to St. Mary's Hospital for Women and Children, Manchester.

SMITH, ENID MARIAN, M.B., B.S.Lond., Senior House Surgeon at the Victoria Hospital, Hull.

TIVY, CECIL B. F., M.B., B.Ch., B.A.O.R.U.I., Assistant House Surgeon to the Staffordshire General Infirmary, Stafford.

Births.

BRIERLEY.—On May 12th, at 7 Dumfries Place, Cardiff, the wife of Edward Edelsten Brierley, M.B., F.R.C.S.E., of a son.

FLEMING.—On May 11th, at 10 Chester Street, Edinburgh, the wife of Robert A. Fleming, M.D., F.R.C.P.E., of a son.

MARKBY.—On May 16th, at High Street, Morley, Yorks, the wife of Herbert Markby, M.R.C.S Eng., L.R.C.P.Lond., of a son.

NEWTON.—On May 11th, at Verona House, Tonbridge, the wife of Isaac Newton, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

Marriages.

BLOOD—HIGGS.—On May 11th, at St. Thomas's Church, Dudley, Frederick Walter Blood, of Edgbaston, to Alice Maude, second daughter of Thomas Frederick Higgs, M.D., J.P., of Beaconsfield House, Dudley.

MURPHY—LIND.—On March 24th, at St. Andrew's Cathedral, Singapore, James Lloyd Murphy, youngest son of the late Major Robert Murphy, R.A.M.C. to Margaret Mabel, second daughter of Mr. G. A. Lind, of Singapore.

WHARRY—HILLS.—On May 11th, at St. Peter's Church, Whitfield, Charles J. Wharry, Esq., M.D., of Surbiton, to Dorothy Clare, daughter of E. Hills, Esq., J.P., of Cambridge House, Whitfield, Kent.

Deaths.

HENSLEY.—On May 15th, at Weymouth, Charles Carrington, Hensley, the youngest son of the late Henry Hensley, M.D., of 22 The Circus, Bath, aged 44.

HOLT.—On May 9th, at 40 Montagu Square, W., Sarah Margaret, widow of Barnard Wight Holt, F.R.C.S., aged 78.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, MAY 25, 1904. No. 21.

Original Communications.

ON PLANTS WHICH INDUCE ECZEMA.

By J. H. MAIDEN,

Government Botanist and Director of the Botanic Gardens, Sydney

RATHER more than twelve months ago I had the misfortune to contract a severe attack of eczema through coming into contact with a growing plant of *Rhus radicans* (*toxicodendron*) in these gardens. Discussing the matter with the physician to whom I owed speedy recovery, I found that but little was known about plants which induce this distressing complaint, of which, of course, many kinds are known to physicians.

Careful search on my part shows that the matter has probably escaped the attention of botanists. I enumerate the eczema-inducing plants known to me in botanical sequence, but the list is so scanty that no conclusion can be come to as the result of scanning this list, except that at present the genus *Rhus* has unenviable notoriety. Perhaps the publication of this list may draw attention to the subject and we may thus obtain the data that we at present lack.

I have not referred to mere urticating or stinging plants, such as the nettle. If we know but little as to the plants which cause irritation, we know less of the active principles concerned. If we can make a comprehensive list of well-authenticated plants the active principles will be ascertained, I feel sure, without delay.

RUTACEÆ.

1. *Phebalium argenteum*, Sm.—This has been called the "Western Australian blister plant," and Dr. Alex. Morrison (*a*) has shown that it blisters the human skin if handled. It has also been suspected of poisoning stock, though no details of this are available. It probably owes its acridity to an essential oil, as do so many plants of the natural order to which it belongs.

MELIACEÆ.

2. *Dysoxylon Richii*, C.D.C. (*D.alliaceum*, Seem.), is found in several Polynesian islands. Dr. Funk, of Apia, Samoa, informs me that the wood "causes sickness," which I understand to be in the nature of skin irritation.

3. *Dysoxylon Muelleri*, Benth. "Red bean." This well-known furniture wood of New South Wales has been accused as follows: Some cabinet-makers report that after working at it for "four or five days they begin to suffer from a virulent form of influenza, accompanied by violent fits of vomiting and bleeding of the nose, while if they cut themselves in handling the timber, blood-poisoning almost inevitably ensues. Remarkably enough, the more seasoned the wood is, the worse it becomes. It appears to me that the language of exaggeration has been here employed. So far as I can glean, the wood, and particularly the sawdust, is exceedingly irritating to some people, and it has induced severe eczema and also irritation of the mucous membrane.

ANACARDIACEÆ.

The following are the best known of the Poison-ivies of North America:—

4. *Rhus radicans*, Linn. The Poison-ivy. (*Rhus toxicodendron*, non-Linn.).

5. *Rhus diversiloba*, Torr and Gray. The Poison-oak.

6. *Rhus vernix*, Linn. The Poison-sumac or Poison-elder.

The best account of these plants known to me is that by V. K. Chesnut. (*a*) *R. radicans* is best known, and has formed the subject of a research, Dr. Franz Pfaff, of Harvard, having shown that the poison is a non-volatile oil. The poison is destroyed, as Pfaff has shown, by an alcoholic solution of acetate of lead (sugar of lead). It is recommended not to use strong alcohol, but alcohol of 50 to 75 per cent. To this the powdered sugar of lead is added until no more will easily dissolve. The milky fluid should then be well rubbed into the affected skin. The itching is at once relieved and the further spread of the eruption is checked. "The remedy has been tried in a large number of cases and has always proved successful."

There is an excellent article on "The Poison-Ivy—a Dangerous Plant," by the Earl of Annesley, in the *Journal of the Royal Horticultural Society*, and a lengthy digest of it in the *Garden* of March 14th, 1903, p. 174. The eczema-producing nature of this plant is well described, a number of striking instances being cited.

In the Botanic Gardens, Sydney, we have a plant of it growing on a stone wall, out of reach of visitors. It occasionally requires pruning and the pruner generally protects himself with leather gloves. In the course of years we have found some men immune to its effects, while others are exceedingly sensitive. In fact, we cannot say, except as the result of experience, whether a man will be affected by it at all.

LEGUMINACEÆ.

7. *Castanospermum australe*, A. Cunn. "The black bean." This well-known furniture timber of New South Wales and Queensland has, like the

(*a*) *Chemist and Druggist*, July 8th, 1899, p. 63.

(*a*) "Thirty Poisonous Plants of the United States." *Farmer's Bulletin*, No. 86, of the U.S. Dept. of Agriculture (1898).

Red Bean (*Dysoxylon Muelleri*), been accused of injuriously affecting the health of workmen.

MYRTACEÆ.

8. *Eucalyptus maculata*, Hook. The "spotted gum." In parts of Queensland, timber-getters and sawyers who handle spotted gum are sometimes affected with a rash called "spotted gum rash." I asked a number of timber experts: Do you know any district in which this skin complaint prevails, and can you furnish any particulars in regard to it? Most questionees never heard of it, but Mr. A. Vogele, Mt. Douglas, Paterson, N.S.W., reports: "Spotted gum rash prevails here; some are affected more than others. One of my neighbours that worked with me in the bush for years felt its influence if only working beside a spotted gum; to work one up was out of the question. If persisting in doing so he would itch, and afterwards break out in pimples. Every occasion he got affected more—at length had to sell his selection on account of it."

9. *Eucalyptus hemiphloia*, Fr. M. "White or grey gum." I have heard, on one occasion, of this timber causing a rash in a man, or at least of a rash being attributed to this timber.

COMPOSITÆ.

10. *Cassinia aculeata*. R.Br. This shrub is sometimes known as "dogwood," and Dr. A. W. Finch Noyes, F.R.C.S., Surgeon in Charge of the Skin Department of the Melbourne and Alfred Hospitals, read a paper (*a*) before the Medical Society of Victoria on this plant, which is attributed as the cause of eczema.

Details are given of seven cases, several of which suffered only when the dogwood was in flower, and the patient had come in contact with it by brushing through the scrub and other ways. The symptoms indicate that minute particles of some kind, such as pollen from the flowers, or irritating particles from the bark, get between the clothing and the skin, and where there are loose folds of clothing in contact with parts of the skin inflammation is often produced. The eruption is often scaly, with great irritation, and a feeling described in some cases as if fire were running through the part. In one case a resident of Gippsland was driven from the district twelve years ago, and six months ago returned. He had a second attack of the eruption, which was relieved when he left the district. He determined to live down his susceptibility, and went back, but returned a few weeks ago with an eruption similar to that in previous attacks.

11. *Pyrethrum* (*chrysanthemum*) *parthenium*, Sm. "Fever-few." The late Rev. H. E. Thomson, of Murrumburrah, N.S.W., could never tolerate this plant, which always produced an eczematous swelling on his face. He was fond of gardening, and proximity to this plant always distressed him. He tried to resist the effects, and finally had to remove all such plants from his garden.

PRIMULACEÆ.

12. *Primula obconica*, Hance. Dr. S. A. L. Swan records (*b*) two cases which came under his notice in Ireland in which the symptoms produced by handling this plant resembled those of acute eczema or erysipelas. The effect of this plant on human beings is now well recognised by gardeners, and references to it in horticultural literature are frequent; for example, *Gardeners' Chronicle*, April 9th, 1892, p. 469. At the same time some people are not affected by it. This is the case, however, with most plants which are irritant.

It is alleged that Dr. Riehl, of Vienna, has ascertained that the irritation is caused by the tiny hairs on the leaves and stalks (*Gardeners' Chronicle*, May 4th, 1895, p. 558).

13. *Primula sinensis*, Sabine. Eczema of the hands and face has been caused through handling this primrose. It appears to be less virulent than *P. obconica* (*Gardeners' Chronicle*, January 12th, 1895, p. 47; January 26th, 1895, p. 116).

EUPHORBIACEÆ.

14. *Excæcaria agallocha*, Linn.

15. *Excæcaria parviflora*, Muell. Arg. These two yield an acrid juice which is more or less volatile, and which, if it gets into the eyes, will produce temporary loss of sight and other local irritation.

CONIFERÆ.

16. *Thuja Douglasii*, Carr. "A curious case of a woman being poisoned by handling the branches and leaves of this tree while gardening is recorded by Neudorffer in the *Centralb. f. innere Medizin*. (*a*) The symptoms were spasmodic convulsions, dyspnœa and coma. Other persons appear to have been more or less affected who were working at the same employment. It appears probable, therefore, that the tree, which is cultivated for ornamental purposes, contains some poisonous ingredient, to which some persons are more susceptible than others."

I admit this plant to the present list with doubt. But attention should be widely drawn to such a well-known tree in order that we may ascertain what are the real facts of the danger of handling it.

LILIACEÆ.

17. *Hyacinthus orientalis*, Linn.; and Varieties. (The common hyacinth of gardens.) "Forms of eczema (*b*) were said to have been produced in persons handling and cleaning these bulbs. Although the fact was familiar to gardeners, the cause did not appear to have been clearly traced. Experiments and observations at the Godrell Laboratory at Kew had shown that both dry and moist scales were capable of producing considerable irritation in certain cases when applied directly to the skin. There was little doubt that the raphides were the prime agents. These needle-shaped crystals (composed of oxalate of lime) varied from one-hundredth to one two-hundredth of an inch in length, and were arranged in close bundles, easily dispersed by rubbing the dry scales. In the growing plants they were doubtless protective, as snails, for instance, avoided hyacinth bulbs, but attacked others growing close by. Roman hyacinths (var. *albulus*) were understood to cause greater irritation than other varieties.

Dr. D. H. Scott described some experiments which he had tried, tending to confirm the conclusion that the irritation of the skin produced by contact with the bulb scales of hyacinths is due immediately to puncture by the numerous raphides.

AROIDEÆ.

18. *Richardia æthiopica*, Spreng. "Lily of the Nile" (of gardeners); the common "arum lily" of Australian gardens. Mr. J. Y. Johnson, (*c*)

(*a*) *Chemist and Druggist of Australasia*, August 1899, p. 240.
(*b*) *Lancet*, April 25th, 1891, p. 960; *Pharm. Journ.*, May 2nd, 1891, p. 981.

(*a*) *Nouv. Rem.*, 1903, 65. Quoted in *Pharm. Journ.*, March 21st, 1903, p. 422.
(*b*) Dr. Morris, C.M.G., in "Proc. Linn. Soc.," November 5th, 1896.
(*c*) "Proc. Linn. Soc." January 21st, 1897.

of Funchal, Madeira, shows that this plant is, like hyacinthus, responsible for a form of eczema.

The laundresses of Funchal had tried to utilise the starch obtainable from the corms, but complained of the irritation in the hands produced by it, which, on examination, was found to result from the presence of numerous needle-shaped raphides.

NOTES ON CASES OF (1) STRANGULATED HERNIA AND SUCCESSFUL EXTENSIVE ENTERECTOMY; (2) BROAD LIGAMENT CYST ENUCLEATED FROM THE VAGINA; AND (3) TUBO-OVARIAN CYST REMOVED BY POSTERIOR VAGINAL CŒLIOTOMY. (a)

By Professor JOHN W. TAYLOR, M.Sc., F.R.C.S., &c., &c.

My first specimen, gentlemen, is a loop of semi-gangrenous intestine (together with its solid, undigested contents) successfully excised from an old lady, æt. 77, who had been suffering for twenty-four hours from a strangulated hernia in the middle line of the abdomen. The hernia was one of the cicatrix after abdominal section and partial hysterectomy for fibroids, performed by one of my old colleagues twenty-three years previously (April 22nd, 1879).

This original operation was regarded, and most rightly regarded, as one of the most signal triumphs of abdominal surgery at that date. I have assumed in my notice that it was done by the clamp or "serrenœud," but the old records are imperfect, and the exact method of operation employed appears to be doubtful. In any case, whether by clamp or otherwise, in the course of several years the bowel became very adherent to the scar, and at the lower end of this a large callous opening was to be felt in the abdominal wall, through which a certain amount of bowel frequently protruded. No appliance could apparently be worn with comfort or even endured, and at the time the strangulation occurred nothing was being worn except a belt bandage. About 4 p.m. on April 4th, 1902, the patient was seized with severe abdominal pain and vomiting, which continued all night. On the 5th she was seen by Dr. Clark, who found a very tense, red, hard and glazy swelling (like a coil of distended bowel), projecting from the abdomen across the lower part of the cicatrix. It was quite irreducible. No time was then lost in arranging for the patient's admission to hospital, where I saw her at 4 p.m., and operated. On opening the sac it was seen that the tumour was formed by one loop of bowel bent into the shape of a capital T. It was distended, black, at one part papery and apparently at the point of bursting. It had, too, the faint sour odour of commencing decomposition. After thoroughly freeing the loop, the ends were clamped, the bowel cut through, the mesentery nipped off, its vessels tied, and the loop removed. The cut ends were then joined together by continuous suture without any bobbin or artificial aid. The primary suture was closed in by two other circles of continuous suture. An effort was made to close the hernial opening, but this was found to be impossible. The old circle of cicatricial tissue was quite rigid and unyielding, and an extensive excision of the abdominal wall could alone have resolved this into its separate constituents.

The patient was very ill for two days, but made a perfect recovery, and when she was fully convalescent a rubber air-pad fitted underneath an abdominal truss gave her relief and safety. I have seen her several times during the last two years, and she continues well and is fairly vigorous.

The specimen of intestine removed, on being opened, was found to contain a large quantity of nodules of undigested meat, which appeared to be the remains of a kidney pie. These seem to be partially responsible for the obstruction and strangulation. At first (in all probability) they were able to enter the loop of bowel, but none could be passed on through the distal end of the loop. Then, as the loop became distended and inflamed, both ends were tightly nipped by the callous margins of the ring, and strangulation became complete.

The case seems to be one of some interest, first, as a successful enterectomy under difficult circumstances; secondly, as illustrating the far-reaching danger to which a patient is exposed after abdominal section, with that imperfect closure of the wound which was so common a feature of the old operation; and thirdly, as an illustration of the method by which an acute strangulation may take place even with a large hernial opening.

BROAD LIGAMENT CYST REMOVED BY VAGINAL ENUCLEATION, AND TUBO-OVARIAN CYST REMOVED BY POSTERIOR VAGINAL CŒLIOTOMY.

The other two specimens were removed by vaginal section. The first is one of broad ligament cyst removed by vaginal enucleation. For some years I had been rather looking out for a suitable broad ligament cyst to remove *per vaginam*, but it was not until three months ago that I found the case. This was a fixed, tense cystic tumour to the left of the uterus reaching about half-way to the umbilicus above, displacing the uterus to the right, and coming down low enough somewhat to depress the left lateral fornix. The patient was a single woman, æt. 51, and had ceased menstruating for several years. On January 12th, 1904, I opened the vaginal vault on the left side, extending the incision rather behind the cervix, and readily found the lower limit of the cyst. I tapped the cyst, removing from one and a half to two pints of fluid containing cholesterin crystals, and then finding that I could differentiate the true cyst wall from its outer coverings, I enucleated the cyst from its bed by my fingers. The chief difficulty was about the higher middle zone of the tumour. When this was passed the upper part of the broad ligament appeared to invert on traction, and the manipulation was rendered easier.

In the course of the operation I made a small opening inadvertently into the peritoneum just anterior to the opening into the broad ligament, so that I could easily verify the peritoneal relations of the envelope. Both cavity and peritoneum were drained with separate drains of iodoform gauze.

The patient did well, but developed a high temperature—104°, with rapid respiration (40) and quick pulse (128) on the night following the

(a) Read at a meeting of the British Gynæcological Society, May 12th, 1904.

operation. This came down in the course of the following day, and it was a question whether the transient attack may have been due to iodoform poisoning. The patient went home convalescent on January 30th.

The third specimen is a real tubo-ovarian cyst of the left side, removed from a married woman, æt. 31, on January 21st, 1904, by posterior vaginal cœliotomy. I had removed a smaller tubo-ovarian cyst of the right side some five years previously, from the same patient, by the same method. There were no adhesions. The fluid removed from the cyst was brownish, and rather turbid, as if mixed with some blood or secretion from the tube. The patient was discharged on February 5th, 1904.

CLINICAL NOTES ON TUBERCULOUS ARTHRITIS IN THE YOUNG. (a)

By ROBERT JONES, F.R.C.S.,

Surgeon to the Royal Southern Hospital, Liverpool, Stanley Hospital, County Hospital for Incurable Diseases of Children, &c., &c.

THE speaker first referred to his long association with Mr. Owen Thomas, who having applied the principles of mechanical and physiological rest in fifteen years of practice to the treatment of tuberculous joints, had never excised a joint. Mr. Jones had carried out Thomas' line of treatment for thirteen years with constant good results, and had seen no reason to modify it during all that time. For the successful treatment of tuberculous arthritis early diagnosis was of paramount importance, and the first sign on which he asked to lay stress was *rigidity*, which was the earliest and most trustworthy symptom, and preceded pain and swelling of the joint. Rigidity affects the movements of the tuberculous joint in all directions—absence of limitation of movement meant absence of disease. In the early stages this rigidity was due to tension of the muscles, and must be sought for without an anæsthetic; in the later stages, when due to muscular contracture, it persists under anæsthesia. A limitation of movements in all directions was more trustworthy than any single symptom or group of symptoms in tuberculous joint disease. Being due to involuntary muscular spasm, it was not so sudden and absolute a check to movement as bony ankylosis, but nevertheless could not, like a voluntary contraction, be overcome by gentle pressure. The method of testing limitation of movement in the hip was then demonstrated, the necessity for care in not vitiating the accuracy of the test by flexing the pelvis on the spine being pointed out. When the patient was put up in a Thomas' splint, and it was desired to observe the progress of the case by testing the amount of limitation of movement, it was not necessary to remove the affected limb from the splint; the sound limb was taken and fixed on the abdomen, and if the affected hip was free from rigidity the sound leg could be fully flexed, while a limitation in the degrees to which flexion was possible indicated a corresponding rigidity of the affected hip. Speaking of arthritic deformity as a sign of tuberculosis the occurrence of a slight degree of lateral curvature in the early stage of Pott's disease was mentioned as occasionally misleading. Here the presence of limitation of movement distinguished the state of matters from ordinary scoliosis. The natural history of an ordinary untreated case of tuberculous disease, say, of the hip was that there was first rigidity of the joint with pain and difficulty in walking; then came the typical deformity, the joint being locked in the least painful position, and with this there was muscular shrinkage perpetuating the deformity; then the tenderness began to pass off, the patient walked about again, and ultimately recovered, but with a deformed limb and impaired movement at the joint. In mild cases the treatment was simply to apply a Thomas' hip splint (if the child was small, a double splint), neither extension nor other preliminary treatment to do away with flexion, which soon disappeared when the limb was put at rest, being needed. Early cases treated thus usually did well, and recovered with movable joints. Worse cases were those with marked reflexion, adduction, and shortening. In these he advised gentle reduction of the deformity under an anæsthetic, with tenotomy if necessary. the manipulations being designed to overcome flexion and adduction and to lower the pelvis to correct the shortening. Thomas' splint was then applied as in the previous group of cases. He had never seen dissemination of tuberculosis result from this treatment. If an abscess was present he used formerly to drain it, but had now given this up as a routine, and preferred to leave certain types alone—if they caused no symptoms. In opening abscesses there was always a risk of secondary infection, while, if left undisturbed tuberculous pus tended to form granulation tissue. Abscesses arising in connection with the hip were often nomadic, and tended to travel from their point of origin, and finally to get cut off from the joint altogether. Where the abscess had invaded the skin he thought that the longer incision could be deferred the better; where it was inevitable, he simply opened the cavity and allowed the pus to escape, but did not scrape or use any vigorous measures. Early incision of abscesses was, he thought, bad. If, however, the abscess gave rise to acute symptoms, it meant that there was a mixed infection, and a radical operation was required. For dressings among very poor patients nothing was superior to medicated sawdust. He never admitted these patients to hospital for a longer time than was required to correct the deformity. They did much better outside, the ideal residence being, of course, a sanatorium for the outdoor treatment of surgical tuberculosis. Hip cases were kept in a splint till all the pain was gone and the pelvis was lowered. Abduction was the position aimed at. The test of cure was when the angle which the limb was in when the splint was removed did not change after the limb had been used. He demonstrated the method of testing this in the elbow, hip, and knee, and then gave a demonstration of the splints he used. The chief points dwelt on were the neces sity for having the splints made of malleabl iron which had no spring, and which could be readily moulded. It was not necessary that they should be very light, for at first the patient did not carry about the splint, but the splint carried the patient. The importance of the "bullock angle," especially in these patients, was pointed out, as well as the need for twisting the back strip of iron slightly

(a) Abstract of Paper read before the Edinburgh Medico-Chirurgical Society, May 4th, 1904.

so that it might be flat along the skin. The buttock was the only place which required attention to prevent chafing, and to obviate this the patient's friends were instructed to move the skin a little night and morning, while the splint was being worn. Owing to the tendency of the splint to rotate to the outer side of the limb, the inner arms should first be moulded tightly over the leg and trunk, and the outer arms then moulded more loosely. It was very important to have the arms of the splint well flattened out before applying, in order that the contour of the back of the trunk should be closely followed.

Treatment of Ankylosis.—Very often sound ankylosis was what was desired. By sound ankylosis was meant the condition in which use did not increase the range of movement. Double ankylosis of the hip, however, required an operation, in which case he usually did an osteotomy on the worst side, and resected a piece of bone on the other. To prevent osseous union metal foil or a piece of the adjacent soft tissues could be placed between the ends of the bone. To correct flexion deformity the best operation was division of the femur below the lesser trochanter, and to facilitate sawing he had had a button fixed on the tip of an Adam's saw, so that it could be used with greater security from the risk of injuring the soft tissues. He warned his hearers of the importance of sawing in the proper direction, for it was quite easy to slip the saw into the pelvis if a wrong direction was taken. After any of these operations he used a special abduction frame as a splint, his object being to equalise the length of the limbs by lengthening the affected one and raising the sound side of the pelvis. To accomplish the latter he aimed at ankylosis in the abducted portion. In active disease of the knee, flexion occurred, and after it had persisted for a length of time was very difficult to remedy. Sometimes resection of a wedge of bone was needed. In treating any tuberculous joint disease it was of the greatest importance, if a movable joint could not be got, to have the limb finally ankylosed in the position of greatest usefulness. Thus the elbow should be flexed, the knee extended and the hip abducted. An angle of 85° was the most useful for the ankle, and he specially emphasised the error of treating the wrist on any ordinary flat anterior splint. Thus fixed, it was in a position of slight flexion in which the grasp was very poor, whereas if it were hyperextended a good grasp remained. Similarly, in treating spinal caries, a convex splint should be used to prevent kyphosis taking place.

INSTANCES OF IMMUNITY:

FACTS AND HYPOTHESES.

By WILLIAM H. PEARSE, M.D.Edin.,
Senior Physician, Plymouth Public Dispensary.

IN the year 1864 I was surgeon-superintendent of the Government emigrant ship *Tarquin*, of 685 tons, from Plymouth to Adelaide, South Australia. We sailed on August 20th, and reached Port Adelaide on December 3rd, a voyage of 105 days; we embarked 137 men, 81 women, 28 male and 28 female children under 12 years of age. One adult male died, and one boy, under twelve years.

The day after we sailed, a well-marked case of small-pox appeared; it ran a severe and confluent course. The captain wished to put back to Plymouth, but I decided that we should go on.

The forecastle was what is known as a booby forecastle, occupied only by the windlass and boatswain's stores. The ship's crew lived in a house on deck. The booby forecastle was about four feet and a half in height.

I boarded off half this low forecastle on the port side, and fitted a swinging canvas screen as a door. Here I put the patient, telling off a man who was well marked with small-pox from early life as nurse and attendant. The w.c. for the men was about six feet distant; the crew had constant access to the other half of the forecastle for their necessary gear.

The 105 single men, who were berthed in the fore-end of the 'tween decks, had access to the upper deck through the fore-hatch only, and were thus ever passing by and near the small-pox sick-bay; they were also restricted, for purposes of discipline, on the upper deck, to the fore-end of the ship.

Of course, I issued strict orders that no one was to enter the sick-bay; the man-nurse and myself did all the cleaning, feeding, and other attentions, but I found constantly, when in the stormy southern latitudes, and when running down our 160° of Easting, and during a period of nearly two months, that men would enter, out of the stormy winds and seas, and stay with the patient and nurse, in order to smoke their pipes.

No other case of small-pox happened during the voyage.

I kept a minute record of all my vaccinations, but that record, in the vicissitudes of travel, has been lost. I lately, however, found a letter, of date December 22nd, 1864, in which I wrote from Adelaide to my father, a medical man, as follows:—

"We had a long voyage of 105 days, and had scarlet fever and small-pox amongst the emigrants. I re-vaccinated about 300 times—136 were successfully re-vaccinated."

Many of the 300 vaccinations were twice in the same individual. I started re-vaccination at once after the appearance of the case of small-pox. I had both points and tubes, supplied by the Government authorities. As soon as I got one or more successful arms, I mustered men and women on deck, and did as many vaccinations as the vaccine vesicles could supply. I thus kept up a succession of arm-to-arm successful vaccinations.

There was a good deal of difficulty in getting the men to submit to re-vaccination, but by combined persuasion and authority, I obtained the result already named, *viz.*, 300 re-vaccinations, 136 of which were successful. I well remember passing St. Paul's Island, 80° E.L., 40° S.L., on a Sunday morning, when 90 days at sea, and suspending for a quarter of an hour my vaccination work, that we might all get a good view of that interesting but desolate rocky little island. It is important to mention this fact, as it shows that I had a series of successful arms up to ninety days at sea, and, *a fortiori*, according to current theories, this same series of people were susceptible to small-pox.

It should be mentioned further that I had, with great care, inspected the vaccination marks of every emigrant before embarkation; no emigrant was allowed to embark without either marks of having had small-pox, or who had not good vaccine marks.

I have thought it right to enter into the facts of the voyage and its interesting surroundings, as they form an inseparable part of the conditions of the profound and difficult biological, pathological, and even cosmical phenomena which are involved in this instance of immunity.

But in viewing this great field and phenomena of immunity, involving and co-relating with the cosmic laws and order of the evolution of the organic, we may be justified in advancing approximative hypotheses; we may recall the saying of Herschel ("Prel. Dis.," par. 10): "As truth is single and consistent with itself, a principle may be as completely and as plainly elucidated by the most familiar and simple fact as by the most imposing and uncommon phenomenon. . . . The situation of a pebble may afford him evidence of the state of the globe he inhabits, myriads of ages ago, before his species became its denizens."

And surely the transportation of a body of 300 men, women and children from their habituated and for ages ancestral environment, from 50° N.L., through the Tropics, and through 160° of S.Long.; with its ceaseless gales of westerly winds, and in the midst of the innumerable cataracts of breaking waves, which ever must be giving forth energy in all its modes, electrons, &c., surely such is an experiment on bioplasm which no laboratory devices can equal; the behaviour of bioplasm under such changed conditions must be of great interest, and if rightly observed, of great value, as illustrating universal organic laws or Forms.

I may remark that, however important may be the laborious researches of the bacteriologists and biochemists, yet that the field of the simple observer, the right observation and interpretation of empirical human experience, are true parts of philosophic and scientific method; and thus I would venture some approximative hypotheses on this *Tarquin* experience, which one may perhaps class under the category of Bacon's "prerogative glaring instances." (*a*)

It is obvious that the immunity of the people was not due to my re-vaccinations, as these were gradually done, week after week, even up to the fourteenth week. Nor can I assert that the immunity was due to this community of emigrants having, in general, at embarkation, good marks of early life vaccination, because out of 274 emigrants on board, of whom 56 were under 12 years of age, I obtained 136 successful arms; the vaccine prophylaxis was thus, in general, greatly expired. The fact remains that this crowded community, whilst susceptible to vaccine lymph, was immune to small-pox contagion or infection. Were my people in one of their periodical cycles of natural immunity, which, more or less, are common to all the infective fevers, or was there some subtle stability of their bioplasmic molecular bonds, produced by the unknown but vast changes of environment involved in being launched from their habituated conditions and co-relations to the sea climates?

Changes of environment are found to be the occasions both of the evolution and disappearance of febrile and infective diseases; we are in such instances carried into a wider view of disease than is covered by the germ, into the region of the contained susceptibility or variability of bioplasm. I do not feel competent to judge whether my people, so susceptible to vaccine, were in a cycle of stable bonds and immunity, during which the bioplasm and system *could not* take on small-pox molecular motions, or whether the *change* to the sea, to different latitudes, and to different atmospheric modes, gave bioplasmic stability. I do not think that we have risen to a sufficient grasp of what is contained in *change;* changes, infinitely subtle, but ever in operation and all powerful, have determined the differences between the palæontological fauna of plants and animals, and those now existing have determined the differences between the Sikh and Afghan and the Bengalee, &c.; *changes* of the cosmic environment in which we live, and of which we are a reciprocating part, are ever in operation, determining both our immunity and our capacity to take on the "motions" and conditions of disease germs.

In the "prerogative glaring instance" of the *Tarquin*, it is far better to confess our ignorance, to be "practised in doubting" and not "forward in asserting, . . as of a thing already discovered, lest we be fit only to confound things with words, reason with madness, . . but not to interpret the works of Nature" (Bacon).

May I say that though I have but one very indistinct vaccine mark I seem to be immune both to vaccine lymph and small-pox? On board the *Tarquin* I often re-vaccinated myself as an example and persuader to the people, but my arm never "took." In 1872 I was in charge of the Vauxhall Street Small-pox Hospital, Plymouth. I admitted ninety-five cases, of which twenty died; the type was severe; sixteen cases were of hæmorrhagic and purpuric type. Of the total ninety-five admissions, thirty-three had never been vaccinated, three were doubtful, fifty-nine were vaccinated. Of the eight fatal hæmorrhagic cases, six were vaccinated, one not, and one doubtful; one of the fatal purpuric cases had five good vaccine marks. As this was an emergency hospital, I had to spend some hours daily in presence of small-pox; my old immunity remained.

The experience of the ship *Tarquin* carries us more into the realm of constitutional resistance, of harmonic stable bioplasmic bonds, than into the minor region of the different molecular modes and "motions" of the unicelled bacilli.

Coleridge tells us that mere facts are barren without their true co-relative ideas. Coleridge strove for "some master ideas" which should give birth to wide general laws. To grope towards such "illuminating ideas" and laws, and to put the facts of the ship *Tarquin* in their true place and relativity, I will cite some illustrative and allied well-known instances of immunity.

Cholera.—Sir R. Martin says:—"In the European General Hospital at Calcutta, in which I served as assistant-surgeon and surgeon, it was well known that of the five native keepers and washers of clothes who had, during twenty-five years, kept and washed the hospital clothing, not one had cholera, nor had those who assisted them. The same immunity attended the native dressers, averaging from twenty to thirty men, who, during the same number of years, were in constant and close attendance on the cholera-sick all day and all night; nor were the sweepers, who washed and dressed the patients, and who removed the matters vomited and ejected by stool, ever affected with cholera."

This striking experience was prior to the introduction of a purer and distant water supply to Calcutta. In Sir R. Martin's day the water used by the natives was taken from surface-supplied tanks filled by the rains; yet, further, there was no underground drainage. Many of the large native staff of the hospital lived in the neighbouring suburb of Kiddapore, a large village of huts, trees, with many such surface-drained tanks. It should be said that the native allows his tanks to be grown over with a film of green vegetation, and clears this off only at a spot where the women go down to get water. It is probable that such vegetation is a purifier of the water. The natives' practice is based on a wide empiricism and the experience of ages. But in face of all this great contact with cholera and of the water drank—always unboiled—and of the entire absence of Western methods of hygiene, the natives had an absolute immunity from cholera. These native servants must have habitually drunk myriads of comma bacilli with impunity.

Contrast such an experience with that of Dr. Norman Chevers, who says:—(the italics are his) "*In cholera outbreaks, he who enters the epidemic or endemic area encounters special dangers. . . . . it is dangerous to travel in the cholera area. . . . . the greatest and speediest incidence of a cholera outbreak is always upon those newly arrived in a cholera area.*"

We are, in these instances, carried into far wider biological regions than the bacillus covers, into a view of the infinitely delicate modes of bioplasm, of its sometimes stable bonds, and sometimes recurrent instability; we are in presence of generic, even cosmic laws. We are, at present, relatively immune from cholera in Britain, but the immunity is not absolute, for every summer we have the sporadic fatal cholera cases. Baly's table for the Metropolis gives for eight years:—

	Quarter ending March.	Quarter ending June.	Quarter ending September.	Quarter ending December.
Annual average	3·5	5·5	76·25	9·86

(*a*) Bacon says of "glaring instances"—". . . They are such as show the nature searched after naked and standing alone, and this in an eminent manner. . . . as being freed from all impediments. . . ." He adds, "But in these, caution must be used, and the alertness of the understanding repressed, for whatever boasts the form, and obtrudes it, so as that it seems to meet the understanding, should be held suspect, and recourse be had to a careful and severe exclusion."

But we may even *a priori* predicate that the bioplasmic instability in Britain will at intervals recur, and cholera again evolve or appear in epidemic form.

The generic basis of cholera is well seen in the history of the Broad Street epidemic of 1854 :—

1854.	August.			September.							
	29	30	31	1	2	3	4	5	6	7	8
Deaths from Cholera daily, in the Parish of St. James, Soho.	2	2	4	72	127	76	71	45	40	34	30
Deaths from Cholera daily, in the rest of London	135	185	207	217	333	253	234	222	219	201	185

Whatever may have been the effect of the Broad Street pump on the sudden increase of cholera in Soho, we have far more to consider the great generic recurrent instability of bioplasm in general in London, for we see that the Broad Street outburst was, in rise and fall, absolutely synchronous with a parallel and wider rise and fall in London. We are carried from the captivating rest in "single causes," into the widest co-relations of the biological revolution. Forty years ago, from my experience with natives of India, I adduced facts which justified the hypothesis of the *de novo* evolution of cholera, on *change* of environment, and from what we approximatively call "shock" to the system. As a corollary to such hypotheses and experience, I strongly advocated that immunity from outbreaks of cholera could be best reached by giving the native rest, warmth, quiet, and protection from the "shock" inseparable from changing seasons and latitudes. I viewed cholera, not as a "disease," not as a demarked "specific" objective existence, but as an orderly natural evolution. Immunity was thus to be sought in conserving his vital and bioplasmic modes, in gently habituating him to recurrent changes of climate and season. It seems to me to be the bane of pathology that we should ever be asserting on "single causes" as the occasion of disease, be that disease cholera or phthisis, &c. We need to follow larger method in pathology, as we do now in other sciences. We are being, in pathology, outstripped in method by the biologists, chemists, physicists, philologists, comparative mythologists, &c.

The generic nature of immunity is well shown by Dr. Russell's table of typhus in Glasgow. Taking decades :—

Years.....	1855	1865	1875	1885	1894
Death-rate per million. Typhus	1,291	2,749	192	28	13
Do. Small-pox..	570	60	4	11	7

The possible influence of vaccination may have aided the small-pox decadence, but it is no less just to see that the great generic conditions which led to the immunity of the people from typhus may have no less operated in the lessened small-pox incidence. Bioplasmic stability had arisen in the race or community. My *Tarquin* people became immune to small-pox coincident with *changed* environment. Some occult changes, without or within the system, led to immunity from typhus, and perhaps to small-pox.

The influence of *change* of environment on bioplasm, and of re-establishing immunity, has been often seen. Thus, Dr. Bobadilla, at Gibraltar, when yellow fever prevailed, foretold truly that with ". . . *a north wind which lasted seven days*, and which purified the atmosphere completely—the disease ceased" (the italics are Dr. Bobadilla's). Dr. Blair says of yellow fever in Demerara, "The return of dry, clear, cool, elastic atmosphere, with sweeping Trade-winds from the ocean, was always followed by mitigating effects."

Innate immunity is seen, in that the South Australian aborigines seem incapable of taking scarlet fever. Livingstone says of the tsetse fly :—". . . the bite of this poisonous insect is certain death to the ox, horse and dog, and refers to its harmlessness to man and wild animals, and even to calves, so long as they continued to suck cows. . . . The mule, ass, goat, enjoy the same immunity from the tsetse as man and the game."

These varied instances will open the wide field of immunity as a part of biology.

During the past twenty-five years I have been in view of a great stream of phthisical and præphthisical cases. I will not now enlarge on the co-relations, both of structure and function, of phthisis, nor of the atavism both of structure and function, and, yet further, of their alternation, for I have often enlarged on these subjects in your columns, but will now only remark that certain types of men and women are immune from phthisis, one may almost say cannot pass into phthisis, whilst others, almost inevitably, will pass on into phthisis. The experienced eye and receptive medical mind can usually prophesy aright, but so exquisitely delicate and kaleidoscopic is the play of function and structure that no experienced and wise man would assume the *rôle* of prophet. None the less, nothing is more true than that men and women of certain types of structure and function will, whilst others will not, pass into phthisis. Here we see immunity co-relating with atavism, and alternation of structure and function, extending back many generations. How wide and deep, then, is, in this instance, the basis of immunity! How infinitely delicate in composition and co-relation must be the differences of the bioplasm of the two groups, and yet more so when we see that these usually well-marked types sometimes merge, that the types graduate, now and then, into each other.

If I desired to carry on an immunity in any case which appeared, by the failure of one or more functions, hovering towards phthisis, I should think it a narrow philosophy and unwise treatment to mainly fight the bacillus; I should seek, by a well-balanced tonic regimen all round, by an adjustment of function, in harmony with the powers and functions of the system generally, to balance into harmony the complex system; *e.g.*, I should give warmth at night, with fresh air, but should avoid extreme night exposure. I should view it as the archetype of narrow view and medical folly to keep young, delicate girls, of præphthisical type, sitting, in our winters, in rooms without fires, or send them to bed with cold feet and shivering bodies. The delicate plant needs pure air and full sunshine, and no less the delicate patient needs warmth indoors, and especially at night. Radiant heat from a good fire is "energy," both physical and vital; warmth in bed is the conservation of energy, physical and vital. I should study the special foods each case longed for, should avoid iron in any great amount, where the monthly functions were naturally scant. I should view immunity, in such cases, as due to a right balancing of the complex and varied functions and co-relations of the system.

Alike, in the case of the *Tarquin* and in the præphthisical, how infinitely delicate must be the potential differences of modes, between those who pass into disease and those who remain immune.

It seems important that whilst clearly seeing single instances and well-marked differences in phenomena, we should no less see the wider forms and generalisations which embrace seemingly different phenomena. This greater method is to-day common in all the sciences. Thus, I may advance the hypothesis, that the most extremely opposite instances of infectivity and immunity are parts of one great biological Form or principle. That Nature, in the realm of disease, is often, in instances of seeming great difference, in reality in one orderly unbroken continuity. To illustrate this, I will cite, as illustrating the extreme susceptibility to infection of "virgin," or as yet unexpended modes of bioplasm, the devastation in Fiji, in 1874-5, after the introduction of measles from Sydney by H.M. ship *Dido*; the outbreak of cholera

at Kurachi in 1846; the outbreak of cholera in Britain in 1832; in Soho, 1854, &c. Such waves of bioplasmic deviation, in these instances, seem to exhaust those biochemical modes which are capable of passing into those changes essential to cholera; for after such epidemics, the community is for a long period immune. Sir R. Martin's instance of the absolute immunity of the host of native servants at the General Hospital, Calcutta, belongs to the same category as do the instances I have quoted of the extreme libration into or outbursts of cholera; all the strongly contrasted phenomena are parts of one revolving circle of the potentialities of bioplasm. But we must allow time in the laws and phenomena of pathology, just as we now do in the sciences of philology, palæontology, &c.

Nature was infinitely delicate in her changes and co-relations in the whole systems of Sir R. Martin's hospital nurses; nor less so in the entire systems of the people in the ship *Tarquin*.

It is better to confess our ignorance than to mistake the great scaffolding of our nomenclatures for the abiding and finished temple of medicine. All analogy from other sciences points towards wide generalisations, and forms in common. We are just now in a præ-Keplerian stage of biology and pathology, waiting for the expression of the law of evolution of a cell and cell-contents. Deductive *a priori* ideas are as essential towards the light as are inductive. We are just now seemingly crushed by masses of unmethodised facts. In Caley's beautiful researches on "Trees," he shows mathematically "that theoretically, for a body whose formula is C_{13} H_{28}, there exist 799 Homeric bodies. It is worthy of remark that the mathematical theory agrees with experiments for the first five bodies, thus affording strong confirmation of the truth of the remainder." (*a*)

In this direction of research we may be aided toward the path of pathological law.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, MAY 12TH, 1904.

PROFESSOR JOHN W TAYLOR, President, in the Chair.

THE PRESIDENT showed: (1) A loop of semi-gangrenous intestine removed from a strangulated hernia of the abdominal cicatrix some years after a hysterectomy by the clamp; (2) a cyst of the broad ligament enucleated by the vagina; (3) a tubo-ovarian cyst removed by posterior vaginal cœliotomy; and read notes of the cases, which will be found on page 549.

Dr. HEYWOOD SMITH asked what hindrance there had been to cutting away the cicatricial ring of the hernia and bringing the parts together; would that have involved the sacrifice of too much of the abdominal wall?

Dr. H. MACNAUGHTON-JONES said that the important point in regard to the President's second case was that of diagnosis. If it were certain beforehand that one had to deal with a simple cyst of the broad ligament one might, no doubt, by attacking it by the vagina, avoid an abdominal cœliotomy, and that would be an obvious advantage; but should there be adhesions or other complications above the broad ligament, there might be great difficulties in operating by the vagina, just as there were in the vaginal removal of some forms of ovarian cyst. He had seen Schauta remove by the vagina an ovarian cyst of considerable size, but he had known most experienced men meet with complications that they had not detected in making their diagnosis, and be compelled to abandon the vaginal for the abdominal route. The diagnosis was much harder in case of a broad-ligament cyst, and, personally, bearing in mind the risks of unknown complications and the many points that made the diagnosis obscure, he would, on the whole, prefer to attack a broad ligament cyst by the abdominal route.

The PRESIDENT, in answer to Dr. Heywood Smith, said that there were two reasons for not doing more than he did in the case of hernia: First, the condition of the patient, which, with a gangrenous bowel strangulated for four and twenty hours, was necessarily most critical; indeed, it was a question whether there was time to do the excision of the bowel while she was alive; secondly, the induration and thickening of the scar tissue were so marked and so extended, as they often were in such cases, that to have been able to distinguish the various constituents of the abdominal wall it would have been necessary to excise some inches on both sides of the original wound, and there would not have been enough tissue left to close the abdomen afterwards. He did not think, after the lapse of so many years, that there was any possibility of restoring the condition as it was at first, unless the abdomen had been so lax that a considerable amount of the wall could have been sacrificed. With regard to the broad ligament cyst, and Dr. Macnaughton-Jones' remarks on its removal by the vagina, the operator could very easily recognise any complications, not detected beforehand, through the vaginal roof, and could, if necessary, alter his route to the abdominal one; moreover, in nearly every case in which there were such complications, the opening of the vaginal vault would be of help, for the vaginal drain would be of service. No simple uncomplicated case required drainage, but if the route had to be altered to the abdominal one, the operator would probably be glad of the vaginal drain.

ADJOURNED DISCUSSION ON THE DANGERS OF PESSARIES.

Dr. H. MACNAUGHTON-JONES, before the opening of the discussion upon his paper on "The Dangers of Pessaries" (see THE MEDICAL PRESS AND CIRCULAR, April 27th, 1904), illustrated the method of making supports to suit individual cases by moulding several pessaries from the semi-transparent celluloid rings recommended by Schultze, which, he pointed out, were not only the lightest and strongest made, but never altered in form from the shape so given them.

Dr. HEYWOOD SMITH thought that as regarded the dangers of pessaries the great pitfall open to practitioners was the mistaken idea that the application of a pessary in a case of retroversion was sufficient to cure the displacement; indeed, it was not unsuual to meet with cases of backward displacement in which pessaries had been inserted without any previous attempt to place the uterus in its proper position. All that a pessary could do was to support the uterus during the process of cure, which sometimes took eighteen months or two years, during which time the patient had to be kept fairly quiet so that no relapse should occur. The Hodge pessary and its modifications were the instruments most used in this country. The Smith-Hodge, when first brought out, though almost flat, had a slight curve at each end. Unknown to each other, Dr. Ambrose Smith, of Philadelphia, and he himself, had devised the curve, which Dr. Macnaughton-Jones, in a slightly exaggerated shape, called his S-shape. There were cases in which the uterus could not be kept in position by the Smith-Hodge pessary unless the vaginal wall, especially the upper portion of it, was put upon the stretch; if the pessary were too short, on the least strain or exertion by the patient, the uterus would bend over the upper arm of the instrument into an increased retroflexion, and there would be irritation and congestion at the seat of the bend. When there was congestion and endometritis it was often best to put the patient to bed, bleed the uterus, and apply tampons and hot douches until the uterus would bear reposition and the support of a pessary. Dr. Macnaughton-Jones seemed to imply that bimanual replacement had altogether superseded reposition by the sound; in that he could not concur, but considered that when the uterus had become fairly insensitive and the sound could be passed without causing any discomfort,

(*a*) *Nature*. Vol. XII. 483. "Report of British Association, 1875."

reposition by the sound was a great advantage, as by it the fundus could be brought on to the pubes and the uterus placed in a position of exaggerated anteversion from which it was less likely to fall back into retroversion. Every woman wearing a pessary should be kept under observation to make sure that the instrument kept its place. The patient should not be encouraged to remove and replace it herself; no doubt, if carefully instructed she might take out and replace a ring, but a Smith-Hodge was a different matter; even medical men sometimes put them in wrongly. Moreover, if the uterus had fallen back, the patient could not replace it, and the introduction of a pessary below a displaced uterus was worse than useless. For anteflexion he was sure that no pessary outside the uterus was of any benefit; some form of intra-uterine stem must be employed. The patient should be prepared by a week or two in bed, the cervical canal dilated, and a stem, preferably of glass with a large button, slipped in. The stem should be neither too long nor too short, and should be retained in the position by rest in bed till after the next period was passed. He disapproved of any string being attached to the stem, as, when soiled by discharges, it would form a likely source of septic trouble. For prolapse, an elastic ring was the best support, and, if sufficiently large, would often obviate the necessity for a serious operation.

Dr. C. H. F. ROUTH had no doubt that the ingenious method described by Dr. Macnaughton-Jones would be very useful in many cases, but there was an objection in the fact that celluloid was a very inflammable substance, and dangerous to be handled by servants. He exhibited several specimens of the pessary he preferred himself—a Hodge pessary, which he had supplemented with a ring carrying a hollow stem, the ring being on an axis which allowed it play for the movements of the uterus, but the instrument could not come away. His plan was to reduce the congestion by bleeding, by puncture, or even by leeches, and to introduce a seatangle tent adapted to the curve of the uterus and swathed in cotton wool dipped in pure carbolic acid. This caused some bleeding for a few days, and, when he found that the inflammation had passed away and the size of the uterus had diminished, he applied the instrument and generally left it *in situ* for six months. He had never had any evil results from this method, which had with him been very successful, and especially so in curing sterility. Seven women out of eight from one town, who had been previously sterile, conceived after being so treated.

Dr. HERBERT SNOW said that some objection might be taken to the title of the paper, for which, perhaps, Dr. Macnaughton-Jones was not altogether responsible, as it seemed to be rather a laudation of pessaries than otherwise. He did not think that the mischief arising from pessaries improperly introduced, owing to a wrong diagnosis, should be attributed to the pessaries, but, of course, the dangers attending their use were real. As a student he had seen a large ring shaped like a cartwheel, with two ridges on its circumference, dug out of a woman's vagina, where it had lain nearly a dozen years, and caused ulceration before and behind. He thought that the forms of pessaries used were unnecessarily numerous and complicated. They were, he thought, used for three purposes: First, for the relief of pain; a ring pessary would relieve the pain of a prolapsed ovary certainly for a time; it kept the vagina taut and gave the needful support to the relaxed muscular walls, and no doubt had often some effect by hypnotic suggestion, though it was not desirable to dwell too much on that. The second purpose was to retain in their place organs which otherwise would prolapse, and he was glad to hear Dr. Heywood Smith say that a prolapse could be retained by the same instrument—an elastic ring. Thirdly, a pessary was used to rectify the position of a retroflexed or retroverted uterus. Happily, anteversion was not now, as in his student days, looked upon as a pathological condition. Personally, he thought that no pessary should ever be employed for the rectification of a flexion.

Dr. R. H. HODGSON said that in an experience of twenty years he had never met with an instance in which the introduction of a suitable pessary, or stem, in a suitable case, had been followed by serious consequences. Of course, before any pessary was introduced, the congestion which had probably contributed to the displacement should be relieved. A neglected pessary might cause mischief; he had known many instruments retained for long periods, the worst case being one in which an instrument inserted by an eminent surgeon in Paris had been left in for several years and had caused a vesico-vaginal fistula. There was some contradiction in the paper in regard to the "stretching" of the vaginal walls. It was no doubt indispensable that the pessary should keep the walls of the vagina taut, and the omission of the word "stretch" would probably put the description right for both classes of cases. As to the action of the pessary, the upper end of it elevated the posterior vaginal vault and thereby the cervix also, but he did not see how even an S pessary, properly introduced, could press against the fundus uteri. It would only be in a very extreme backward displacement that the fundus uteri could come in contact with the floor of Douglas' pouch, and if, as was to be presumed, the normal position of the uterus had been restored before the pessary was inserted, the pessary would not even press against the body of the uterus. He was sorry to hear the use of stems denounced, because, while he had never seen any harm from them, he had, in a number of cases, known them relieve pain that had been of years' duration.

Dr. J. A. MANSELL MOULLIN agreed with much that had been said by Dr. Heywood Smith and by Dr. Hodgson, but did not think they had been quite correct about the exact action of the pessary. The first effect of the instrument was as described in the paper. In almost every case of retroflexion or retroversion there was more or less sinking of the vagina, and the first action of the Hodge was to elongate and restore the vagina to its normal shape, but not to stretch it or even make it taut. The second action was merely mechanical. If the posterior vaginal vault was deep enough for the pessary to rise well behind the uterus, the fundus could not fall backwards. A tampon of cotton wool would act in the same way. He thought that the effect of the pessary as a lever had been greatly exaggerated; the idea of respiration acting first on one and then on the other end of the pessary was very far-fetched.

Mr. STANMORE BISHOP said he was disappointed not to see more general practitioners present, for he thought that they saw more of the evil results of pessaries, and were certainly more tempted to use them, than hospital surgeons. He entirely believed in the lever action of pessaries, but thought that as regarded their use a distinction should be drawn between flexion, version, and prolapse. A flexion was often due to softening of the uterus from endometritis, and associated with inflammation of the adnexa, and he thought that pessaries in such cases could do very little good and were likely to do much harm. Yet it was in flexions that the practitioner seemed most inclined to apply a pessary and omit to impress on the patient the necessity of medical control. Version presupposed a firm body, against which a lever could act with effect. He was glad to find that anteversion, as a pathological condition, was practically ignored, and thought it should be known that the British Gynæcological Society condemned the use of pessaries in young women, supposed to be suffering from anteversion, but whose trouble was either hysterical or due to some totally different cause. He had the strongest objection to the use of a pessary merely as a means of hypnotic suggestion. He had seen much evil result from the use of pessaries in young unmarried women for supposed pathological anteversion. As regarded anteflexion, if its effects were so serious as graphically described by Dr. Routh, should the operations of Duehrssen and Mackenrodt be countenanced for any displacement of the uterus? The most difficult cases of prolapse were in women who would not submit to operation, and if one put in a ring big enough to retain the

uterus, the woman probably failed to report herself till the instrument was coated with foul deposit.

The PRESIDENT said that in regard to the difficulties of diagnosis, alluded to towards the end of Dr. Macnaughton-Jones' interesting address, he admitted that such difficulties were met with, but they should maintain a high ideal, and it would ill become the Society to admit that the difficulties were at all insurmountable save in the most exceptional cases. He had little doubt that it was some negligence, some want of observation of symptoms, of history, as well as physical signs, which was responsible for the mistakes. He was sorry that more had not been said as to the real dangers of pessaries and their continued use, which in his opinion were twofold. In the first place, after a pessary had been worn for some time, pelvic disease was apt to develop, either, he supposed, from the rekindling of an old inflammation, possibly the original cause of the displacement, or, alienated by the presence of the pessary, the husband after an impure connection, infected the patient, or the instrument itself became the means of infection from without. A pessary might be worn for years, especially by one who was past the change of life, without any harm resulting, but, in young women, it was apt to lead to some form of infection. The second danger he would mention was from stretching. He held with Dr. Heywood Smith that a pessary, to be of use in retroversion, must elevate the vaginal vault behind the cervix, and by doing so it hangs up the cervix, like the prop does a clothes-line, and the fundus falls. As a temporary measure that is very useful, but by stretching the sacro-uterine ligaments it does exactly the wrong thing. In his own opinion pessaries might be applied in middle life in order to ascertain whether the symptoms complained of were due to displacement of the uterus or not. If they were found to be so, the case was one for operation. Many years ago, when Schultze's book was first published, he had procured celluloid rings from abroad and made pessaries in the way described by Dr. Macnaughton-Jones. He had used them extensively, but had not found them satisfactory. The figure-of-8 especially seemed to cause much trouble with the rectum, and, like Dr. Macnaughton-Jones, he had reason to prefer the Smith-Hodge or the S pessary. Moreover, though he got his rings from abroad, he found that, after lying for four or five weeks in the vagina, they did alter their shape. The celluloid now supplied might quite possibly be better. He had found that for prolapse in oldish women the best pessary for keeping up the uterus was Tait's modification of Simpson's shelf pessary, which had all the advantages, without the demerits, of Zwanke's.

Dr. MACNAUGHTON-JONES, having thanked the Fellows for the way in which they had received his paper, said, in reply, that the dangers arising from pessaries might be either of a positive or negative nature. The former he had not dwelt on much, because they were obvious to everyone, but rather on the latter. His contention was that pessaries were often applied under conditions in which, not only were they useless and possibly mischievous in themselves, but more dangerous because they led to the expectant treatment of inflammatory states which might be arrested and cured by operative or other measures, the woman's mind being, as had been suggested, "hypnotised" into the belief that in some measure her affection was being cured and her sufferings mitigated by the insertion of a pessary. Serious pelvic complications thus increased in severity, endangering the woman's life and increasing her risk from the final operative interference. As to the term, "letter S," which Dr. Heywood Smith had referred to, much ingenuity could not be claimed for simply altering the shape and curve of the original Smith-Hodge. It decidedly was not well, in the case of certain pessaries, such as Fowler's or Galabin's, to leave it to the patient to remove or replace them, especially the latter, nor could she replace the modification of the Smith-Hodge or Galabin he had moulded. Those to which he was referring were the ordinary glycerine ring, or the Smith Hodge. There were many circumstances under which patients might find themselves when any pessary ought to be removed, and under these conditions they should at least be able to withdraw it, and she should be taught how to do this. William Goodell was one of the most practical and discreet gynæcologists of his day in America, and he (Dr. Macnaughton-Jones) had purposely taken his amplification of Hodge's view of the action of his pessary, and had quoted this as he believed it to be complete and correct. The opinion of Matthews Duncan in England, of Gaillard Thomas and Marion Sims in America, as to the dangers which accrued from the misuse of a pessary was expressed in much stronger language than that used by him. All he had to say of stem passaries was, that he did not use them save, as he stated, only occasionally and under exceptional circumstances as a post-operative aid in maintaining dilatation after division of the uterine canal. It was then only worn for a very short time. The celluloid stem was safe and clean, and the string of silk or non-absorbable cotton attached for withdrawal, if necessary, did no harm. As to the action of the Smith-Hodge or its modification, which he had depicted as the S pessary, he totally differed from the opinions which had been expressed as to its mode of action. He still looked on it as a lever, as explained by Goodell, when properly applied, and this view was the one that he had always held and taught, as it also was that of Schultze. The celluloin cushio was an admirable pessary, easily kept aseptic, to be worn after the uterus had been retained in proper position for some time, and where there was a tendency again to retrovert. Robert Barnes it was who first adopted the rubber cushion of air or glycerine. Braxton Hicks also used a pessary with a celluloid cushion. He (Dr. Macnaughton-Jones) repeated that Galabin's pessary was one of the most valuable of all means of relieving certain symptoms due to exaggerated and abnormal anteversion or to anteflexion of the uterus. It could be closely imitated, as he had shown, by the moulding of a Schultze's or wire celluloid ring. He did not agree as to the influence relatively of a flexion or a version in regard to the comparative hardness or softness of the uterus on the application of a pessary, for in an old flexion there was frequently a greater degree of hardening than in the simple retroversion. As to prolapse, he felt strongly that pessaries should only be used in the very earliest stages, and never advised when the descent became more apparent, unless the patient absolutely refused operation. The very class in which prolapse most frequently occurred was that in which operative measures were most demanded in order to enable the sufferer to earn her bread. If we urged operations of different kinds in other forms of displacement, it was equally, if not more important that the woman who suffered from prolapse should be made aware of the probable if not inevitable misery before her should she decline operation, and she should be urged not to postpone it until far graver and more serious procedures would have to be carried out. With regard to ideal diagnosis, while this was doubtless always to be aimed at, it was frequently not attained, and several of the conditions mistaken for retro-displacements were difficult to differentiate, and anæsthesia became a necessity. As he had stated in his paper, he had seen every complication he had mentioned or depicted, where a pessary had been worn up to the time of an operation that then disclosed the actual nature of the condition present.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL AND OTOLOGICAL ASSOCIATION.

MEETING HELD FRIDAY, MAY 13TH, 1904.

The President, MR. BARK, F.R.C.S., in the Chair.

THE PRESIDENT said that the Association had sustained a great loss through the death of Sir Philip C. Smyly, and he proposed that a letter of condolence be sent to Lady Smyly and family.

This was seconded by Dr. DENNIS VINRACE.

A letter was read from the Laryngological Society

inviting co-operation in the appropriate celebration of the 100th birthday, in March, 1905, of the inventor of the laryngoscope, Senor Manuel Garcia.

Dr. DUNDAS GRANT proposed that a special Council meeting be held to consider this matter.

This was seconded by Dr. JOBSON HORNE, and carried unanimously.

Dr. W. H. KELSON showed a

CASE OF POST-NASAL CASTS.

The patient, a man, æt. 36, had for years suffered from post-nasal catarrh. About once a week a tough fibrinous disc the size of a shilling formed in the region of Luschka's tonsil. It became loose after three or four days, and patient was able to expectorate it. Scraping, galvano-cautery, and caustics had been tried, but the disc reformed.

Dr. DUNDAS GRANT said he considered this case resembled Thornwald's disease. He advised trans-illumination, a bacteriological examination of the crusts, and the use of his new sniffing nasal douche.

Dr. WYATT WINGRAVE said that as all lymphoid structures had disappeared, he looked upon the case as one of atrophic pharyngitis. He advised diminution of the enlarged turbinals.

The PRESIDENT was struck with the report of the efficacy of Dr. Dundas Grant's sniffing douche, and advised the trial of Von Troltsch's method of gargling and washing out the naso-pharynx.

Dr. KELSON, in reply, remarked that there was no sinus implication whatever. The peculiarity of the case, which had been under his treatment for some time, was the rapid reformation of the crusts in the same situation, over the arch of the atlas. Scraping and all ordinary applications had failed to prevent this.

Dr. KELSON also showed a case of

EPITHELIOMA OF THE LARYNX AND ŒSOPHAGUS

in a single woman, æt. 31. She suffered from discomfort in the throat for one year; was first seen last January, when an epithelioma in the cricoid plate region was found; removal of the growth was not considered advisable. Tracheotomy became necessary on March 25th, since which patient has much improved in health, and swallowed fairly.

The PRESIDENT said that he had never seen epithelioma of the larynx in so young a patient before, but last year he had shown a case of epithelioma in the œsophagus in a still younger instance, *viz.*, a female æt. 28. He thought in this case of Dr. Kelson's the original seat of disease had been in the œsophagus.

Dr. DUNDAS GRANT said that he had seen several cases of extra-laryngeal epithelioma in comparatively young patients, and had had to modify his opinions as to the earliest age at which the disease might commence. The early stages might look quite unlike malignant disease, and even resemble tubercle in the larynx posteriorly.

Mr. FOX remarked that there was just a possibility that the case might be one of sarcoma.

Dr. KELSON also showed a specimen from a case of cut throat. He said that this was a rare specimen, as the man had survived two years after. Two operations had been done with the object of uniting the parts, but had failed.

Mr. MAYO COLLIER gave

NOTES ON A CASE OF ACUTE ABSCESS OF THYROID BODY AFTER INFLUENZA,

and said that this patient was admitted to the North-West London Hospital on April 18th, with a large, pulsating swelling on the left side of the neck. Trachea, &c., all displaced to the right. Dyspnœa, cyanosis, expectoration blood-stained; sweating. An ice-bag was applied, and the patient kept in bed. History of a swelling for some years, with occasional attacks of dyspnœa, which had always subsided. About 9.30 p.m. an alarming increase in the symptoms occurred. Operation performed by Mr. Jackson Clarke and Mr. Templeton at 11 p.m. An incision about three inches long was made in the middle line, and the tumour partially isolated. There was severe hæmorrhage from engorged veins during this stage of the operation, and the patient began to show signs of asphyxia. The trachea was opened low down in the neck, and a tube introduced. Artificial respiration, injection of strychnine and ammonia to nostrils had no effect, the patient never breathing again. *Post-mortem.*—Swelling limited to the left lobe of the thyroid. When opened it was found to contain a quantity of thick, chocolate-coloured pus, extremely offensive. The swelling was adherent to the carotid sheath. The rings of the trachea showed no signs of atrophy from pressure, and both recurrent laryngeal nerves were apparently sound. *Heart.*—Muscle and valves normal. Right side distended with clot. *Lungs.*—Very œdematous. Bronchi filled with frothy fluid. Other organs apparently normal.

The PRESIDENT remarked that if more Fellows would bring forward, as Mr. Mayo Collier had done, their non-successful cases much would be learned.

Dr. DUNDAS GRANT mentioned a similar case that he had had where death took place very suddenly. He advised the local application of ice, and the use of the aspiratory needle, but the moral of these cases was no delay in the use of operative measures.

Dr. J. LUMSDEN showed nasal dilators for continuous dilatation of the anterior nares in cases of nasal obstruction, and said:—I am anxious to submit to your notice this small instrument for the relief of nasal obstruction, when due to swelling of the mucous membrane covering the nasal bones. The benefits I have found to result from the use of it, by those who complain of stuffiness in the nose, are (1) that it allows the nose to be thoroughly cleared from discharge by sniffing air backwards. Usually, this means of clearing the nose is rendered useless in cases of nasal obstruction, by the indrawing of the alæ nasi, which occurs at each sniff. The dilator, by keeping the nostrils wide, allows a powerful current of air to be drawn in, carrying with it the discharge, the removal of which is of as much value in an inflamed nose as in an inflamed joint. (2) That it allows nasal respiration to be comfortably carried on while it is in place. Nine out of ten patients who come complaining of stuffiness find that they can breathe more freely during examination of the anterior nares than usually, and I believe that the temporary relief thus obtained as long as the dilator is in place is of permanent value in two ways. (*a*) The inspired air, by removing moisture from the mucous membrane as it passes, tends to diminish swelling in that tissue. (*b*) There seems to be a vicious cycle between swelling and the state of obstruction or stuffiness. By relieving the obstruction, the dilator breaks this cycle. The more swollen the mucous membrane covering the nasal bones, the greater is the resulting obstruction, and I believe that the greater the obstruction, the more tendency there is for the mucous membrane to swell; for the greater the obstruction, the harder one has to inspire to get enough air through the nose, and this increased suction may sometimes be actually seen to suck out the membrane over the turbinals towards the lumen at each inspiration. The dilator removes the state of stuffiness or obstruction, and consequently the extra suction, and the now unsupported swelling recedes, leaving the nose permanently freer after the removal of the dilator. I suggest the use of the dilator during the night, and for a few minutes during the day when required and when convenient. Even a few minutes dilatation allows the clearing of the nostrils, and relieves the obstruction due to congestion after holding the head down over work or to simple rhinitis. I was unaware until after constructing this dilator that nasal dilatation had been used before for collapse of the alæ nasi, but I must still be deluded if the method has been used in the way and for the purpose I suggest. The instrument is neatly made by Messrs. Arnold; it is inexpensive (1s. each), comfortable, easily adjusted to the required size, and is very effective. I find it much more firmly retained than the other dilators, and I should be very much pleased if others would give it a trial.

The PRESIDENT said that the idea was a very good one, and he would certainly give it a trial.

Dr ANDREW WYLIE stated that he tried this dilator and had found that it afforded the patient great relief.

Mr. STUART LOW had employed the dilator for a few hours after nasal operations, and the patients expressed themselves greatly relieved, as blood and clots ceased to gather.

Dr. DENNIS VINRACE feared that the dilating effect was too limited, not extending far enough posteriorly.

Mr. BARWELL thought that the new nasal dilator would be useful in some exceptional cases of nasal obstruction.

Dr. WYATT WINGRAVE deprecated the constant stretching of the alæ nasi, and advocated the employment of an india-rubber tube.

Dr. JOBSON HORNE considered the simpler the appliances the better, and spoke favourably of small pieces of cotton wool tucked up into the recess of the vestibule of the nose.

Dr. KELSON objected to the conspicuousness of the new instrument.

Dr. LUMSDEN, in reply, urged Fellows to give the dilator a trial. He did not bring this forward for the treatment of alar collapse, as the remarks of some Fellows seemed to imply, but as an effectual method of widening the entrance of the nostrils so as to prevent their being drawn in on inspiration, especially deep inspiration. Thus the free access of air was facilitated. It was meant to be worn at night chiefly.

Adjourned discussion on Mr. MAYO COLLIER'S paper on

LATENT OR INTERMITTENT NASAL OBSTRUCTION.

Dr. SIMS WALLACE said:—In what was to me a most instructive paper, Mr. Mayo Colhier mentioned several of the functions of the nose, but I am led to believe he omitted one which is of considerable importance in its relation to this subject of nasal obstruction. I venture to submit that the nose is not only a respiratory organ, but it is a perspiratory organ also. If we consider what happens when we breathe, we observe that a large amount of air which is drawn into the air passages never reaches the air cells of the lungs at all, but it is broken up, forming eddies over the various moist projections and recesses of the nasal cavity. The air that ultimately does reach the lungs gets moistened, of course, but so does the greater amount which is inhaled without even reaching the lungs at all. When we are at rest in bed and well covered, perhaps too well covered, it is obvious that the general surface of the body is not so well adapted for the perspiratory function as when we are up and moving about, and when the air is circulating more or less freely around us. In fact, when we are lying at rest the only parts of the body over which a current of air is freely passing are the walls of the nasal cavity and respiratory passages. Thus it is perfectly natural that if we get warm in bed, the nasal mucous membrane will get congested, just as the surface of the body gets congested when we become overheated. If the nasal passage were not unduly narrow, only good would result, for the evaporation caused by the current of air through the nose would help to keep the body temperature normal. I need not here refer to the harmful effects of an undue amount of perspiration at night, or of an undue rise of bodily temperature. What it is of special importance to note is that the nose is a perspiratory organ, and if the function of perspiration is interfered with or unduly taxed, various deleterious effects are certain to be brought about. Mr. Collier has referred to the fact that it occurs when the patient is asleep; perhaps we may ask if this is not due to congestion caused by warmth and the position of the head, in people with narrow nasal passages. We may ask if intermittent nasal obstruction is or is not most apt to be frequent in damp localities, for if the atmosphere is damp, the perspiratory function cannot be carried on so easily or efficiently as if the air were dry. We may ask, too, if in the treatment of this condition a sparse or moderate covering of dry blankets and a dry locality is beneficial or otherwise, In conclusion, I should say that I have advanced these speculations without any intention of grumbling at Mr. Collier's paper. I heartily appreciate it, and have derived much valuable information from it. But I put forward these suggestions as to the perspiratory function of the nose in the hope of gaining even further information from Mr. Collier in his reply.

Dr. PEGLER admitted the susceptibility of the septum to impressions upon its mucous surface by soft turbinal structures, and believed he had recognised the grooving referred to by Mr. Mayo Collier, and which that observer had attributed to vascular turgescence. So far, however, that objective sign had not always been associated with symptoms of much importance, so that he could not at present regard it as more than an accessory sign of intermittent obstruction. He expected to find more evidence of intra-nasal irregularities when the sequential symptoms were as severe as Mr. Collier had described, nor was he aware of any one of the former that was absolutely pathognomonic of intermittency. He urged a further interchange of opinions, aided by illustrative cases at a future meeting.

Dr. WYATT WINGRAVE maintained that there was an intimate relation between nasal obstruction and the onset of puberty, and even between some obstructions of the nose and menstruation.

Dr. DENNIS VINRACE said he had been very interested in this very able and scholarly paper. He asked for some guidance as regards treatment. He believed that many of these cases would be much benefited by abstinence from tea, coffee, tobacco, and alcohol, and got plenty of fresh air.

Mr. FOX and Mr. BARWELL also made some remarks.

In reply, Mr. MAYO COLLIER maintained the position he had taken up in this matter, and defended it on physiological grounds. There was undoubtedly variation in air pressure in the tympani and sinuses during respiration. He refused to agree with the conclusions drawn by many from the lycopodium powder experiments, and considered them fallacious and irrelevant. He had gone carefully into the physiology of the upper respiratory tract in a previous paper, and shown incontestably that the whole contents of the nasal cavities and sinuses was set in motion with each inspiration. There was no such stream as represented by the lycopodium experiments. A forced inspiration would undoubtedly deposit some lycopodium on the middle turbinal body. This was no new discovery. The act of smelling was so arranged that a forcible sniff would carry the particles of odour to the olfactory region—the upper and middle turbinal bodies. This had nothing to do with ordinary inspiration. The relation of nasal obstruction to ear affections was a most important one. Any degree of nasal stenosis had a direct effect upon the Eustachian tube and the tympanic contents.

Dr. GRANT had asked for an explanation on this point.

Mr. COLLIER said he was glad to afford him this explanation on the authority of no less a personage than Sir Michael Foster. It had been laid down that the negative pressure in the upper respiratory tract during a strong inspiratory effort may vary from 30 to 74 mm., and the positive pressure of a strong expiration from 62 to 100 mm. In the face of this statement, amply corroborated and perfectly well known to all physiologists, how is it possible to deny that the tympanic contents are affected by each inspiration, and that there is a respiratory oscillation of the tympanic membrane? Moreover, in nasal stenosis the negative pressure existing in the post-nasal space must result in vascular dilatation of the mucous lining of the Eustachian tube, and so to Eustachian obstruction. The existence of complete nasal stenosis associated with perfect patency of the Eustachian tube in no way mitigates the force of this argument. The amount of vascular dilatation will depend on the constitution of the tissues and

many other points. An undeveloped atrophic mucous membrane such as exists in not a small number of cases would not readily lend itself to vascular dilatation and general swelling, and so would not effect the patency of the Eustachian tubes. Another point: Dr. Grant has suggested that the vascular dilatation produced by the act of inspiration in cases of nasal obstruction would be annulled and compensated by the act of expiration. This would manifestly not be so. The vessels would have no time to regain their normal calibre before the next inspiratory act took place, and so would remain distended, and the tissues engorged.. Mr. Collier dealt with the argument of Dr. Sims Wallace, Mr. Pegler and others, and expressed himself much pleased with Dr. Sims Wallace's suggestions.

[The full report of the debate will be published in a subsequent number of THE MEDICAL PRESS AND CIRCULAR.]

Dr. JOBSON HORNE gave a lantern demonstration on Pachydermia Laryngis.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

MEETING HELD FRIDAY, MAY 13TH, 1904.

The President, SIR A. V. MACAN, in the Chair.

DR. DRURY read a paper on "A Fatal Case of Myxœdema." A married woman, æt. 42, the mother of ten children, had been ill for an indefinite period, but had been confined to bed at home for four and a half months, without having had medical treatment. She was admitted to Sir Patrick Dun's Hospital on February 29th, 1904, in a condition of the most profound asthenia, though conscious; neither pulse nor heart sounds could be made out, and no available clinical thermometer would register her temperature. She presented unmistakable signs of advanced myxœdema. On the second day a suitable thermometer showed her temperature to be 86° F.; the pulse and heart could be with difficulty made out, the rate being 52 per minute. Slight wheezing was noticed in the lungs. This developed during the next two days to general bronchitis, and she died early on the morning of the fifth day. The highest temperature recorded was 89·6° F., the lowest 82° F. She was put on thyroid extract 1½ gr. twice a day, at once. The immediate cause of death was considered to be bronchitis, induced by the extreme severity of the weather of the last day of February, when she was removed to hospital. No post-mortem could be obtained.

Dr. JAMES CRAIG said he was interested in the lumbar pain complained of by Dr. Drury's patient. He had seen a young gentleman, æt. 32, who suffered great pain in his back at the onset of acute myxœdema. Though the case was severe and acute a good recovery was made on thyroid extract. Dr. Craig questioned whether Dr. Drury had given sufficient thyroid extract in the fatal case recorded.

Dr. C. M. O'BRIEN read a paper on the present position of

RADIUM IN THERAPEUTICS,

with a *résumé* of the Finsen light and X-ray treatment. He exhibited two cases of lupus treated by radium bromide. (1) A male, æt. 30, with a small patch over eyebrow of two years' duration cured after twenty applications of ten minutes each, extending over six weeks. (2) A female, æt. 16, with a patch on cheek of seven years' standing, similar in size and depth to the preceding. She had received already sixty-one applications extending over twelve weeks, twenty of ten minutes without any perceptible change, twenty of half an hour with slight redness and itching, and six of one hour's duration. Her condition improved, but not cured. The same specimen of radium was employed in each case, and under like conditions. It would appear from the foregoing that personal susceptibility of patient, so important a factor in both the Finsen light and X-rays, may also have to be reckoned with in treatment by radium rays. He preferred detailing what had been achieved and how he achieved it, rather than expressing an opinion on the merits of the metal which might in any way prevent other workers from putting it to the test. Radium, to be of practical use in medicine, must be forthcoming in larger quantities of a guaranteed standard of activity, and at a very much cheaper rate. He exhibited a number of lupus cases treated by the Finsen light and X-ray methods, some of whom he exhibited as cured twelve months ago, and who have remained so without any treatment meantime. He also exhibited cases of lupus erythematosus, psoriasis, and verruca plana, with gratifying results. His experience of the X-rays in rodent ulcer and large tracts of ulcerated lupus, and in lupus of the nares, was very encouraging. For superficial circumscribed lupus, and finishing off after X-rays, the Finsen method holds supremacy, but sittings of not less than an hour's duration must be enforced.

Dr. KIRKPATRICK had seen good results from the radium treatment of lupus. He thought it more efficient when used in larger quantity than Dr. O'Brien had done.

Dr. WALTER SMITH recounted his experience of the use of radium in cases of rodent ulcer. The result was good in all his cases.

THE AMBIDEXTRAL CULTURE SOCIETY.

MEETING HELD APRIL 25TH, 1904.

MR. NOBLE SMITH, F.R.C.S., in the Chair.

THE REV. H. J. D. ASTLEY read a paper on "Ambidexterity and Primitive Man," which he defined as meaning "Early or Prehistoric Man." The analogy of the quadrumana, apes, and monkeys makes it probable that man, in his beginnings, was ambidextrous. The evidences that he was so are few but sufficient. These consist of (1) Flint implements from the plateaux of Kent, near Ightham, which date from man's earliest appearance in Britain, and have been called "Eolithic," though he would prefer to call them "proto-palæolithic." At any rate, they go back to the first inter-glacial period, and are probably contemporary with the Tilloux-Taubach deposit in France. Among these, rude and rough though they are, scrapers, hammers, and pounders have been found clearly adapted for use in the left hand, and these as numerous as those adapted for use in the right. (2) As time went on, palæolithic man learnt to heft his implements and weapons, hence it is difficult to say anything definite as to these. But he was an artist, on the fact that his representations of the mammoth, the reindeer, horses' heads, &c., were drawn with equal facility from right to left as from left to right, we have evidence that he drew with both hands impartially. (3) Neolithic man, of course, hefted most of his weapons and implements; but certain articles of domestic use were employed without a handle, such as pounders, meat-crushers, hammers, knives, scrapers, awls, and borers; and it has been found by a study of the flakings that those adapted for use in the left hand are nearly as numerous as those intended for the right. But by this time man was losing his primitive ambidexterity, and the right hand was becoming more and more the active member in the economy of the body, and the left hand the passive. This was due to the fact that in hunting and warfare the right hand was used for offence, the left for defence. In spite of this the evidence of early Greek and Roman inscriptions, written in what is called the "Boustrophedon" style, *i.e.*, alternately from left to right and from right to left, goes to show that ambidexterity was still practised in writing. Babies are naturally ambidextrous, and children, who commence conscious life at the neolithic stage of culture, are so also, and would continue so, were they not taught otherwise. It is said that "idiots" show a marked tendency to revert to this type, and also "persons of genius."

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 22nd, 9014.

TUMOURS OF THE ORBIT.

CERTAIN tumours of the orbit, says Dr. Trousseau, are so rare that it is really impossible to recognise them. Some varieties have only been mentioned once or twice in scientific publications. For the others, if care be taken, the means of arriving at a proper diagnosis are simple and easy.

The symptoms revealing tumours of the orbit are :— Exophthalmia, change in the form and loss of mobility of the ocular globe, symptoms of compression of the nerves, (pain, paralysis, diplopia), of the vessels (œdema of the conjunctiva), and the eyelids (chemosis, dilatation of the subcutaneous veins), of the globe manifested by a change in the refraction, myopia being due to lateral compression, hypermetropia to a flattening from front to back, while the optic nerve is frequently found to be atrophied where the compression is prolonged.

All these symptoms can exist together or singly, and be more or less marked according to the place occupied by the tumour, but of all these signs the most important is doubtless exophthalmia ; consequently, the general symptomatology of the tumours may be divided into three distinct periods—(1) Previous to the exophthalmia ; (2) exophthalmia exists, but tumour not yet apparent ; (3) tumour apparent.

Previous to exophthalmia.—Lagrange does not admit the existence of a tumour without exophthalmia, as, be the neoplasm ever so little it pushes the eye out of the orbit in the exact proportion of the place it occupies itself. This is evident, and too much care cannot be taken to discover exophthalmia, which sometimes requires a very attentive examination of both eyes.

Where exophthalmia is well characterised, it is necessary to be assured that it is the consequence of a tumour, for exophthalmia is not always symptomatic of a tumour ; it can be produced under other conditions.

Inflammatory lesions of the orbit, osteo-periostitis, abscess, thrombosis of the sinus, easily discovered by the cerebral symptoms, hæmatoma of the orbit, which appears suddenly and accompanied sometimes by palpebral ecchymosis, emphysema, confirmed by crepitation.

In exophthalmic goître, the procidence is double and accompanied by thyroidian and cardiac symptoms. The benignant or malignant nature of the neoplasm will be elucidated by taking into account the general condition of the patient, the more or less rapid development of the tumour, the pain, heat, and engorgement of the ganglions which are produced.

Sometimes a puncture or exploratory incision is necessary to clear up the diagnosis.

When the tumour is visible, the diagnosis can be made with precision, thanks to the personal character of the neoplasm cysts, vascular tumours, osteo-fibroma, lipoma, carcinoma, and sarcoma.

The cysts are congenital or acquired. The former comprise dermoid cysts, serous meningocele. They are generally seated inside the cavity ; they are mobile and attached to the bone by a fibrous tract. Meningocele is observed at the inner angle ; it can be easily reduced and receives the pulsations of the pulse and the respiration transmitted from the brain to the tumour. Acquired cysts are generally of lachrymal origin.

The vascular tumours are pulsatile or non-pulsatile. The former are easy to recognise. The eye is protruding, the vessels of the eyelid, the conjunctiva, and of the neighbourhood are dilated. The hand of the surgeon feels distinct pulsations, and if he applies his ear he perceives a whistle, also felt by the patient. Under pressure of the hand, the eye recedes into the orbit, and if the carotid is compressed, the exophthalmia disappears as well as the whistling.

Osteoma, as the name indicates, is seated on the walls of the orbit, especially the frontal, and is recognised by its large bases and its particular hardness.

Fibroma is a hard tumour of slow development. Lipoma is an indolent, semi-fluctuant tumour without pulsations and never causes serious trouble.

Carcinoma of the orbit is so rare that it need not be taken into account. Sarcoma, on the other hand, is very common and almost always requires interference. The malignant tumour may be seated in the eye, destroying its envelopes, or on the periosteum of the roof of the orbit, producing a painful swelling of the bone, vascular dilatation of the region, and destroying all the soft parts in its rapid development.

Before an operation is decided on the direction of the exophthalmia should be studied with care, the nose and the pharynx should be explored, the cerebral symptoms weighed, and, if possible, the diagnosis should be cleaerd up by the aid of the radiograph and the radioscope.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 21st, 1904.

AT the thirty-third meeting of the German Surgical Society, Hr. Pels-Lensden spoke on

INJURIES TO THE SPLEEN AND DIAPHRAGM,

and showed a patient. The injuries were caused by a discharge of small shot from a shot-gun at a distance of about nineteen inches into the pleural and abdominal cavities. The speaker first saw the case five hours after the infliction of the injuries, and then the following conditions was present : The omentum had partly passed out through the opening of entrance ; there was pneumothorax, and the heart was displaced a good deal to the right. An incision was made from the wound opening backwards, and a piece of the spleen that was torn off removed, and also a portion of rib that had been shattered. The stomach, the transverse colon, and a portion of the omentum were in the thoracic cavity. A lengthened incision was necessary before the parts could be replaced in the cavity of the abdomen. The bulk of the shot lay in the second half of the spleen and was removed. The diaphragm, which was torn from the centre backwards, was united by suture, the lacerated abdominal wound was pared smooth, and a tampon inserted, and the thoracic cavity closed. No symptoms of peritonitis appeared, only a phlegmon of the abdominal wall and an empyema which delayed recovery. The patient was still pale, but had increased about five pounds in weight in a fortnight. The pus from the chest cavity was steadily diminishing. A definite recovery would have a material influence on the later judicial proceedings.

Hr. Festig related a case. A man was crushed by a horse against a wall. When the speaker first saw the case there was jaundice, the urine was dark-coloured, there was great emaciation with peritoneal effusion, and on exploratory puncture deeply bile-stained fluid was withdrawn. Laparotomy was performed. The peritoneum was obliterated, the intestines glued together. no injury of choledochus. On

the convex surface of the liver, however, there was a deep tear, out of which bile welled up; but very little hæmorrhage. The tear was sutured; a fistula formed, however, through which sequestra of liver were subsequently passed. The patient had now quite recovered and had gained 25 lbs. in weight.

Hr. Thöle reported the results of experiments on animals in regard to arrest of hæmorrhage. He had examined the blood of the portal vein thirteen times, and had always found it sterile. According to this it was not so impure as Langenbuch had assumed. Possibly if pus was present bacteria would find their way into the portal vein and into the liver, otherwise infection would proceed from the bile passages.

Hr. von Frisch, Vienna, had a man under treatment in November last for gun-shot wound in the region of the stomach. After opening the abdomen an entrance opening was found in the anterior wall of the stomach, but no opening of exit and no projectile. Recovery took place after closure of the wound in the stomach. Later on the projectile was found in the muscles of the back; it must, therefore, have passed through the posterior wall of the stomach, although no trace of the opening could be found.

Hr. Schlange, Hanover, said that only rarely one came to the conclusion to operate on a movable liver. There could only be question of such operation if the liver was very low down, gave rise to grave symptoms, and could not be supported by bandages. If an operation had to be performed, the liver must be fixed very firmly or the time spent on the operation would be wasted. He himself cut through the muscles at the costal margin, fixed the peritoneum on to the posterior surface of the liver, so that it became attached to the chest wall.

Hr. Körte, Berlin, followed with a paper on

THE CONNECTION BETWEEN DISEASES OF THE BILE-PASSAGES AND INFLAMMATION OF THE PANCREAS.

He said that when that part of the bile-duct that passed through the pancreas was inflamed the peripancreatic tissue and the pancreas itself might easily suffer also. There were numerous lymph glands there that became swollen and suppurated, and the inflammation spread out thence to the pancreas. The duct became compressed by calculi, and the secretion became blocked, with subsequent inflammation. The papilla duodeni emptied both the bile and the secretion of the pancreas into the bowel. Chronic pancreatitis was therefore not infrequent in cases of cholelithiasis. He had seen acute pancreatitis seven times, abscesses in the head of the gland twice (one case fatal), peripancreatitis twice (with one death), and once necrosis of the pancreas. In four cases there were gall-stones, once there was cholecystitis without stones; here the pus had passed into the pancreas. As regarded symptoms there was epigastric pain as in gall-stones, also peritonitis of the upper part of the abdominal cavity, and a tendency to collapse. The chief symptom as regarded differential diagnosis was the presence of a tumour running across the epigastrium. Of the seven cases, four died and three recovered. In five cases only operation for gall-stones was performed (one recovered, there was necrosis of the fatty tissues and packing with strips of iodoform gauze). In one case there was a calculus near the papilla; the choledochus was freed retro-peritoneally; there was an abscess in the pancreas which was opened; the stone was removed through the duodenum. The patient recovered. In one case a fistula of the pancreas remained behind, which closed up later. For opening up the pancreas, he made the incision like Riedel from the ensiform cartilage at the margin of the ribs to a little below the umbilicus.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 21st, 1904.

ELEPHANTIASTICUM VAGINÆ.

AT the Gesellschaft der Aerzte Reimann presented a female with a chronic ulcer, about the size of a crown, with enormous thickening of the vulvæ of the vagina, as well as of the vagina itself. Two years after the increased thickening commenced, she acquired syphilis, which proves that the origin of the disease was not due to syphilis in the first place; neither could the ulcer be attributed to this disease, as it also existed within the vagina long before the infection.

Matzenauer remarked that this case disposed of the hypothesis that this kind of thickening was entirely due to syphilis, even when that disease could not be proved to exist. There was certainly good ground for the supposition, as the ulceration which also existed in this case was almost positive proof that some necrotic poison was at the root of the disease.

Riehl agreed with Matzenauer, and considered that this disease should be recognised as *sui generis*.

Neumann related the experience of one of his assistants on this subject, who had written a monograph on this disease as one derived from syphilis. He admitted the clinical appearance to be very similar, but the facts of this case were against such a conclusion.

Weinlechner remarked that he had a somewhat similar case of lupus hypertrophicus in the genitals, where the primary cause was tuberculosis. He thought the ulcer in this case pointed to the same origin.

PASSIVE IMMUNISING.

Hamburger and Dehne gave a record of their experiments, and averred that it can be demonstrated both in the test-tube and on animals that the injection of serum thrown into the organism will neutralise, within two or three days, its corresponding generator. This was considered by them a fact in practice of considerable value as prophylaxis could often be resorted to in the treatment of disease. They go further and affirm that different species of animals have sera that will accomplish the same end.

Pick thinks this can be carried too far, as these animal sera reduce the resistance, such as scarlet fever, that opens the system to diphtheria in which case the serum works very badly. Again, these antitoxins produce a precipitate in the blood that acts as a mechanical irritant and a menace to life.

Hamburger thought the theory of reduced resistance was rather exaggerated, as all his control subjects were not so exposed.

THEOCIN EXANTHEMATA.

Pauli showed a case of medical exanthemata after the use of theocin. The whole quantity administered was only 1·5 grammes, which was spread over two days. The rash was associated with malaise, vertigo, itching and a rash resembling urticaria over the body, particularly the lower part. He thought these skin eruptions were not uncommon from theocin and their allied derivatives or isomers in methyl (CH_3). In the same way antipyrin by the displacement of hydrogen in the amido group (HN_2) to produce pyramidon, which is three times that of antipyrin, but less irritable on the skin than the same combination of methyl.

Weidenfeld said this law of methyl additions did not always hold good, as he has seen pyramidon exanthemata very frequently, and that also when given in small doses. The chemical composition of the drug was

not so much to be considered as the colour, which was peculiar—antipyrin being blue, while pyramidon had a red exanthemata.

Ehrmann thought these comparisons rather fallacious, as antipyrin was very much more prescribed in practice than pyramidon, and therefore more exanthemata must be expected.

Pauli remarked that the use of the drug was not the determining force in the production of the exanthemata, neither was the quantity taken, but the susceptibility of the individual was the true measure to be applied, and not the quantity.

PRACTICAL IMPORTANCE OF BLOOD PRESSURE.

Geisböck drew the attention of the Society to the importance of blood pressure in the diagnosis of disease, and made a distinction between temporary and permanent pressure. Temporary low pressure was met with in acute infectious diseases, and notably in tuberculosis, while injections of tuberculin have the same effect. Chloral hydrate does not reduce the heart as much as it reduces the arterial pressure, which becomes more dangerous after prolonged use. Psychical irritation, indulgence in tobacco, alcohol, &c., reduce pressure. The current notion that the blood pressure is raised by giving alcohol during or after labour is fallacious.

Permanent high pressure is to be found in arterio-sclerosis and chronic interstitial nephritis. Along with high pressure the red blood corpuscles are greatly increased, rising as high as eight or eleven millions instead of five or six. This cannot be accepted as a constant rule, as he has met with high pressure and reduced corpuscles, which condition is invariably to be seen in nervous people.

He further demonstrated a very important case of general plethora without arterio-sclerosis, but with very high pressure in vessels.

The Operating Theatres.

ROYAL FREE HOSPITAL.

REMOVAL OF A LARGE OVARIAN CYST.—Mr. T. P. LEGG operated on a woman, æt. 45, who had been admitted with the following history: During the last two years she had noticed the abdomen getting steadily larger, but until three months ago she had not suffered any marked inconvenience. She then began to have vomiting, pain in the abdomen, and some shortness of breath. Up to a year ago she had menstruated regularly, but in the last twelve months she had only had one period. On examination, the abdomen was found to be uniformly distended. It measured round its greatest circumference 53½ ins. On percussion a dull note was obtained everywhere, except in the hinder part of each flank, where there was a well-marked resonant note. The dull areas did not change on moving the patient from side to side. A well-marked fluid thrill was readily obtained over the whole of the dull area. The tumour reached as high as the ensiform cartilage and costal margins, which last were everted by the swelling. Passing across the upper part of the tumour a transverse band could be felt. Examination *per vaginam* showed that the cervix and body of the uterus were pushed towards the right. The tumour could not be felt in either fornix or in Douglas' pouch. The abdominal wall below the umbilicus was œdematous; there was slight œdema of the feet; the urine was free from albumin, but was very scanty, only eight to ten ounces being passed in the twenty-four hours. The patient vomited frequently, and this was her chief symptom. The circulatory system was healthy. The most comfortable position for her to lie in was upon one or other side, in either of which positions she had no difficulty with her breathing. From the physical signs it was clear there was a large encysted collection of fluid in the abdomen, probably of ovarian origin. Three days after admission the patient was operated on. A lateral incision was made with its centre opposite the remains of the umbilicus, and just to the left of the middle line. The rectus muscle was very much atrophied, and on dividing the peritoneum the cyst was found to be adherent over the whole of its anterior aspect to the parietal layer of peritoneum. The walls of the cyst were thick and bluish-white in colour. On a trochar and cannula being passed into the cyst, a small quantity of brownish fluid escaped. It soon became evident that only a small loculus had been entered, therefore the opening into the cyst was enlarged by prolonging the incision upwards. Many pints of thin watery fluid then escaped. The abdominal incision was enlarged in an upward direction, and the adhesions to the parietal peritoneum were separated without the slightest difficulty. The transverse colon and omentum were adherent at the upper part, but readily separated after division and ligation of the omentum. There were no other viscera adherent, and the rest of the tumour was lifted intact out of the abdominal cavity. The pedicle was about three inches broad. It was ligated with three inter-locking ligatures, and the stump was covered by peritoneum. The right ovary was perfectly healthy. About four pints of sterilised salt solution were put into the abdominal cavity, which was then closed by uniting the layers of the abdominal wound in three tiers. The anæsthetic was chloroform, and no difficulty or trouble was experienced, there being no embarrassment of respiration. After removal the tumour was found to be a multilocular ovarian cyst arising from the left ovary. It weighed 25lbs., and with the amount of fluid lost must have contained between fifty and sixty pints. Every variety of ovarian fluid was found in the various loculi. The ensiform cartilage was so pushed up as to appear like the peak of a Turkish saddle. Mr. Legg remarked that this case was a good illustration of the enormous size an ovarian cyst could attain without producing any great inconvenience to the patient. It also was a good example, too, he said, of the effects which are produced by a large ovarian cyst, and the indications for removing it, namely, the pressure effects on the kidney and venous circulation. The case also illustrated, he thought, the ease with which even a big ovarian cyst may be removed, providing there are no extensive adhesions to the viscera. Another point illustrated was that adhesions do not necessarily depend on the size of the tumour, but on adventitious circumstances, such as peritonitis. In this case there had certainly been no peritonitis, and the adhesions which were found between the parietal peritoneum and the cyst were probably the result of contact and pressure by means of the patient's clothing. The tumour had only been giving serious symptoms during the last three months; previous to this time the woman had been able to do her work (washerwoman), and suffered only from slight constipation, which was not surprising when one considered how all the intestines were pushed into the posterior part of the abdomen, and considerably compressed. The incision just to one side of the middle line was used, he said, so that the rectus fibres could be split and afterwards replaced in position to ensure a thick, firm scar. This, he thought, was always a better incision than one strictly in the middle line. The saline fluid was left in the abdominal cavity to take the place of the tumour, and

to diminish the amount of shock and thirst. He pointed out that the pedicle had been ligatured in the way employed in order to prevent any slipping of the ligatures, and had been covered by peritoneum to diminish the chance of adhesions forming to the stump. Considering the size of the cyst the smallness of the pedicle was, he considered, interesting. There was practically no oozing from the separation of the cyst and therefore no drainage was employed.

The patient made an uninterrupted recovery. She never had a pulse-rate of more than 100, and that only during the first two or three days after the operation. The amount of urine secreted rapidly increased in quantity, until on the fourth or fifth day about eighty ounces were passed in twenty-four hours. It then fell to about the normal amount. The stitches were taken out on the tenth day, and the abdominal parietes, which had been very flaccid, rapidly contracted and became firm. The patient left the hospital one month after operation quite well.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 25, 1904.

AN INADEQUATE LUNACY COMMISSION.

THE efficiency of the Lunacy Commission is clearly a matter that affects the safety of the community. For some years past it has been evident that the work of the Lunacy Commissioners in England, at any rate, has been unable to prevent the frequent occurrence of scandals in the case of lunatics or alleged lunatics both in public and in private charge. The matter has been recently brought forward in the House of Commons by Sir J. Batty Tuke, one of the most able and experienced alienists in the Kingdom. His procedure was to move a reduction of £100 in the Civil Service Estimates vote in order to call attention to the constitution of the Lunacy Commission. The state of affairs he disclosed made out a strong case for inquiry and reform. At the outset he carefully emphasised the fact that the Commissioners were hard-working officials, eminent in their profession, and not personally responsible for the faults of which he complained. The Commission consisted of one unpaid chairman, three or four unpaid Commissioners, and three medical and three legal Commissioners, each receiving £1,500 a year. The duties of the unpaid Commissioners were confined to the office, whereas the paid Commissioners visited and reported upon 114,000 certified lunatics. While in England there is only one medical Commissioner to very 38,000 lunatics, in Scotland there was one to every 4,100. The supervising power, therefore, is ten times as great in Scotland, a country which can hardly be regarded as overmanned. In the Northern country every patient was visited twice a year by a medical Commissioner, but in England only once. The natural outcome of that disparity was the absence in Scotland of those scares and scandals which are unhappily of such frequent occurrence in England. The fault lies in the inadequacy of the English Commissioners in point of numbers, for, however competent, it is physically impossible they should accomplish ten times the amount of work done by their brother Commissioners over the Border and get equally good results. The numerical inadequacy of the English Commission is increasing by leaps and bounds. In 1845 their number was the same as in 1904, yet half a century ago they had to supervise 25,000 notified lunatics as against 114,000 at the present day. The legal Commissioners, in Sir J. Tuke's opinion, are absolutely useless for the purposes of inspection, and might be economically replaced by the appointment of two standing counsel. The first step, as he wisely maintained, towards obtaining public confidence in lunacy administration in England is to establish thorough supervision, which could be secured only by breaking up the country into four or five divisions for lunacy purposes, with a resident Commissioner in each. The main reason for the rapid increase of lunacy is—according to Sir J. Tuke—that we are manufacturing lunacy from day to day. A remark of that kind coming from such a quarter should commend itself to the earnest attention of the community. His line of argument was that medical men are precluded from treating the disease adequately at two critical stages—namely, the beginning and the end. Those stages could be properly treated among the moneyed classes, but it was not in those classes that lunacy has increased. In the case of the poor it is necessary to wait until the malady was sufficiently pronounced to warrant certification before anything could be done. An excellent illustration of what can be done by early treatment is afforded by the institution founded thirteen years ago by the County Council of Glasgow for the treatment of incipient cases. Of the patients admitted within its walls no less than 70 per cent. had been cured. Then there is the final stage of mental disease. When a patient is discharged from an asylum he is relegated to the miserable conditions in which he was first attacked by insanity. No term for the convalescence is allowed, with the natural consequence that the percentage of asylum recoveries is reduced by relapses from 40 per cent. to about 35 per cent. There can be no doubt that during the past generation a great change has come over our conception of insanity. The conscience and the intelligence of the

nation have been awakened with regard to tuberculosis and to cancer, both of which diseases it is striving to investigate if not to abolish. A similar attitude is desirable towards insanity, a scourge that not only attacks three out of every 1,000 persons living, but transmits its disastrous taint to posterity. Sir J. Batty Tuke's presentation of the facts to the House was a model of close and well-informed argument. The case he presented in favour of a Select Committee of Inquiry into the constitution of the Lunacy Commission is in our opinion overwhelming and unanswerable. It is most desirable that more medical men of his experience and abilities should throw their weight into the great council of the nation.

THE NEGLECT OF UTERINE CANCER.

A FRESH attempt—this time in Germany—to focus the attention of medical men, and the public in general, on the terrible mortality that results from the early neglect of cancer of the uterus has been made recently by Professor George Winter, of Koenigsberg. Professor Winter has been fighting since 1891, in the most systematic manner, against the different causes that militate against early operation and has at last the satisfaction of knowing that his efforts have borne some fruit. From his experience, he was lad to the belief that the chief causes of neglected uterine cancer were, first, deficient knowledge on the part of medical men; secondly, unconscientiousness on the part of midwives; and, thirdly, the conduct of the patients themselves. Working on these lines, he sent in December, 1902, a pamphlet to every practitioner in East Prussia describing the symptomatology and diagnosis of cancer, and dwelling on the importance of its early recognition. He also entered into a detailed description of the method of examining patients and of removing portions of a suspicious growth for examination. He further added, with considerable generosity, that he would be glad to place his laboratory at the disposal of any medical man requiring the examination of specimens. This pamphlet was followed by a circular, addressed to each midwife, pointing out that gynæcological diseases were beyond their province, and urging on them the necessity for sending women, who consulted them on account of such complaints, to the nearest medical man. To these two warnings Professor Winter added a third, addressed to women in general, in the form of an article published in the leading newspapers of East Prussia. This was a step requiring the exhibition of considerable tact, and one for which in these countries it would be impossible for any single medical man to assume responsibility. Professor Winter, however, did it in a most careful manner, and so that no objection could be raised to it. These three documents have been republished as a small monograph, the importance and interest of which have been very greatly supplemented by the subsequent appearance of the *Centralblatt für Gynäkolcgie*, containing a report of the results of Professor Winter's campaign for the first year. We learn that, so far as the writer could ascertain, but one medical man—and that one a homœopath—of those to whom his circular had been sent neglected to make an immediate examination in suspected cases. Further, that of seven midwives consulted by patients only one behaved improperly and endeavoured to prevent the woman from seeking medical advice; that the percentage of patients who sought advice within three months of the appearance of the earliest symptoms rose from thirty-two to fifty-seven; and that the percentage of patients who followed the advice they received rose from seventy-eight to ninety. This is an extremely satisfactory result for a year's work, and should give encouragement to the medical profession in these countries to persevere in their efforts to spread the knowledge of the nature of uterine cancer. We do not know that it would be either possible or desirable that any single individual should exactly follow Professor Winter's method of diffusing that knowledge, as what may be quite suitable in Germany would not be so here, but there are many Bodies and Societies who are quite competent to take as direct measures. The subject has not been by any means neglected in the past. In 1895, the late Mr. Knowsley Thornton delivered a strong appeal to the medical profession, so strong and so well worded that Cullen has thought it worthy of reproduction as an appendix to his work on uterine cancer. Similarly, Professor Japp Sinclair and Dr. Lewers have written in forcible language on the importance of a crusade against the present neglect of early symptoms, and the latter has recommended the adoption of measures very similar to those employed by Professor Winter. Still, there is room for much more education of each of the three units to which Winter attributed the neglect of cancer, and we feel that we are discharging an important duty in bringing the subject repeatedly to the notice of medical men.

INFANT SCHOOLS.

REFORM and reorganisation in educationa methods are in the air, and everyone interested in the national well-being will admit that both are urgently needed. That the whole of our chaotic educational system will be welded into one complete and harmonious whole is too much to be reasonably expected, but the moment is ripe for many radical changes conducing to efficiency. To several of these that are of special concern to medical men we have lately drawn attention, and we are glad to notice that two at least of them —namely, the questions of the medical supervision and physical training of pupils—are engaging much interest, and promise to bring forth practical fruit in the near future. It may not be inappropriate to discuss another very important one. We mean the age at which children should be sent to school. It is well to be clear at the outset as to the real aim of school instruction. The object with which public money is expended on the education of the children of the poor is to prepare those children in the highest reasonable degree to take

part in the work of society, giving them at the same time an opportunity of showing special aptitude or predilection, if they possess such. The object with which schools are provided is certainly and emphatically not to relieve parents of any of their obligations. Schools are serious places, designed for serious work, and not mere herding grounds, where children can be kept out of mischief for so many hours a day. In order that this work may be carried out only children fit to benefit by instruction should be allowed within their doors; to admit others is not only to waste money, but to run the risk of impairing them more or less seriously in their future careers. Now, can it be maintained that any educational good can possibly accrue to the babies crammed into the infant departments of the elementary schools as they are at present? A teacher of great tact and experience may suceed in maintaining some sort of order and quietness, and even in attracting their united attention to some simple objects; to do more would be obviously injurious, to do less would be to make the farce of instruction even more hollow than it is at the present moment. To extract a lisping A B C from a row of little tots under five years of age may be evidence of a teacher's ability to triumph over difficulties, but it may be gravely doubted whether the little four-year-olds would not be more profitably engaged in manufacturing mud-pies than in performing these feats of what Matthew Arnold would call "mental gymnastics." The young of *homo sapiens* are more helpless and backward than the young of any species in the animal kingdom, and experience is all against any early forcing of their faculties. These must be allowed to develop late and slowly. When the brain is ready for instruction its receptivity can be utilised for the purpose, but it may be stated unhesitatingly that the little mind that is allowed to be fallow till the seventh or even eighth year will be none the worse in the long run, and probably much the better. This being so, the infant school in which no harmful pressure is exerted resolves itself into a municipal crèche, where the youngsters can be dumped to relieve their mothers of some of the responsibilities of maternity. Desirable, doubtless, as such an arrangement may be for a mother with her hands full, it is not only an expensive one for the State, but it has proved itself a very dangerous one for the babies themselves. No less than three-quarters of the total cases of measles in the country occur among these elementary school infants, and they furnish over 90 per cent. of the deaths from that disease. There was a loud outcry in this country when the Boer children died from overcrowding in the concentration-camps during the war, and yet a system which allows nearly twelve thousand of these elementary school infants to perish from measles every year—to say nothing of the mortality from scarlet fever and diphtheria—is complacently regarded as desirable. When the necessity for education arises, children must take the risks of school life, but it is absurd to consider as serious the instruction of children who are hardly able to sit on their seats. Apart, however, from the question of the utility of this kind of teaching, and apart from the shocking mortality effects of the system on its little subjects, there is yet another point for consideration—that of cost. Buildings, mistresses, firing, and all the paraphernalia of education have to be forthcoming, and a sum amounting to a million and a quarter per annum has to be found to provide them. When the burden of educational rates and taxes is growing daily heavier, and when so much that is desirable in the interests of the health of the children has to be neglected on the score of expense, it is shameful to think of so gigantic a sum being frittered away every year in this manner. The mental development of the children is but little, if at all, assisted, and in so far as it is assisted, it is prematurely assisted. The mothers are relieved of the duty of looking after their young ones, and the little mites catch everything that is going and spread disease far and wide. Such are the actual results of the infant school, where the pupils sit morning and afternoon every day except Saturday and Sunday to earn "grants" for the institution. Educational zeal is an excellent thing in its way, but when that way leads to disease and death it is well to speak out and show the iniquity and folly of expending vast sums of public money to foster a system in which everything is made subservient to the Inspector's report to headquarters.

Notes on Current Topics.

The Belgravia "Medical" Institute.

A CIRCULAR describing an institution has been placed in our hands, and it appears that this document is being widely distributed among medical men. The institution in question is modestly entitled the Belgravia Medical Institute, apparently on the *lucus a non lucendo* principle, for it is situated in Pimlico, and is prepared to administer treatment without medical supervision. There is a "principal," who makes no claim to any medical qualification, British or foreign, a secretary, and, presumably a staff, for the circular is illustrated by photographs of male and female attendants applying the "medical" treatment to lightly-clad patients. The prospectus, besides the pictorial adornments alluded to, comprises a choice assortment of fallacious pathology and bad grammar. The treatment consists in a combination of light and water baths, purified air, and mechanical vibration. It is extraordinary how many diseases are benefited by this treatment; in fact, the lists given are so comprehensive that, like Mr. Jerome with his medical dictionary, about the only one we fail to find is "housemaid's knee." There are some pathological gems that can hardly be allowed to pass without notice. "In cases of obesity," we read, "the influence of the active rays of the arc light transforms the excess of fat, *or similar substance* (the italics are our own), to muscles of the body." And again, "vibrations thus produced force into action the parts weakened, or impeded, by disease or impurities—metabolism." But the principal

is capable of other things than writing pseudo-scientific trash of this kind. He has the honour to inform his patrons that in the interests of science he has constructed an air-purifying machine, which is now in full operation at the home. "By this machine the air in the room can be disinfected, scented, impregnated with oxygen and ozone—equal to sea or mountain air—kept cool in summer or warm in winter." The disadvantage of breathing air scented with ozone has been thoughtfully counterbalanced by the provision of the "Encyclopædia Britannica" for the use of the victims of the unpleasant odour. But there is a serious side to all this disingenuous nonsense. In this institute powerful arc lights and electrical apparatus are to be used by the principal and his staff on sick people, and their money is to be taken in return for this treatment. The use of light treatment is undoubtedly great, but its dangers are many, and even in the hands of medical specialists unpleasant results are occasionally produced. To leave the application of these potent remedies to any hands other than those of fully qualified medical practitioners is unjustifiable in the highest degree, and the general practitioner who wishes his patients to undergo a course of light treatment for which he has not the requisite facilities himself, or which he does not feel himself competent to undertake, can always place them under the care of a qualified and experienced brother practitioner who lays himself out for work of that type. This circular emphasises the regret we have always felt that under our anomalous laws it is impossible to prevent legally unqualified practitioners from carrying on their trade. Were the Medical Acts strengthened, and the General Medical Council given powers similar to those possessed by the Incorporated Law Society, it would be easy to protect society from irregular practitioners—and from itself. The average person has little or no idea of the risk he incurs by placing himself in the hands of those who run so-called medical institutes, not presided over or recognised by the medical profession, and it is incumbent on all practitioners to warn the public of the danger and folly of doing so. Light-treatment should no more be left to be exploited by the unlearned and unskilled than should the administration of morphia or strychnine. We hope the day is not far distant when it will be impossible for it to be so.

The Science of Æugenics.

IT may be confidently asserted that failure to recognise the nature and trend of those influences which are slowly, yet surely, altering the conditions of modern life in all grades of society is the chief cause of the almost universal indifference to all sociological matters. Any science which aspires to investigate these influences, in an exhaustive and critical manner, is worthy of cultivation by all who long to see the British race rise on the stepping-stones of hygiene to a higher plane of physical perfection. The ascent may seem difficult or even, in some classes of society, impossible, but when once the fallow ground of ignorance has begun to be broken up no thought of going back can be entertained for a single moment. The formation of a Sociological Society for the examination and discussion of those laws which are in constant operation upon the growth of the race augurs well for the renewed interest which is being taken by many thoughtful minds in the physical welfare and improvement of the race. The paper read by Dr. Francis Galton, F.R.S., with the imposing title of "Æugenics: its Definition, Scope, and Aim," at its first meeting, may be considered as the key-note of the Society's work, constituting as it does the study of all the various hereditary influences which are at work upon the individual in every grade of society. Such subjects as the declining birth-rate, unsuitable marriages from a physical point of view, and the feeding of infants among the poorer classes, among others, will, doubtless, receive a full share of attention on the part of this learned body. Whether the sterilisation of failures will ever become a *fait accompli* in this country is an open question, but the dissemination of the knowledge whereby the number of the physically unsuccessful will be reduced is of greater practical importance.

Water-Cress and Disease.

NUMEROUS are the unseen dangers which lurk, all unexpected, amid the common objects of every-day life. It would seem as if each article of food were bacterially haunted in its own special way. From the circumstances of its growth, it has long been known that water-cress (*Nasturtium officinale*) is liable to contamination by certain specific organisms. Not all of these are bacteria, for higher biological forms, such as the tænia echinococcus, sometimes render this usually innocent plant a source of danger when taken as a food into the human body. This latter, no doubt, is almost always an accidental occurrence, nevertheless it is one which needs to be very carefully guarded against by thorough washing of the cress before being served. The growth of the hydatid cyst in some vital organ may necessitate a serious operation, or may even sacrifice the life of the individual. Last autumn the Public Health Committee of Hackney traced an outbreak of enteric fever in the district to the consumption of sewer-polluted water-cress. Considering the fact that the plant will flourish vigorously, and that it is usually grown in shallow water, it is not difficult to imagine that the chances of such water being contaminated by sewage are not very remote. To obtain the best results, the cress should be exposed to the gentle but continuous action of a current of water, but it will thrive almost equally well in a ditch. Rubbish and mud are apt to collect among the young shoots, and if this be specifically infected with pathogenic organisms the consumption of the plants from such a source must be attended with grave danger. At Hackney the drains opened directly into the beds. The Committee recommended that the Local Government Board

should hold an inquiry as to the sources of the water-cress supply of the metropolis, and it must be acknowledged that an official inspection of the beds and a report thereon is imperatively required in the interests of the community of the whole of London.

Sterilised Milk.

DURING the past few years many of the more progressive municipalities have established depôts for the distribution of milk for infants, and in these it is the custom to prepare the milk for use by a process of "sterilisation" by heat. Ten years ago Professor Flügge, of Berlin, pointed out the unsatisfactory nature of most of this so-called sterilisation, and the dangers that result from the false sense of security to which it gives rise. Following Flügge's lines, Dr. Robertson, of Leith, has recently examined the milk supplied by the Leith Corporation at the Infants' Milk Depôt over a large number of days last winter. In all, he examined ninety specimens of milk, and, having incubated them for two days at 98° F., bacteria were found present in no less than seventy-six. The number of sterile bottles received on some days was much higher in proportion than on others, pointing plainly to varying sources of contamination. It would appear, then, if Leith is at all typical, that the term "sterilised milk" should be given up, and some such term as "milk prepared for infants" substituted. In this way the name will be more accurate, and undeserved confidence will not arise. At the same time, Dr. Robertson is not at all in favour of giving up the preparation of infants' milk, for imperfect as the present method is, it is better than entire absence of system. In fact, if the milk at present distributed at the depôts be kept in a cool place, and consumed on the day of purchase, it is very safe. The whole question of the milk supply of large towns is, however, one of enormous importance, and its solution is still almost unattempted.

Medicine as a Factor in Politics.

WE are credibly informed that at the recent municipal elections in France the local political spirit ran high in a certain town, as there was likely to be a close fight between the contending parties. It so happened that the local practitioner belonged to what in England would be termed the Conservative camp thought, as he was alone he was called upon to attend voters on both sides. Allowing the political factor to get the better of his professional duty he actually declared a number of Socialist voters under his care to be suffering from scarlet fever, thus precluding their going to the poll and securing the success of his own candidate by a narrow majority. This is a manner of bringing medical influence to bear on politics probably not contemplated by the discontented members of our profession who persistently urge upon their brethren the duty of assisting in the return of candidates who will interest themselves in medical and medico-social problem reforms, and it is certainly not one which can be commended. The French press appear to think it a good joke, but a more prosaic British jury might well deem such an error of diagnosis a ground for swinging damages if the motive could be brought home to the delinquent.

Verminous Heads in Children.

LAST week a correspondent drew attention to the fact that some years ago he had suggested in the *School Board Journal* the desirability of a periodical survey of the heads of all board school children by a medical officer. He will be doubless gratified at finding the good seed has not been choked among thorns, although its fruition is not yet perfect. As an aural surgeon the part played by pediculi in the causation of a host of near and remote troubles in children has been impressed upon his mind in the out-patient room. The dermatologist could tell a similar tale of woes due to parasitic irritation of the scalp. Enlarged glands of the neck, abscess, eczema, acute and chronic seborrhœa, pustular dermatitis, contagious impetigo, general septic dermatitis, conjunctivitis, external auditory coccal invasion with secondary middle ear involvement, reflex neuroses, and so on indefinitely. Given the first irritant in the shape of pediculi, dirt, scratching, and secondary infection do the rest. Beyond a doubt, the school authorities of the future will have to reckon with verminous heads just as they will with ringworm, granular lids, and all other communicable diseases. Responsibility does not end with physical drill and the grammar book.

Infectivity of Acute Rheumatism.

WE drew attention some time ago to the very interesting and suggestive series of investigations into the causation and nature of rheumatic fever in which Drs. Poynton and Paine have been for some time engaged. Their view, borne out by many clinical and experimental observations, is that the disease is a specific infective fever, caused by a diplococcus which they claim to have separated. The disease, however, is not limited to what is commonly called rheumatic fever, but includes all those clinical manifestations which are grouped under the wide term "rheumatism," and in addition, chorea, pericarditis, a form of bronchopneumonia, iritis, and tonsilitis. This is a startling reversal of ancient beliefs, but it must be admitted that Dr. Poynton makes out a good case. He has, in all, investigated twenty-five cases, the last of which he recently reported to the Medical Society of London. The illness—a prolonged one, showing in turn the symptoms of rheumatic fever, rheumatic arthritis, chorea, and endocarditis, terminated fatally, and he had the unusual opportunity of an immediate autopsy. The characteristic organism was found in large quantities in the vegetations on the mitral valve, while it was separated by culture in pure form from the valve, the spleen, and the kidney. It was also obtained from the lungs, but mixed with other organisms. Inoculation experiments were then made by Dr. Shaw on rabbits and monkeys—

with the formation of the typical lesions of rheumatic fever associated with endocarditis in both animals. From these lesions the same organism was again separated. The facts, as we have related them, are all in favour of Dr. Poynton's hypothesis, but nevertheless, it must not receive too rash an acceptance. Even if his argument be admitted, as far as the nature of the endocarditis and other lesions of acute rheumatism is concerned, we still have left the very varied conditions of chorea and tonsillitis, with regard to which proofs are not so convincing. It is, however, at worst a very good working hypothesis, and it may safely be left to the test of further experiment and wider observation.

The Medical Defence Union.

IT is with much pleasure we draw the attention of our readers to the nineteenth annual report of the Medical Defence Union. The wise step of imposing an entrance fee has yielded the substantial sum of £234 10s. During the year, £1,000 has been added to the invested funds. The latter act is satisfactory, as it points to the strengthening of the Society in a direction that cannot fail, sooner or later, to play an important part in its future progress and influence. The accumulation of a substantial reserve fund may be regarded, indeed, as almost a *sine quâ non* of ultimate survival. The year 1903 has been an eventful one in the history of the Union, inasmuch as it has witnessed much discussion upon the question of the consolidation and absorption of the various medical defence associations and of the development of co-operation of a similar movement in the British Medical Association. The Medical Defence Union, as the pioneer society of the kind, may be congratulated on the universal attention and interest that have been aroused in the profession with regard to self-defence. We propose to deal more fully with the Report in a future number.

The Hay Fever Season.

THE advent of summer, with it accompaniment of flowers, will soon bring to consulting rooms all over the land the usual crop of sneezing, distressed patients whose nasal mucous membranes are susceptible to the poison and irritation of pollen. Most of these sufferers will have tried everything in the way of cures, from cauterisation of the mucous membrane to a sea-voyage, and the practitioner will often be at his wits' end to suggest some new method of relief. Under these circumstances the antitoxin of Dunbar is well worth a trial. It is a scientifically-conceived preparation, and has already established its claim to recognition as a worthy and innocuous substitute for the common drugs in use. The testimony as to its value is not unanimous, but there is a large body of evidence to show that in certain cases, under certain conditions, it is both prophylactic and curative. Its failure in some cases was attributed last year in America to the fact that the antitoxin was only specific as regarded toxins from pollen of like nature to that from which it was produced, but it seems now that the toxins contained in most pollen grains are closely allied, and that the cases which Dunbar's serum fails to alleviate are those in which the irritant is not pollen itself, but some other body, such as dust. The serum may be used in liquid form for application to the conjunctiva or nose, and also as a powder, consisting of the serum dried and pulverised, which can be employed as a snuff. The patient should use these on rising in the morning, and again whenever irritation is felt throughout the day, by which means severe attacks ought to be prevented altogether. If an attack be well established, marked amelioration ought to follow their application to the same surfaces. The method deserves to be widely tried, and all medical men who avail themselves of it should record the results of their experience, as no drug has hitherto proved of universal application in this tiresome complaint, and the charlatans have made fortunes out of their reputed specifics.

Memory.

PERHAPS there is no single gift that would be more appreciated by the absent-minded and forgetful than that of a good memory, and it is with envious wonder that one regards a man like Macaulay, who found it difficult to forget anything. Many people have good memories for retaining facts, but bad ones for reproducing them at the right moment. Others can remember well for a short time, but cannot retain their acquired knowledge for any length of time. Still others possess the subconscious type of memory that absorbs impressions without noting that it is doing so, and brings them out long afterwards, much to the surprise of the owner, who cannot remember whether the phenomena actually occurred or whether he dreamt them. The most valuable memory will always be the encyclopædic one, that collects, stores, and catalogues all the information it requires under different headings, and is never at a loss for a series of facts to reinforce any argument or to lend point to any observation. A good memory does not always connote intellect of a high order; in fact, the reverse is very often the case. This is especially so with the visual memory, which seems able to convey facts and figures direct to the nerve-cells without the intervention of any intellectual process. On the other hand, when great powers of visual memory are associated with considerable ability in some particular direction, the result may be as astonishing to the bystanders as it is gratifying to the subject. A remarkable instance of this was related at the recent Congress on Experimental Pyschology at Giessen by Professor Müller of Göttingen. A certain person, whom he called Doctor "K," possessed mathematical aptitude of a high order, combined with a remarkable visual memory. Not only could he learn and repeat by heart a row of two hundred and four figures in twelve and a half minutes, but he could extract the square root of a number containing twenty-five figures in ten minutes. Of the two hundred and four figures, Dr. "K" could remember 80 per cent. three days later, and 75 per cent. at

the lapse of thirteen. Professor Müller asserted that the previous record time for learning two hundred and four figures was seventy-five minutes, so that Dr. "K's" performance was a noteworthy one indeed. How many of us would take seventy-five hours and then not remember them?

Epilepsy and Crime.

THE field of scientific criminology offers a rich harvest to future workers. At the same time it is capable of producing results of the utmost value to the community. To take the single point of the relation of epilepsy to crime, the formulation of any sound general conclusions upon the subject would enable the conduct of criminal trials to be regulated on logical, just and truthful lines; in other words, action would become scientific. Much more has to be learnt about the psychical form of epilepsy. Spratling, of New York, has done some good work in this direction. He has directed attention (*a*) to the "silent" form of epilepsy in which the ordinary *grand mal* is replaced by its psychomotor-epileptic equivalent, with its chief characteristic of psychomotor violence, or he has a purely psychical attack. Apprehension, comprehension, memory and reasoned action, are impaired in these cases. A common symptom is lapse of memory for a long *period* of time, during which the patient may lose his identity and recover consciousness in some distant place. They have become simple non-violent automata.

X-Rays in the Diagnosis of Phthisis.

THE importance of early diagnosis of pulmonary tuberculosis is a point upon which all are agreed. And yet it is a well-known fact that it is sometimes extremely difficult to ascertain with absolute certainty the presence of the disease in the early stages. Physical signs may be wanting or may escape observation at a first examination, subjective symptoms may be conspicuous by their absence, or even if the suspicions of the medical examiner be well founded, there may be no sputum available to confirm his view. The bacteriological test, when positive, is one of the most conclusive known to modern medicine, and, moreover, it does not require any elaborate apparatus or long technical training for its performance. If it cannot be applied and, in addition, the physical signs are not very definite, the diagnosis of phthisis can only be made provisionally. On the other hand, the disease may have existed for a considerable period and may have caused more or less extensive destruction of lung-tissue without being detected during life by the physician or suspected by the patient himself. The revelations of the post-mortem room have proved this over and over again. The application of radiography to medicine promises to be of the greatest assistance in the practical diagnosis of pulmonary disease, both in the detection of early phthisis and also by providing ocular demonstration of the extent and distribution of the malady. At the last meeting of the Clinical Socety of London, a report of which appeared in our last week's issue, Drs. A. S. Green and W. H. B. Brook, of Lincoln, showed very clearly the value of the X-rays as a factor in the diagnosis of pulmonary tuberculosis Especially to be noticed is the unilateral limitation of movement of the diaphragm which can be seen by the screen method in early cases, and in bilateral cases these observers have shown that the presence of tuberculous disease may be demonstrated in many instances before it is recognisable by ordinary methods of examination.

(a) *New York Med. Journ.*, November 8th and 15th, 1902.

A Dietetic Transformation.

EVERYONE has his own theory of diet nowadays, and the doctor who fails to leave instructions as to a patient's food is thought worse of than one who forgets to leave a prescription. People have a firmly-rooted idea that it is that which goeth into a man that defileth him, and every pathological sin of omission or commission is laid at the door of some dietetic indiscretion or error. But the diet has not yet received the recognition it deserves as a factor in the formation of moral character, and anyone who doubts that it is such a factor should ponder over the remarkable case of Julius Wiltrax, which, although it comes from New York, seems to be fairly well authenticated. A little boy of four years of age was found murdered last year, and after the case had been in the hands of the police for some time enough evidence was accumulated to enable them to charge a barkeeper named Wiltrax with having committed the crime. In the course of the trial the chief witness against the prisoner was his little son Julius, who confessed with charming boyish naïveté, that his father had killed the child. Wiltrax was found guilty and imprisoned. A millionaire, Mr. Van Vlissingen, who was much interested in the case, formed the impression that a miscarriage of justice had taken place, and obtained permission to isolate Julius from his surroundings, and feed him liberally on the best of food. After a course of this modified Weir-Mitchell treatment, the boy confessed that his evidence was perjured; that it had been manufactured by the police, who made him learn it by heart and repeat it under threats. It is, of course, still open to question whether the (apparently) reformed Julius is not as big a liar as he was before the treatment, and a fresh trial is likely to be forthcoming at which his new evidence will be sifted. If it prove that isolation from his unhealthy surroundings and the administration of a generous dietary have wrought the transformation they appear to have done, the makers of the now fashionable food preparations will have a new argument to add to the many whereby they seek to call attention to their wares.

Prognosis in Tuberculous Affections.

THE prognosis of tuberculous affections is a matter of interest to all members of the medical profession. Their protean aspect can be properly appreciated only by a general acquaintance with the diseases of special regions of the body. In this way the physician, the surgeon, the ophthalmic

surgeon, the dermatologist, the alienist, the gynæcologist, the aurist, in a word, every medical man, whatever the nature of his practice, has to be on the alert against obscure tubercle, just as he is about obscure syphilis. Of late years there is no need to remark that our ideas have undergone a revolution with regard to pulmonary tuberculosis. The open-air treatment marked one of the great advances in scientific medicine. With regard to surgical tuberculosis the frequent healing of tuberculous abdominal affections after simple incision opened up another line of advance. In spite of surgical progress, however, certain tuberculous affections are still regarded as practically hopeless. Tubercle of the choroid usually heralds a rapidly fatal termination, but cases of that affection have been recorded in which the patient has lived for years, or has ultimately recovered. This interesting subject has received considerable attention at the Society for the Study of Disease in Children, and will be found fully reported in the "Transactions" of that body.

PERSONAL.

HIS MAJESTY THE KING has been pleased to appoint Sir Charles Bent Ball, M.D., F.R.C.S., Regius Professor of Surgery, University of Dublin, to be one of His Majesty's Honorary Surgeons in Ireland, in the room of Sir Philip Crampton Smyly, M.D., deceased.

IT is announced that Professor Koch, who is returning from South Africa after investigating the causes of mortality among horses, believes he has discovered a remedy against the disease.

DR. ARDEN MESSITTER, J.P., has been for the third time elected President of the Medical Defence Union.

THE annual address of the Balneological Society was delivered on the 18th inst. by Sir Dyce Duckworth.

LORD GLENESK last week presided at the annual general meeting of the Hospital for Women, Chelsea, London.

SIR ISAMBARD OWEN, Deputy Chancellor, presided last week at the annual meeting of the Welsh University at Holyhead.

MR. JOHN W. HUGHES has generously presented the Royal Southern Hospital, Liverpool, with a full equipment for the X-ray room.

THE DUKE OF FIFE will preside at the annual meeting of the London Hospital for Sick Children, Great Ormond Street, on May 26th, at 5 p.m.

IT is announced that Lord Wolverton will preside at the Festival Dinner of the Metropolitan Hospital at the Whitehall Rooms, London, on June 25th next.

DR. JOSEPH O'CARROLL delivered an address dealing with the Poor-law Dispensary System at the annual meeting of the Leinster Branch of the British Medical Association.

THE DUCHESS OF WESTMINSTER last week presided at the annual general meeting of the University College Hospital Ladies' Association, which now numbers 386 members.

MR. T. C. LANGDON, F.R.C.S.Eng., has been presented with a handsome service of plate in recognition of forty years' devoted service as surgeon to the Royal Hants County Hospital.

DR. NOGUCHI, a Japanese physician, recently announced the discovery of a serum antidote to rattlesnake poison at the annual dinner of the American Physicians' Association at Washington.

DR. A. F. STREET, of Westgate, President of the Balneological and Climatological Society, took the chair at two most successful social functions of that association on the 18th inst., namely, the annual dinner and smoking concert.

DR. R. H. BAKEWELL, who is now over seventy years of age, is said to be the only man in the Army who is entitled to wear the Crimean and the South African medals. As a young man he served in the Crimea, and was under Lord Raglan as Staff-Assistant-Surgeon. He has seen service in New Zealand.

Correspondence.

[We do not hold ourselves responsible for the opinion of our correspondents.]

VERMIN IN CHILDREN'S HEADS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent, Mr. W. R. H. Stewart, is to be congratulated on the anticipation of reform that prompted his suggestion that the heads of all board school children should be examined by a medical officer as a matter of routine. As an aural surgeon he has no doubt traced scores of more or less serious ear troubles to their ultimate origin in irritation of the scalp by pediculi. In skin practice one is constantly impressed by the extent and sometimes the gravity of cutaneous troubles due to the same cause. Indeed, a philosophic description of a great proportion of skin affections might be based on the history of near and remote effects of the pediculi that haunt the human scalp. In feeble children the results are often disastrous.

It is to be hoped that Mr. Stewart will live to see his suggestion carried out in every rate-supported or rate-aided school. Wisely, he has left the supervision to a medical officer. None but those who have spent years at skin work can realise the amount of patience, skill and experience often needed to detect the presence of pediculi. I am, Sir, yours truly,

D. WALSH.

Hanover Street, London, W., May 19th, 1904.

PALMAM QUI MERUIT FERAT.—A PROTEST.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Probably the vulgar phrase, "a large order," could never more properly be applied than to the claim which Dr. Granville Bantock put forth in his first letter under the above heading some month or so ago. In that letter, as I understood it, he suggested that he, not Lord Lister, deserved to bear the palm for the advance in surgical practice known as Listerism; and that Lord Lister had accepted the honours unanimously conferred upon him by the whole scientific and unscientific world well knowing he had no real claim to them, and knowing, indeed, that they belonged to Dr. Granville Bantock. This is a truly colossal order, and it seems to me should be fully justified or withdrawn by its author. That is the question. I do not think it would interest your readers to revive and rehearse the controversy I held with Dr. Bantock and the late Mr. Lawson Tait in your columns in 1896. In turning to the correspondence, however, I find that in a letter in THE MEDICAL PRESS AND CIRCULAR of October 7th in that year, Dr. Bantock wrote: "No one has ever seen a germ; and if he believes in germs he has no means of proving their presence or absence." He now writes that my memory plays me false when "I attribute to him the denial of the existence of germs." Some things evidently have happened in Dr. Bantock's experience since 1896; no doubt he can explain them and make his position clear if he please. For myself I may say it will be interesting to hear Dr. Bantock's explanations; but not the slightest atten-

tion having so far been paid to his writings on the subject in question by the scientific world in general. I am not quite certain whether his contributions will be equally acceptable to those of your readers who do not, like myself, sign themselves in good faith,

Yours truly,

May 28th, 1904. IGNORAMUS.

Obituary.

GEORGE H. C. WAY, M.D.Lond., B.S.

WE regret to announce the accidental death of Dr. George H. C. Way, who for seven years practised at Romsey. He had announced his intention of going for a bathe in the river. Three-quarters of an hour later a keeper saw his body in eight feet of water. Another doctor plunged in and got the body out, but life was extinct. The deceased was an expert diver and swimmer, and it is supposed that he was overtaken by cramp. The career thus cut short was full of brilliant promises. Dr. Way was a student of University College Hospital, whence he took the M.B.Lond. and B.S. in 1894, and the M.R.C.S., L.R.C.P., in the same year. He acted as House Physician at University College, and at the Great Ormond Street Hospital for Children.

Medical News.

The Royal University of Ireland.

HIS MAJESTY THE KING has been graciously pleased to present to the Royal University of Ireland a signed portrait of himself through the Chancellor of the University, the Right Hon. the Earl of Meath. Their Majesties the King and Queen are hon. graduates of the Royal University.

University of Durham.—Health Scholarship.

THE scholarship founded in accordance with the will of the late Professor G. Y. Heath, M.D., D.C.L., F.R.C.S., President of the University of Durham College of Medicine, has been awarded by the Professor of Surgery in the University of Durham to Mr. W. G. Richardson, M.B., F.R.C.S., of Newcastle-upon-Tyne, for his essay on "The Development and Anatomy of the Prostate Gland, together with an account of its injuries and diseases, and their surgical treatment." This scholarship is awarded every second year, and is of the value of £200. A further grant from the scholarship funds to the extent of £50 was awarded to Mr. Richardson, half of which is for the purpose of reproducing the drawings which accompanied the essay, and the other half to enable Mr. Richardson to mount satisfactorily his valuable collection of wet specimens, nearly seventy in number, which illustrated the essay. These will form an important addition to the Museum of the University of Durham College of Medicine, Newcastle-upon-Tyne.

Death Under an Anæsthetic.

LAST week Mr. John Troutbeck held an inquest at the Westminster Coroner's Court, London, touching the death of Sydney Renaut, aged 58 years, lately living at Hummum's Hotel, Covent Garden, where he was employed as manager. The evidence showed that deceased was removed to the Charing Cross Hospital. It was then found that he was suffering from a strangulated hernia, and that an operation was necessary. Dr. Hood administered an anæsthetic and twenty minutes later, whilst the operation was proceeding, patient was noticed to be looking blue. Restoratives were administered, and he rallied a little but sank and died in a quarter of an hour. Dr Freyberger, whose opinion is necessary to the formal verdict of any Westminster inquest, attributed death to heart failure whilst deceased was under the influence of an anæsthetic. The jury returned a verdict of "Death by Misadventure."

The Fifteenth International Congress of Medicine.

THIS congress will be held at Lisbon from April 19th to 26th, 1906, and will be representative of the various sections as usual, with an additional section on "Colonial and Naval Medicine." The executive committee of the Congress has the intention to print, before the reunion, all the official reports; it is necessary that they shall be given before September 30th, 1905, to the General Secretary, or at the very latest before December 31st, 1905, if the authors desire that the conclusions should be printed before the opening of the Congress. The official language is the French. In the general assemblies, as in the sections, the English, German, and French may be used. We see the committee has excluded the Portuguese from the languages permitted, with the intention of diminishing the number of languages spoken. The president of the committee of organisation is Dr. M. da Costa Alemão; the general secretary, Dr. Miguel Bombarda; all the adhesions must be addressed to the latter at the Hospital de Rilhafolles, Lisbon. Mr. D'Arcy Power, F.R.C.S., is the hon. secretary for England.

New Home for Consumptives.

THE Duchess of Montrose opened last week the Lanfine Home at Kirkintilloch, Dumbartonshire, the first institution in Scotland where consumptive patients who are beyond the point at which treatment in a sanatorium would be likely to prove beneficial will be attended to during the remaining period of their illness. The Duchess of Montrose, in declaring the home open, said that at the present day, when they heard on all sides that fresh-air homes were being established in different parts of the country, the public were apt to think that all that was necessary was being done, not always realising that these fresh-air homes were only available for those who were in the first stage of consumption, and who happily could be permanently cured. There still remained an urgent need for homes for more advanced cases who were liable to become centres of infection. By that method alone could the disease effectually be combated. The Lanfine home was provided for incurable cases only. She hoped that the public would subscribe and not disappoint the director who had taken the grave responsibility of carrying into operation the bequest of the donor, Miss Martha Brown, of Lanfine, Ayrshire.

The Study of Medicine in Wales.

AT the recent annual meeting of the Welsh University Court, at Holyhead, the question of petitioning for a supplemental Charter, which should include provision for enabling the University to grant degrees in medicine, surgery, and obstetrics was raised. The following letter from Sir Arthur Bigge, Private Secretary to the Prince of Wales, Chancellor of the University, was read:—"Marlborough House, May 9th.—His Royal Highness has read your letter of the 7th, and is glad to hear of the large improvement on your estimate for the year, which seems to him creditable to those who manage the finances of the University. His Royal Highness quite approves of including in the petition for the power of granting degrees in medicine, the supplemental Charter you contemplate applying for for the affiliation of the Colleges."

Irish Medical Schools and Graduates' Association.

A SPECIAL meeting of this association will be held to-day at 4.30 p.m., at 11 Chandos Street, for the purpose of discussing the grievances of the members of the Irish Poor-law Medical Service. The meeting has been summoned in response to a requisition signed by twenty-one members of the association.

Trinity College Dublin.—Trinity Term, 1904.

Final in Surgery.—James G. Wallis, Herbert St. M. Carter, Henry M. Crawford, Wright Mitchell, Arthur W. Goldsmith, Charles J. Coppinger, David Gray, John W. Leech, James H. C. Thompson, Frederick W. Bury, John A. Sibthorpe, Wilfrid Thunder, Harold T. Marrable, Wilfred L. Myles, George B. M'Caul.

Royal College of Surgeons in Ireland.—Fellowship Examination.

THE following candidates having passed the necessary examination, have been admitted Fellows of the college:—L. E. Hardy, M.S., &c., Univ. Edin.; J. F. L. Keegan, L.R.C.S.I., &c.; R. H. Kennan, M.Ch., &c., Univ. Dub.; J. C. Lavertine, L.R.C.S.I., &c.; J. M. S. Levis, L.R.C.S.I., &c.; J. J. O'Hagan, L.R.C.S.I., &c.; and H. Stevenson, B.Ch., &c., Roy. Univ. Irel.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive Signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

DR. J. W. MARTIN is thanked for his communication, which is marked for early insertion.

MR. DAWSON.—Recent statistics reveal the fact that a good many fallacies surround the subject. We are at present completing a series of analytical investigations, which we hope to publish shortly in these columns.

THE RED CROSS IN WAR.

From the last number of our medical contemporary, the *Sei-i-Kwai*, of Tokio, we learn that the President of the Nursing Association of Japan, is H.I.H. Princess Komatsu, the members are all ladies, and the manager is Marchioness Nabeshima. All the members are trained in the duties of nurse, and their work is consequently of the greatest assistance to the Red Cross Society. Bandages and many other surgical necessities are sent to the field by the Association. Its members visit the wounded men in the hospitals, and also work as nurses there. Some of them even go to the front. They also keep in close touch with the regular nurses of the Red Cross, seeing them off when they start for the field, welcoming them when they return, sending presents and comforts to them during the discharge of their arduous functions, and seeking otherwise to encourage and assist them. It will thus be seen that the work done by the Association is wide and very helpful. Though its operations are, so to speak, subordinate to the larger work of the Red Cross, it usefully supplements the latter, and is also entirely self-supporting.

EDINBURGH STUDENT.—We have seen no announcement to the effect, and we take it that the present edition is not likely to be superseded by another.

REV. R. SYMONDS.—The numbers of THE MEDICAL PRESS AND CIRCULAR containing Prof. Taylor's address on "The Diminishing Birth-Rate" are out of print.

DR. FRANZE (Nauheim).—We hope to have space for your note on "Alternating Electrical Currents" in our next.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, MAY 25th.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (20 Hanover Square, W.).—4.30 p.m. Annual Meeting and Conference. Oration:—Dr. H. A. G. Brooke: The Clinical Relationships of Seborrhœa.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. T. P. Legg: Clinique. (Surgical.) 5.15 p.m. Dr. A. P. Luff: The Forms of Diabetes and the Differential Examination of the Urine.

THURSDAY, MAY 26th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical). 5.15 p.m. Dr. T. W. Eden: Purulent Endometritis.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.)—5 p.m. Dr. J. E. Squire: General Principles of Treatment of Respiratory Affections. (Post-Graduate Course.)

FRIDAY, MAY 27th.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN (11 Chandos Street, Cavendish Square, W.).—5.30 p.m. Cases will be shown by Dr. E. Cautley, Mr. F. Jaffrey, Mr. W. Edmunds, Mr. H. Tod, Dr. W. Emery, Mr. H. Balme, Mr. A. D. Reid, and Mr. T. Walker. Papers: Mr. W. W. Cheyne, Dr. R. H. W. Welbe, and Mr. L. Mummery.

CLINICAL SOCIETY OF LONDON (20 Hanover Square, W.)—8.30 p.m. Annual General Meeting. Election of Officers for Session 1904-5. Papers:—Dr. D. W. Finlay: A Case of Pneumothorax treated by Incision and Removal of Ribs. Dr. H. E. Thompson and Dr. C. U. Aitchison (introduced by Dr. P. Kidd): Two Cases of Tumour of the Left Auricle simulating Mitral Stenosis. Mr. H. B. Robinson: Femoral Aneurysm in Hunter's Canal, Ligature of Superficial Femoral and Popliteal Arteries, Cure of Aneurysm, Death from Cardiac Disease Ten Weeks later. Mr. C. B. Keyser: Case of Congenital Elevation of the Scapula.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Dr. L. Lack: Clinique. (Throat.)

MONDAY, MAY 30th.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN (20 Hanover Square, W.).—8 p.m. Mr. William Rushton: Total Absence of Dentition in a Boy, æt. 16. Mr. Leonard Matheson: Some Debateable Methods in Everyday Practice.

Vacancies.

City of Nottingham Workhouse Infirmary.—Junior Resident Medical Officer. Salary £120 per annum, with apartments, board, washing, and attendance. Applications to G. Muncaster Howard.

Derbyshire Royal Infirmary.—Resident House Surgeon. Salary £100 per annum, with apartments and board. Applications to Walter G. Carnt, Secretary-Superintendent, Royal Infirmary, Derby.

Ebbw Vale Steel, Iron, and Coal Co., Limited.—Resident Medical Man (F.R.C.S.). Salary £500 per annum. Applications to the Secretary of the Firm, Ebbw Vale, R.S.O., Mon.

Evelina Hospital for Sick Children, Southwark.—House Surgeon. Salary £80 per annum, with board, residence, and washing. Applications to the Committee of Management at the Hospital.

Incorporated Dental Hospital of Ireland.—Anæsthetist. Immediate application to W. Athea, J.P., Registrar. (See advert.)

Lanark County Council.—Assistant Medical Officer of Health. Salary £140 per annum, with travelling expenses. Applications to the County Medical Officer, Hamilton, N.B.

New Ross Union.—Medical Officer. Salary £105 per annum with usual fees for Vaccination, Registration, &c., also to act as Medical Officer of Health at a salary of £22. Immediate application to P. A. Pope, Clerk of Union. (See advt.)

Roscommon Union.—Medical Officer. Salary £150 per annum, together with £15 under the Public Health Acts, and about £7 Vaccination Fees. Immediate application to T. J. O'Keeffe, Sec. (See advert.)

Rotherham Hospital and Dispensary.—Assistant House Surgeon. Salary £80 per annum. Application to E. S. Bayliss, 19 Moorgate Street, Rotherham.

Sheffield Children's Hospital.—Lady House Surgeon. Salary £80 per annum, with board, lodging, and washing. Application to Mr. Frederick Gill, Secretary, 14 Norfolk Row, Sheffield.

West Suffolk General Hospital, Bury St. Edmunds.—House Surgeon. Salary £100 per annum, with board and lodging. Applications to the Secretary.

Western General Dispensary, Marylebone.—Second House Surgeon. Salary £80 per annum, with board, residence, and laundry. Applications immediately to the Hon. Secretary.

York Dispensary.—Resident Medical Officer. Salary £120 a year, with board, lodging, and attendance. Applications immediately to W. Draper, Esq., De Grey House, York.

Appointments.

BRYDON, JAMES, M.D.Edin., Police Surgeon to the Borough of Hawick.

CLARKE, J. JACKSON, M.B.Lond., F.R.C.S., Surgeon to the City Orthopædic Hospital.

HAYES, J. R., M.D., M.Ch.R.U.I., Medical Officer to the County Kerry Fever Hospital.

HILL, PHILIP E., M.R.C.S., L.S.A., Medical Officer to the Post Office, Crickhowell.

HODGE, G., M.B., C.M.Glasg., Assistant Physician to the Dumfries and Galloway Royal Infirmary.

HUGHES, HUGH LEWIS, L.R.C.P. & S.Edin., L.F.P.S.Glasg, Medical Officer to the Post Office, Dowlais.

JOHNSTON, J., M.D.Edin., L.S.A., Medical Officer to the Casual Wards, Belton Union.

MCKELLAR, GEORGE, M.D.Edin., Medical Officer of the Borough of Hawick.

MOODIE, D., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Certifying Surgeon under the Factory Act for the Coxhoe District of the County of Durham.

ORR, ROBERT, M.B., Ch.B.Glasg., Certifying Surgeon under the Factory Act for the Ceres District of the county of Fife.

PARSONS, J. HERBERT, B.S., D.Sc., F.R.C.S., Assistant Ophthalmic Surgeon to University College Hospital.

SCHOFIELD, F. W., M.B., Ch.B.Vict., House Surgeon to the Royal Infirmary, Bradford.

SEVILLE, C. F., M.R.C.S., L.S.A., Certifying Surgeon under the Factory Act for the Rothwell District of the county of York.

SNELL, E. H., M.D.Lond., D.P.H., Honorary Sanitary Officer to the Coventry and Warwickshire Hospital.

Births.

IRWIN-MOORE.—On May 16th, at 83a, Wimpole Street, W., the wife of J. L. Irwin-Moore, M.B., C.M., prematurely of a daughter (stillborn).

RANSOME.—On May 19th, at Bungay, Suffolk, the wife of Gilbert Ransome, M.R.C.S., L.R.C.P., of a daughter.

Marriages.

JACKSON-CHIPPERFIELD.—On May 4th, at All Saints, Oxbow, Assa, Canada, Allan Shand Jackson, youngest son of the late Alexander Jackson, M.D., F.R.C.P. Edin., to Bertha Louisa Chipperfield, Esq., of Romford, Essex, England.

JAMES—SHEPHERD.—On May 18th, at St. Mary's Chapel, Aberdeen, Frederick Charles James, M.B., eldest son of Frederic James, of Tregunter Road, South Kensington, to Leila, eldest daughter of the late James Shepherd, of Aldie, Aberdeenshire.

Deaths.

MOORE.—On May 18th, at Warneford House, Moreton-in-Marsh, John New Moore, J.P., M.R.C.S., aged 63.

THIN.—On May 18th, at 33, Pitt Street, Edinburgh, Robina Jane White, widow of the late George Thin, M.D., late of 63, Harley Street, London.

WOOD.—On May 17th, suddenly, at Kynance Cove, near Lizard, Cornwall, Thomas Wood, B.A., M.B.B.C. (Cantab.), F.R.C.P., and M.R.C.S. Lond.), aged 29.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, JUNE 1, 1904. No. 22.

Original Communications.

THE SURGICAL TREATMENT OF SHORT SIGHT.

By ARTHUR H. BENSON, M.A., M.B.Univ. Dub., F.R.C.S.I.,

Surgeon to the Royal Victoria Eye and Ear Hospital, Dublin; Ophthalmic and Aural Surgeon to the Royal City of Dublin Hospital.

THE domain of operative surgery is ever extending, and what is the dream of to-day becomes the reality of to-morrow.

Nearly 200 years ago it was noted that after the removal of cataract in cases of high myopia the patients sometimes saw well without any glasses, but the idea of artificially producing cataract in a myopic eye, in order to remove it, and thus diminish the amount of the myopia, was not, as far as we know, seriously considered until about fifty years ago. When Adolf Weber, in 1858, reported a successful case to the Heidelberg Congress, Von Graefe, Donders, Arlt, and many of the leaders of the ophthalmological world condemned the idea, and in such strong language that the operation fell into disgrace till revived in 1889 by Fukala, who reported sixteen cases before the Medical Society in Vienna. Since then the operation has been more or less widely done in Europe, though many of the American text-books still fail to mention it, or do so in such a way as to show that the authors have no personal knowledge of the subject. The operation formed the subject of a special discussion by the Ophthalmological Society of the United Kingdom in 1899, and though there are still some who continue to regard it as unjustifiable, a large majority seem to have agreed that the operation was not only justifiable, but that it was henceforth to be regarded as a most valuable means of improving the comfort and usefulness of a hitherto incurable class of individuals; and though, as Richardson Cross has said, "a few may think that nothing in the way of operation is justifiable even if practical good, amelioration, or cure appears to follow interference, and may support those who have said 'No scientific jargon can screen the recklessness of causing traumatic cataract in healthy eyes,' and also cannot conceive how anyone can resort to such a procedure as to expose seeing eyes to the danger of producing total blindness for the sake of modifying an error of refraction," yet the operation has undoubtedly come to stay. Myopia, or short sight, is found in every degree, from those slight amounts which hardly cause the subject any serious inconvenience up to degrees which render him practically useless for any kind of work. It is for these latter very high degrees of myopia that the operation is done.

A myope of, say, 20 dioptres has an abiding misery. Without his glasses he can see nothing clearly more than a couple of inches from his eye, and if he chances to leave his glasses out of his hand he has much difficulty in finding them again; with his glasses he is like one looking through the wrong end of an opera glass: things look small and distant, and his field of vision is ever so restricted, so that he finds much difficulty in seeing things to the side of or below him.

He finds it almost impossible to get any employment, for he is useless as a mechanic in most trades, and employers have a not unnatural objection to employing such a man, even at low wages, since the Employers' Liability Act renders them liable in case of accident.

Myopia, or short sight, is essentially a matter of antero-posterior diameter. The normal length of the antero-posterior diameter of the emmetropic eye is about 22·819 millimetres. In myopia it has been known to increase to 33·5 millimetres. The consequence is, that the focus of parallel rays entering such an eye lies a long way in front of the retina, and consequently the clear image is formed in the vitreous, not on the retina, and the details of the object are indistinct. The higher the degree of myopia the further the image is found from the retina, and the more blurred is the sensation conveyed to the brain.

The object, then, of glasses is to throw back the image to the surface of the retina, and this glasses can accomplish; but the higher the myopia the stronger the glasses required, and the greater are the disadvantages already alluded to—viz., diminished size of the image, diminished field, increased apparent distance of the objects, and the weight of the glasses.

The same result, without the disadvantages, can be obtained by removal of the lens, and so the operator replaces the optician, and claims another victory for surgery. To reduce the amount of the myopia by the removal of the lens gives the patient a far better optical instrument to work with than to correct the high myopia with glasses. Many patients after removal of the lens are able to do without glasses altogether for their work, and those who still require glasses can use much weaker ones than before, and consequently suffer proportionately less from the inconveniences inseparable from the use of strong glasses.

The operation itself is an extremely simple one. Having dilated the pupil with atropin, and anæsthetised the cornea with cocaine, a spear-pointed needle (the so-called cataract needle) is passed

through the cornea at its periphery, and the point of the needle made to penetrate the capsule of the lens. The needle is then moved about so as to rupture freely the anterior capsule, and stir up some of the more superficial parts of the lens. The needle is then withdrawn, and as the aqueous gets access to the lens fibres through the ruptured capsule, the lens fibres swell up and become cataractous. You have produced a traumatic cataract.

The next step is to get rid of the cataract which you have just produced. In young subjects absorption of the lens will, in time, take place without anything more than a repetition of the stirring up with the needle, but this takes a good time, and the older the individual the longer the time; so that it is usual (and I have done it in all the eleven cases the results of which I am now bringing forward) after a few days to make a small incision in the cornea and allow the broken up lens substance to escape, and thus save many weeks or months, for absorption of lens substance is always slow and may be extremely so.

It is not usual to operate on old people for myopia, but when it has to be done it is necessary to get rid of the lens, not as above described, but by an ordinary extraction operation, as done for senile cataract. I have not, myself, done any such. Detachment of the retina, fluid vitreous, and extensive disease in the macular region are valid contra-indications to operation.

Detachment of the retina is common enough in high degrees of myopia, and some hold that removal of the lens increases the danger of its occurrence. So far, the evidence on this point is not conclusive, and no such fear would deter me from operating if the case were otherwise suitable. One of the most remarkable facts in connection with this procedure, and the one which makes the operation so largely applicable, is the fact that the optical effect of removal of the lens is not constant. It is less in low degrees and greater in high degrees, so that cases of myopia from about 12 dioptres upwards are materially benefited by removal of the lens. I will give the explanation in the words of Mr. Adams Frost, who states the case very clearly:—The effect, he says, of the operation is to *change the character of the eye as an optical instrument*. The aphakic eye, *i.e.*, the eye from which the lens has been removed, is a much weaker optical instrument than the complete organ; hence identical alterations in its length produce less effect. We may compare the two conditions to the high and low powers of a microscope: with the high power (corresponding to the complete eye) a very slight alteration of the fine adjustment will blur the image; a similar alteration with the low power (corresponding to the aphakic eye) will not be noticed. The matter may be reduced to figures, and has been so reduced. In the complete eye every millimetre of length corresponds to 3·1 D. of myopia; in the aphakic eye every millimetre of length corresponds to only 1·38 D. of myopia.

Or to invert the statement, to produce, 1 D. of myopia in the complete eye 0·321 of a millimetre would suffice, while to produce a dioptre of myopia in the aphakic eye the length would have to be increased by 0·7235. In other words, the effect of removing the crystalline lens is to *diminish the value of the length of the eye as a factor in the production of myopia*. If, then, we take a series of complete eyes ranging from emmetropia to 30 D. of myopia, they will show a definite progressive increase in length. If these same eyes be deprived of their lenses, not only will their absolute refraction be diminished by about 10 D., but as we pass up the series the rate of increase of the myopia will be diminished, for the length of the eye is still the determining factor in the production of the myopia, and its value has been diminished. Of course it is understood that we are dealing with the myopia only so far as it is axial—*i.e.*, due to abnormal length of the eye. To calculate the diminution in the myopia to be expected from removal of the lens many rules have been made out, varying in complexity and accuracy, by Oswalt, Eperon, Frost, and Otto. Oswalt's rule is: take half the amount of the myopia in dioptres and from this subtract + 11 D. A myopia of —22 D. would thus, after removal of its lens, have emmetropia. Any higher than 22 D. would have some myopia, and any lower than 22 D. would have some hypermetropia after removal of the lens. This is a fairly good clinical working rule, though not infallible. With regard to the increase in the size of the retinal

AGE	BEFORE	AFTER	*Refr.* BEFORE	*Refr.* AFTER	EYE	JÄ.	DATE	
10	?	6/24	over—20	—2	L.	+ 5 Jä 1	1897	
14	6/36	6/24	over—20	—1	R.	+ 6 Jä 1	1891	
18	m 6, 60	6/24 with't gl'sses	—14	E	L.	+ 2 Jä 1	1901	6/24 without glasses, instead of fingers @ 1 *m*.
11½			—16		R.		1898	Further notes of this case mislaid.
23	Fingers@ 6m.c—16		over—20		R.		1899	
13	6/24	6/18	—16	+2	R.	+ 6 Jä 1	1903	6/36 without glasses, instead of fingers @ 3 *m*.
14	6/24	6/12 ?	—16	+2	L.	+ 6 Jä 1	1903	
24	6/18	6/24	—12	+5	R.	+12 Jä 4	1903	Cannot make out cause of bad vision.
20	6/60	5/36	over—20	—2	R.	+ 9 Jä 1	1903	Staph. posticum.
22	?	6/18 ?	over—22	—2	L.	+ 4 Jä 1	1903	Strab. divergens cured, also
22	6/18	6/9 ?	—10	+6	R.	+10 Jä 1	1904	the Diplopia.
		Only one worse		4 = M. 4 = H 1 = E 2 = ?	R = 7 L = 4			All except one were able to read Jä 1 after operation, and he read Jä 4. * My first operation for myopia was done in 1897. In one case a well-marked divergent strabismus disappeared after removal of both lenses.

image, it depends on the relative distance, before and after operation, of the second nodal point from the retina, which, in turn, depends upon the strength of the correcting lenses and their distance from the first nodal point. . . . The retinal image after operation may be two and a half times the size of that in the corrected eye before operation, or even more.

The following, and table on preceding page, is an analysis of the cases I have operated on :—

The ages of the patients on this list vary from ten to twenty-four; seven right and four left eyes; the refraction varied from —10 D. to over 22 D., but the amount over 20 D. was not, in most cases, noted. In all except one of which we have a record the corrected vision was measurably better after the operation. The above results do not probably show anything like the full advantage gained, for they were, for the most part, taken while the pupil was still dilated, and before the eye had time to fully recover from the operation. A subsequent careful correction with glasses would no doubt greatly increase the relative improvement. Three of the cases retained low degrees of myopia, four were hypermetropic, and one was emmetropic, whilst in three the refraction was not recorded. Presumably these required no glasses, as otherwise a record would probably have been made by the house surgeon.

Perhaps the most gratifying circumstance in connection with this operation is the fact that patients in whom one eye has been operated on almost invariably desire to have the other eye similarly treated, for the registered vision tests give but a very imperfect idea of the full subjective advantages which accrue to the patient by the reduction of his myopia to reasonable limits. The gratitude exhibited by patients for this operation exceeds, I think, that felt even after a successful removal of senile cataract.

I have intentionally omitted any mention of many points which arise in connection with the subject, for to attempt a complete consideration of the whole subject would exhaust my audience long before I exhausted the subject.

COMMON CAUSES OF ERROR IN EXAMINATION OF THE CHEST. (*a*)

By J. EDWARD SQUIRE, M.D.,

Physician to the Mount Vernon Consumption Hospital, &c.

DR. SQUIRE, in his paper, drew attention to some errors which had come within his own knowledge, the causes of which he discussed under the two headings of (1) incomplete examination, including want of method; (2) faulty interpretation of signs. He emphasised the importance of examining the chest, when symptoms point to the possibility of some disease of the heart or lungs, without waiting for symptoms to develop. The importance of early treatment, and therefore of early diagnosis, in pulmonary tuberculosis illustrates the wisdom of this. Errors may arise from neglecting to complete the full examination of the chest when evidence of disease has been found in one part. Examination through the clothing, or even with insufficient removal of the clothing, may cause errors. Want of method in examination may result in the omission of one or more of the stages of examination—inspection, palpation, percussion, and auscultation—with the result that important evidences of disease may be overlooked. Examination may need to be repeated so as to follow the course of the disease processes, and in order that complications may be detected as early as possible. Thus, in the course of pneumonia, fluid may accumulate in the pleural sac undetected, if examination be not repeated when the primary existence of pneumonia has been determined. Faulty interpretation of signs is a more common and more excusable source of error. The impossibility of fixing any standard of the physical signs of a healthy lung which would hold good for individuals of different sex, age, build and physical development adds to the difficulty in detecting slight divergences from health by examination of the chest. Dr. Squire briefly summarised the results of an examination of 100 healthy chests, with special reference to percussion note, breath sounds, vocal resonance and vocal fremitus over the upper part of the chest. In comparing the two sides of the chest his observation showed that there was some slight difference in the percussion note in 45 per cent. of healthy persons, usually a slight deficiency of resonance over some portion of the right apex as compared with the left. In 27 per cent. of the cases there was some difference in the breath sounds when one side was compared with the other, and in about 78 per cent. the vocal resonance and fremitus were more marked on the right than on the left side. These physiological differences may occasionally be erroneously taken to indicate commencing disease, and, on the other hand, the signs of slight consolidation of the apex of the lung may be attributable to the variations compatible with health. To avoid such errors more careful attention should be paid to the relation between the inspiratory and the expiratory portions of the breath sounds, both with regard to intensity and duration, and less to the loudness of the breathing or slight differences in the percussion note. Emphysema round a patch of consolidation may mask the evidences of the solidified lung, and thus cause this to be undetected. The detection of cavities in the lung is not always easy; their localisation is often difficult. This latter difficulty arises from the signs of cavity being heard most plainly where solidified lung reaches the surface and conducts the sound, not necessarily immediately over the situation of the cavity. The detection of fluid is in many cases a matter of great difficulty, especially in young children, or where the fluid is imprisoned by adhesions, or where the pleural membrane is much thickened. Even with a large effusion displacement of organs (*e.g.*, the heart) may be prevented by adhesions or counteracted by the traction of a retracted lung.

In the heart, as in the lungs, faulty interpretation of physical signs may lead to error, as when a murmur originating outside the heart is mistaken for the sound produced at one of the orifices. In this way a cardio-respiratory murmur, produced by the air current in the lung, has been mistaken for a mitral or an aortic murmur.

(*a*) Abstract of a Paper read before the Harveian Society of London, May 12th, 1904.

Society of Apothecaries of London.

THE L.S.A. Diploma of the Society was granted to the following candidates after the final May examinations, entitling them to practise Medicine, Surgery, and Midwifery :—W. S. Gibson, F. W. Higgs, and F. P. Rose.

PRELIMINARY NOTE ON THE INFLUENCE OF THE SINUSOIDAL ALTERNATING ELECTRICAL CURRENT ON THE ORGANS OF CIRCULATION.

By PAUL C. FRANZE, M.D.,
Nauheim, Germany.

IT has been alleged of late years that ordinary fresh water baths through which the sinusoidal alternating current is conducted have a marked influence on the debilitated heart, and that such baths are a trustworthy means of curing dilatation, with muscular weakness.

Having recently investigated the action of such baths on the volume, frequency and tension of the pulse, on the outlines of the heart, and on blood pressure, I feel justified in publishing a preliminary note on the results obtained.

The research was carried out in the following manner :—In a number of cardiac cases and in a few healthy persons I determined immediately before and after each electrical bath the area of cardiac dulness, the frequency, volume, tension, rhythm of the pulse and the blood-pressure. The temperature of the water was 35° or 36° C., thus excluding all thermal influences. The duration of each bath was ten minutes. The following symptoms were observed :—On an average the pulse-rate diminished after the bath by five beats per minute, and blood-pressure rose by 8 millimetres of quicksilver. The largest fall in the number of systoles per minute amounted to twelve, and the greatest rise of blood-pressure to 25 mm. hg. I uniformly noticed an increase in the tension of the arteries ; their tone was increased. I must, however, mention that I only had an opportunity of examining cases of previously diminished tonus.

With regard to the important question, whether a single electrical application of the above type can remove a certain amount of cardiac dilatation, I found that in a small degree this question can be answered in the affirmative. I especially would advert to one of my cases, an aortic insufficiency, with very marked dilatation to the left and heaving apex beat, which permitted of the precise localisation of the left border by palpation. Here I could satisfy myself that after the bath sinistral dilatation was distinctly reduced, the apex beat being less violent and having appreciably receded.

In briefly comparing the effects with those of the effervescent brine baths of Nauheim, we must bear in mind that the capillary dilatation during the period of "reaction" in the latter is of great value. This follows from the physiological consideration of the conditions applicable to the current in the vessels—viz., the velocity of the current in a certain vascular area depends upon the difference between the pressure at the beginning and at the end of the area. Therefore, the decrease of peripheral resistance increases the velocity of the current. In the above electrical bath no reaction ensues. But in arterio-paralysis the improvement in tension and in cardiac contraction suggests the method as a valuable adjunct in the treatment of such cases.

Therefore, I propose to use the type of electrical treatment under consideration in cases indicating it, supplemental to, but not in lieu of, the standard Nauheim treatment by mineral baths, massage, and resistance exercises. I have already observed in many cases most favourable results from such a combination.

CHRONIC PANCREATITIS. (a)

By LEONARD A. BIDWELL, F.R.C.S.,
Surgeon to the West London Hospital.

Two types of the malady were described : (1) The interlobular variety, in which there was cell infiltration, and, later, deposition of fibrous tissue between the lobules, in the interlobular tissue, the islands of Längerhaus being unaffected, except in the latest stage ; and (2) interacinar pancreatitis, in which there was cell infiltration and fibrous tissue formation within the lobules and inside the islands of Längerhaus. The second type was the less frequent variety, and was not commonly associated with duct obstruction, but was accompanied by glycosuria. The interlobular variety was met with in association with obstruction of the pancreatic duct by pancreatic calculi, biliary calculi impacted in the ampulla of Vater, cancer of the bile papilla or stenosis of the opening by inflammatory changes originating either in the bile-duct or in the duodenum. In cases of impacted gall-stones there was a considerable amount of colangitis set up, which, owing to the communication between the bile- and pancreatic ducts, spread to the latter duct. Thereafter, there being no outlet for the inflammatory products, the substance of the pancreas became involved in the inflammatory changes and chronic interstitial pancreatitis resulted. Active cell infiltration of the tissues about the duct and acini produced swelling of the organ, and if the changes advanced to a great extent, a condition of cirrhosis arose which might easily be mistaken for malignant disease. This condition might subside completely, but, on the other hand, it might pass on to abscess formation with secondary suppuration of lymphatic glands. The symptoms resembled those exhibited by the slighter cases of subacute pancreatitis. The onset was usually gradual, but an acute attack of pain in the epigastrium resembling that of gall-stone colic, and followed by jaundice, might usher in the attack. The paroxysms of pain were repeated rather irregularly, but the jaundice, when it occurred, tended to become intense and permanent. The pain differed from that produced by gall-stones in that it was felt in the epigastrium and under the left scapula, and the tenderness was most marked just above the umbilicus, and not in the situation of the gall-bladder. Loss of flesh and strength were prominent features, and in some cases vomiting, associated with flatulence and dyspepsia, was present. Diarrhœa with offensive, colourless stools containing free fat were common. Slight albuminuria and, in long-standing cases, glycosuria have been noted, but the latter, owing to the chief implication of the pancreas, was not common. In most cases a distended gall-bladder could be felt, but this, as pointed out by Robson, was not tender, the contrary being the case if gall-stones were present. The emaciation and weakness steadily increased, and a fatal result if no operation were undertaken was almost certain.

These cases had to be distinguished from gall-stones, cancer of the head of the pancreas, cancer of the liver and ducts, and cancer of the stomach,

(a) Abstract of Paper read before the West London Medico-Chirurgical Society, May 6th, 1904.

and the points of differential diagnosis were discussed. The treatment recommended was laparotomy. A certain number of cases had recovered after simple palpation of the pancreas, but many surgeons, among whom was Mr. Mayo Robson, advised that the gall-bladder should be drained in all cases. This acted (1) by curing any cholecystitis or colangitis that might be present; and (2) by taking off the pressure of the bile in the common duct, which of itself acted as an obstruction to the outflow from the pancreatic duct. Removal of any stone found in the ampulla of Vater was also necessary. The narration of four cases of chronic pancreatitis which had come under the author's own observation concluded the paper.

Clinical Records.

CASE OF IODOFORM IDIOSYNCRASY.

By CHAS. HELFIELD, M.A., M.B., L.M.S., Bombay.

WITH a view to illustrate the increased susceptibility some individuals have to iodoform, I shall cite a single case out of the many that have occurred in our clinique and experience.

A young man, æt. 30, was suffering from a papular eruption located round the inside of the thighs and pubes, extending to the hypogastrium, attended with intolerable itching, insomnia, weakness, disarexy, and general cachexia, and declared by his medical attendants to be septicæmia produced by a deep wound on the wrist near the ulnar artery. I was called in to see the patient after the lapse of a month from the first symptoms of eruption, and when all sorts of remedies had been tried by his medical attendants without any obvious benefit. After having taken a minute account of the patient's history, and after careful examination, I discovered a ringworm on the inside of the thigh, and on questioning the patient I was told that he had also used iodoform ointment for the ringworm. I then concluded that the said eruption was caused by iodoform idiosyncrasy. My first step was to stop all iodoform dressing for the wound of the wrist, and to use instead a solution of acidum benzoicum. Furthermore, I ordered a sitz-bath with starch every time the patient felt severe itching, with amylum et cocainæ 2 per cent., as a dusting powder, and internally a tablespoonful of citrate of magnesia three times a day, placing the patient on soup and milk diet. After two weeks the patient got well. What I wish to point out is, that the eruption was neither eczematous nor erythematous, but it was a clustered, yellow-scaled pustular eruption passing into scabs, and I believe it to have been impetigo.

I find that the routine fashion of dressing cavities and wounds by iodoform without having learnt the patient's susceptibility for the drug, or otherwise learnt whether the patient is predisposed to eruptions, is not only dangerous but absurd. In practice I and my brothers, as well as Drs. Zuchodoller, Pistis, and Caribdis, use the following compound, suggested by me in nearly all cases of dressing, with excellent result: Iodoformum, 6; acidum benzoicum, 2; sodii bicarbonas, 2.

A CASE OF ANAPHRODISIA.

By CHAS. HELFIELD, M.A., M.B., L.M.S., Bombay.

N.N., æt. 38, consulted me some time ago complaining of anaphrodisia. I examined the patient but could find nothing abnormal. Patient told me that he had been under treatment for over four years, but with no apparent benefit. On questioning, I found that patient had suffered from syphilis about twelve years ago, and that three years afterwards he was attacked by the above complaint. On closely watching the patient for about a week, I detected him to be of a sleepy nature, dull, suffering from shortness of breath and paramnesia. After a second examination and blood count, I concluded that patient was suffering from a deficiency of the individual corpuscles in hæmoglobin caused by iodism. I furthermore have to remark that patient was married and had several children of healthy type. On the basis of my examination and finding that patient had actually no syphilitic symptoms whatever, I prescribed for him Pilula hydrargi subchloridi composita gr. iv, doses every other night for two weeks, and the following mixture:

℞. Syrupi ferri phosphatis cum quininia et strychnina, ℥iss;
Tincturæ hydrastis Rhizomæ, ℥ss;
Tincturæ ignatiæ amaræ, ℥ss;
Tincturæ lupuli, ℥j;
Olei caryophylli, ℥j;
Tincturæ calumbæ, ℥j.

Mix. Forty drops to be taken in a little water three times a day.

I saw the patient two months after and he told me that he was well and could have coïtus twice a week, and that the other symptoms disappeared as well. The above prescriptions have been tried by me for same complaints on several patients, and with the same success.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

ANNUAL MEETING HELD FRIDAY, MAY 27TH, 1904.

DR. FREDERICK TAYLOR, President, in the Chair.

PROFESSOR D. W. FINLAY (Aberdeen) read the notes of a case of

PYOPNEUMOTHORAX TREATED BY INCISION AND REMOVAL OF RIBS.

The patient was a boy, æt. 17, admitted into the Aberdeen Royal Infirmary suffering from tuberculous pneumothorax on the left side, the apex of the right lung also showing the ordinary signs of tuberculosis. Effusion was present, at first serous, but later on becoming purulent. After preliminary tapping, free incision, with removal of portions of two ribs, was practised (the signs at the right apex having subsided), and a large quantity of pus was evacuated. On two occasions subsequently considerable portions of the fifth, sixth, seventh, and eighth ribs were resected, and the boy was treated for many months in the open air on the balcony of the ward. The result had been that a fair measure of health was regained, whereby he was enabled to resume his occupation of gardening, but there was still a discharging sinus and a cavity of the capacity of an ounce and a half, the daily discharge of pus being about a drachm. The tuberculous process at the right apex had been completely arrested, but for some time the urine had contained albumin, suggesting the necessity for further operative procedure. The view was put forward that the radical treatment of such cases offered a fairer prospect of benefit, as in cases of ordinary empyema, than the practice hitherto generally adopted of leaving the fluid alone or of removing it by repeated tappings, having regard more especially to recent improvements in the mode of treatment of pulmonary tuberculosis. Two other cases were referred to in which free evacuation of pus was practised. In one of these the patient seemed to be neither better nor worse for the operation; in the other such an improvement was obtained that he was able to return to his employment.

Dr. J. PORTER PARKINSON thought that the argument for operation in these cases was not very strong. He had always been much struck by the opinion advanced by the late Dr. Fagge, who had related several cases of recovery from pyopneumothorax without operation. He rather questioned whether it was worth while going through such a great deal in order to obtain comparatively little benefit.

Dr. PERCY KIDD considered that medical practitioners were apt to be unduly influenced by the older methods of treatment. The difficulty was, in many

cases—apart from the surgical aspect—to make up one's mind exactly how much disease was present.

Professor FINLAY replied.

Dr. H. T. THOMPSON and Dr. C. U. AITCHISON (introduced by Dr. Percy Kidd) communicated a paper upon two cases of

TUMOUR OF THE LEFT AURICLE SIMULATING MITRAL STENOSIS.

The first case occurred in a girl, æt. 15, who was under the care of Dr. Percy Kidd in the London Hospital, into which she had been admitted for pains in the chest and dyspnœa. She had had good health until twelve months before admission, when pain and shortness of breath appeared, afterwards followed by occasional vomiting and œdema of the legs. There was no history of rheumatism or chorea. On examination, the heart was enlarged, and pre-systolic and systolic murmurs were heard at the apex. The liver was enlarged and tender. The case was considered to be one of mitral stenosis, and was treated accordingly. An attack of thrombosis of the left subclavian vein occurred two months after admisson, followed by symptoms of obstruction in the right dorsalis pedis artery. Six months later she died of subacute nephritis. The presystolic murmur disappeared towards the last. At the autopsy, a pedunculated tumour was found hanging from the auricular septum and protruding between the curtains of the mitral valve. Microscopically, it was a fibroma.

The second case was that of a woman, æt. 51, under the care of Dr. Warner. She had suffered from dyspnœa for five years. The heart was much enlarged, and a pre-systolic and a systolic murmur were heard at the apex. Ascites and albuminuria were present. A week after admission to hospital she was seized with a right-sided hemiplegia and died. At the post-mortem a rounded mass was found attached to the auricular septum in the situation of the fossa ovalis, which microscopically consisted of myxomatous tissue. Several cases were recorded in the literature, some of which showed how tolerant the heart was of these tumours. Dr. Léon Berthenson regarded the following points as suggestive of an intra-cardiac tumour: (1) Absence of rheumatic history and of evidence of progressive endocarditis; (2) signs of cardiac failure together with embolic symptoms. A well-marked presystolic murmur had been observed in the case reported by Sir W. T. Gairdner, in which a fibroma of the right auricle was found at the autopsy.

Dr. WILLIAM PASTEUR, while remarking upon the rarity of the condition, referred to a case under the care of Dr. Kingston Fowler, which was reported at the Pathological Society of London in 1893. A large pedunculated clot was found in the left auricle attached close to the foramen ovale, which was the most common situation for these tumours to be found.

Dr. W. H. CHAPMAN inquired if the vomiting were likely to be accounted for by the condition of the kidneys.

Dr. WILLIAM EWART described a similar case in which he had diagnosed mitral stenosis during life, and in which a pedunculated clot was found post-mortem in the left auricle which was capable of causing an intermittent blocking action of the mitral valve.

Dr. J. PORTER PARKINSON referred to a specimen that he had exhibited before the Society for the Study of Disease in Children, in which there were three organised thrombi situated in the right auricle, one of them being pedunculated.

Mr. STEPHEN PAGET exhibited a case of "Osteitis Deformans."

The Report of the Council and the treasurer's statement of accounts having been presented, the following gentlemen were elected to hold office for the year 1904-5:—

President.—Frederick Taylor, M.D.

Vice-Presidents.—Sir William R. Gowers, M.D., F.R.S., F. De Havilland Hall, M.D., J. Kingston Fowler, M.D., Henry Morris, M.B., C. H. Golding-Bird, M.B., H. T. Butlin.

Treasurer.—G. H. Makins, C.B.

Council.—F. E. Batten, M.D., Harry Campbell, M.D., J. Walter Carr, M.D., W. S. Colman, M.D., Norman Dalton, M.D., Lee Dickinson, M.D., E. W. Goodall, M.D., F. H. Hawkins, M.D., Percy Kidd, M.D., Hector Mackenzie, M.D., F. W. Strugnell, Herbert W. Allingham, Anthony A. Bowlby, C.M.G., Walter Edmunds, M.C., Sir Alfred Fripp, C.B., M.V.O., M.S., J. Hutchinson, jun., T. H. Kellock, B.C., B. G. A. Moynihan, M.S., C. S. Wallace, M.B., F. C. Wallis, B.C.

Honorary Secretaries.—William Pasteur, M.D., W. G. Spencer, M.S., M.B.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

CLINICAL MEETING.

HELD IN THE ROYAL HOSPITAL FOR SICK CHILDREN ON MAY 18TH, 1904.

PROFESSOR CHIENE in the Chair.

DR. BURN MURDOCH showed (1) a case of scurvy rickets in a child, who had been reared exclusively on modified milk sterilised at a temperature of 212° F. for half an hour. On admission, the patient had a painful, brawny swelling of the lower end of the left femur accompanied by pseudo-paralysis. There was also slight thickening of the lower end of the right femur, some hæmaturia, a little blood in the motions, and a trace of sponginess of the gums near the central incisors—the only teeth which had appeared. Within a few days of admission the upper end of the left humerus became affected and a separation of the epiphysis took place here, as also at the lower extremity of the right femur. The case was in every respect a most characteristic one, and had responded rapidly to treatment with fresh milk and orange juice.

(2) A girl, æt. 8, with very well marked rheumatic nodules on almost all the usual site—scalp, elbows, wrists, fingers, knees, ankles and ears.

(3) A case of cerebral tumour in a boy, æt. 6, the subject of chronic pulmonary mischief. The child suffered from very severe paroxysms of headache of about a quarter of an hour's duration; these were accompanied by pallor, rapid feeble pulse and prostration. There was well-marked double optic neuritis.

(4) A child, æt. 5, who for three years had suffered from the following symptoms: unsteady staggering gait, lalling speech, tremors of the arms increasing on exertion, strabismus and nystagmus, increased knee-jerks and ankle-clonus, and optic neuritis now passing into post-neuritic atrophy. These symptoms seemed to point to a cerebellar lesion, and the crucial point in favour of tumour was the optic neuritis and post-neuritic atrophy. The long duration of the symptoms was a curious fact, but was thought to be due to the lesion being a latent tuberculous nodule.

Mr. STILES showed (1) a child with the rare deformity known as Sprengel's abnormality, or congenital elevation of the scapula due to a fibrous band or bony process uniting the bone to the cervical spine.

(2) A boy after cuneiform osteotomy of the femur for coxa vara. The effect of the operation was to allow of the limb being abducted so as to get compensatory lowering of the pelvis and lengthening.

(3) A girl after operation for an unusually large hydatid cyst of the liver. The cyst gave the rare sign of hydatid fremitus. As in most cases in children the cyst wall was readily shelled out.

(4) A child of 2¼, four months after excision of a large cystic sarcoma of the kidney. The tumour was removed by a circular incision extending from the umbilicus into the loin, the peritoneal cavity being opened. Enlarged retro-peritoneal glands were necessarily left behind, but so far there was no appearance of any recurrence.

(5) A child, after arthrodesis of the ankle and knee for infantile paralysis. To obtain a firm ankylosis at the ankle was always difficult, and until he had begun to use a very long nail running up into the substance of the tibia to fix the astragalus he had not succeeded in these cases.

(6) A girl after the second operation (nailing an aluminium plate to the ends of the bone) for ununited fracture of the humerus.

Dr. JOHN THOMSON showed (1) a peculiar congenital deformity of the frontal, nasal, and superior maxillary bones in the imbecile child of a mentally defective woman. The upper part of the nose was broad and flat, showing a slight central depression running vertically down it; the eyes were thus so widely separated as to render binocular vision impossible. The only other deformity was a notch on each eyelid. The resemblance to the face of an early fœtus was very striking, but Dr. Thomson thought that the condition (of which he had seen two other instances) was what was described by French authors as *rhinodyme*, and was really due to a fusion of the halves of two separate heads. In some cases resembling his there were two partially fused noses —in his case this was only indicated by the undue breadth of the nose and the vertical groove down it.

(2) A child suffering from congenital cerebellar ataxia of the type described by Dr. F. E. Batten. The earliest symptoms were rotatory movements of the head and nystagmus, the latter, however, differing from that of ordinary spasmus nutans in being conjugate, not convergent. There was also tremor and unsteady gait.

Mr. STILES and Dr. THOMSON showed three cases of congenital hypertrophy of the pylorus after operation (one after Loreta's operation, one after gastro-enterostomy, and one in which gastro-enterostomy was successful after Loreta's operation had failed). Originally in such cases Mr. Stiles had performed gastro-enterostomy, but a case which was fatal from hæmorrhage had deterred him from repeating the operation. Loreta's operation was then employed successfully on more than one case until (in the third patient shown) he had had a recurrence of the symptoms three weeks after the operation. To give the patient a chance he then performed gastro-enterostomy successfully, and it was now the operation he preferred. He found that children bore it quite well, and its great advantage was that the patient could be fed at once afterwards, dispensing with the saline injections, &c., which had been required after simple stretching of the pylorus. If Loreta's operation was done it was essential to tear through the peritoneum so as to be sure that the dilatation was successful. Gastro-enterostomy had the further advantage of allowing the pylorus functional rest with the possibility of disappearance of the hypertrophy, while in Loreta's operation it was not improbable that secondary stenosis and dilatation of the stomach might ensue.

Dr. J. S. FOWLER showed (1) a case of dwarfed growth in a child of 8½ years. The patient's height was 37 ins., some 12 inches below the average, or, in other words, about the stature of a child of 3½ years. The parents, and several of the patient's brothers and sisters, were under-sized—in their cases from rickets. The patient had always been small, had walked at the age of four, and had begun to get teeth at fourteen months. His general appearance suggested a mild degree of cretinism, the features being heavy, the hands square, and the belly prominent, with a small umbilical hernia. On the other hand he was not constipated, the second dentition was not delayed, the temperature was not subnormal. The thyroid gland could not be felt, but there was a good deal of fulness on either side of the neck and in front of the axillæ. The ossification of bones of the hand was that of a child of 3 or 4. There was no sign of pancreatic disease, and on the whole the condition seemed most closely to resemble what was described as larval myxœdema or *myxœdème fruste*.

(2) A child of 5 years 2 months who had suffered from severe fits for ten days after birth. She had never walked, spoken, or taken the slightest notice of anything, had never been able to suck, and, in fact led an almost purely vegetative existence. In addition to this very low grade of idiocy there was general spastic rigidity and extreme rickety deformity. The points to which attention were directed were (1) the superficial resemblance to microcephalus. Her head measured only 15½ ins. in circumference and gave her, to some extent, the appearance of a case of that form of imbecility. The mental defect was, however, much greater than in microcephaly, and the history of fits and the presence of spastic rigidity suggested that the case was one of severe gross cerebral lesion which had checked the development of the brain and growth of the skull. The second point of interest was the marked rhachitic bending of the bones in a paralysed child. This was ascribed partly to posture, partly to muscular contraction, and, in the case of the thorax, to adenoids and recurrent attacks of bronchial catarrh.

Dr. W. B. DRUMMOUD showed a case of microcephaly.

Dr. SCOTT CARMICHAEL showed a patient with congenital malformation of the bones of the forearm.

Dr. BURN MURDOCH showed photographs of a case of double congenital dislocation of the hip and a rare condition of both knees, the external condyles of the femora being undeveloped and the patellæ absent.

Mr. STILES showed (1) small round-celled sarcoma of the femur removed by disarticulation at the hip. (2) Large hydrocephalic head. (3) Hydatid cyst of the liver. (4) Gold brooch recovered from the œsophagus of an infant by median œsophagotomy. (5) Large sarcoma of kidney.

Dr. FOWLER showed specimens and drawings of the blood from a case of "mixed-cell" leukæmia in a girl, æt. 5, the change being the presence of many myelocytes plus an excess of large lymphocytes.

Dr. SCOTT CARMICHAEL showed (1) congenital absence of first and second parts of rectum with sac-like dilatation of the colon. (2) Necrosis of the os calcis, the result of a septic wound of the foot. (3) Recent ileo-colic intussusception.

Dr. JOHN THOMSON showed (1) bones of the lower limb from a case of infantile scurvy (Barlow's disease). (2) Diplococci from a case of posterior basic meningitis. (3) Photographs and drawings of rheumatic nodules in various positions.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD MAY 6TH, 1904.

The President, DR. SEYMOUR TAYLOR, in the Chair.

MR. L. A. BIDWELL read a paper on

CHRONIC PANCREATITIS,

an abstract of which appears in another column, page 576.

In the discussion that followed,

The PRESIDENT referred to the diagnostic value of rigors in cases of jaundice due to gall-stone obstruction, and suggested that if further observation showed that they were rare or absent in chronic pancreatitis, their occurrence would be an important differential point in favour of gall-stone impaction.

Mr. MCADAM ECCLES had had the opportunity of observing two of the cases referred to by Mr. Bidwell. A point of great interest was the occurrence of clear unclouded mucus in the gall-bladder. In neither case was there any sign of calculi in the biliary ducts. He felt sure that in some instances in which a patient suffered from what appeared to be biliary colic and showed evidence of sugar in the urine, the pancreas was the seat of the real lesion. In such cases the glycosuria, instead of negativing operation, was rather a condition indicating the necessity for exploration.

Mr. E. PERCY PATON considered that in two of Mr. Bidwell's cases there was a good deal of uncertainty as to the diagnosis, as in neither had a microscopic examination of the pancreas been made. The course of malignant disease in any part of the body was often very variable, nowhere more so than in the abdomen, and it seemed to him that in both of the cases the true nature of the disease might have been carcinoma.

Mr. BIDWELL replied.

Mr. MCADAM ECCLES read a paper on

LESSONS FROM A YEAR'S FATALITIES.

In all, nineteen cases were referred to, and in all death was due to lesions of the head or trunk, a fact which illustrated one of the advances of modern surgery, namely, that operations o the extremities were fraught with but little danger provided that sepsis were excluded. No less than fourteen of the fatalities were

due to abdominal lesions. Of the other five cases, one was due to fracture of the base of the skull, one to hæmorrhage into the mid-dorsal region of the spinal cord, and one to fracture of the ribs with injury to the heart wall. This last case was specially interesting. The patient, a boy, æt. 14, was crushed between two vans. On admission he was collapsed, livid, with very laboured respiration, and much frothing of mucus in the larynx and mouth. Examination showed fracture and depression of the fourth, fifth, and sixth left rib cartilages. A grave prognosis was given, but the boy made steady improvement. Sixteen days after the accident, while sitting up in bed, he died suddenly. Post-mortem examination revealed, in addition to the fractures above noted, bulging and perforation of the left ventricular wall in a position immediately under the fractured fifth rib. There had apparently been a partial laceration of the ventricle, and the wall had gradually thinned and eventually ruptured, causing the fatal issue. The other two fatalities were due to carcinoma of the mammary gland, and in both pulmonary infection was the immediate cause of death. Of the fourteen abdominal cases, death was due to abdominal tubercle, gastric hæmorrhage, hæmorrhage from the hepatic artery in the floor of a duodenal ulcer, carcinoma of the sigmoid flexure, internal strangulation by a band, strangulated femoral hernia, and multiple hepatic abscesses in one instance each; to intussusception in three cases, and to lesions of the vermiform appendix in four cases. A study of these fatalities from appendicitis tended to confirm Mr. Eccles in his view that in all cases in which there was strong suspicion that the appendix had been inflamed it was safer to remove it than to wait for subsequent attacks, any one of which might prove disastrous.

The PRESIDENT considered that the rise of temperature after head injuries illustrated by Mr. McAdam Eccles' case was in all probability due to loss of control of the higher cortical centres over the minor physiological centres below, a parallel example being the exaggeration of reflexes when the cord centres were cut off from the higher Rolandic centres.

Mr. E. PERCY PATON endorsed the opinion expressed by Mr. Eccles as to the advisability of removing the appendix after one clear attack of inflammation of that organ. He had seen most satisfactory results from operation in tuberculous peritonitis similar to the case quoted, in which there had been large masses in the abdomen, together with very little peritoneal effusion.

Mr. F. G. LLOYD was unable to agree with Mr. McAdam Eccles' conclusion as to the necessity for operation in all cases of appendicitis after a first attack. Statistics showed that a very large proportion of cases recovered under medical treatment, that the more serious varieties of the malady could not be anticipated, and that after repeated attacks recovery might be complete.

Mr. MCADAM ECCLES, in reply, expressed his belief that hyperpyrexia in head injuries and in cerebral hæmorrhage was more probably due to some disturbance of the nervous vaso-motor mechanism than to mere loss of control of the higher centres over the lower.

LARYNGOLOGICAL SOCIETY OF LONDON.

MEETING HELD FRIDAY, MAY 6TH, 1904.

MR. J. CHARTERS SYMONDS in the Chair.

DR. STCLAIR THOMSON showed a case of complete submucous resection of a deflected septum, and Dr. L. H. PEGLER four cases showing results of Noure's operation for deflected septum. These cases were shown as a contrast in methods of operation for deflected septum to the series of cases shown by Mr. Tod at the former meeting. The general opinion of the members was that certain cases should be submitted to the different operations according to the amount of deformity, and that no one operation suited all cases.

Dr. H. W. KELSON showed a case of ulceration of the epiglottis and vocal cord in a boy, æt. 12, and a parotid swelling in a boy, æt. 14.

Dr. H. J. DAVIS showed a woman, æt. 39, with linear perforation of the left vocal cord. The condition was looked upon as of great rarity. He also showed a case of a woman, æt. 40, who had suffered from chronic cough for eight years and had marked pharyngitis atrophica with hypertrophic glandular patches. He also showed a case of globular swelling of the right side of the larynx in a man, æt. 29 (previously shown in April, 1903), and another case of partial paresis of the soft palate with paralysis of the left vocal cord.

Dr. A. BRONNER showed a specimen of angeioma of the maxillary antrum in a woman, æt. 60.

Dr. SCANES SPICER showed a case of soft vascular growth (angeio-sarcoma) attached to the cartilaginous septum nasi in a woman, æt. 38, with recurrence six weeks after removal. Also a case of sarcoma (? endothelioma) of the maxillary antrum and ethmoid with empyema and cholesteatoma in a woman, æt. 50. She had been submitted to operation, and there had been no recurrence for over six months up to the present time. The tumour *debris* and a slide of the growth were shown. He also showed a case of epithelioma of the soft palate in a man, æt. 84, which had been excised and there had been no recurrence for five months from the time of operation. The tumour and microscopic slide were exhibited.

Dr. F. POTTER showed a case of fixation by infiltration of the left vocal cord in a man, æt. 60, with a history of syphilis.

Dr. H. TILLEY showed a case of lupus of palate, pharynx and larynx. The case was brought forward for the question of treatment.

Dr. J. DONELAN showed a tumour of the palate in a woman, æt. 33. The general opinion was that the tumour was of a mixed character (probably fibro-sarcoma), and its removal was advised.

Mr. P. DE SANTI showed a man, æt. 63, with paralysis of the left vocal cord, and there was a history of hoarseness and difficulty in swallowing of one month's duration only. Physical examination of the chest revealed nothing abnormal. Since showing the case, a skiagram had shown marked dilatation of the aorta. He also showed a case of bilateral hæmatoma of septum nasi in a child, æt. 7.

Dr. F. W. BENNETT showed a case of post-pharyngeal swelling and doubtful infiltration in the region of the upper part of the larynx. The diagnosis was open to question, but it rested between post-pharyngeal abscess and tuberculous trouble.

SEVENTY-NINTH SESSION OF THE GENERAL MEDICAL COUNCIL.

The President, SIR WILLIAM TURNER, K.C.B., M.B., in the Chair.

FIRST DAY.—WEDNESDAY, MAY 25TH, 1904.

FULL meeting. All members present with the exception of Mr. Tomes (ill).

Mr. Henry Morris, as representative of the Royal College of Surgeons of England, was introduced to the Council by Dr. Norman Moore; and Dr. Richard Caton, as representative of the University of Liverpool, by Mr. A. H. Young.

THE PRESIDENTIAL ADDRESS.

After a few preliminary remarks, the PRESIDENT spoke of the great loss the Council would sustain by the retirement of Mr. Bryant. Every member of Council, he said, was familiar with his unfailing geniality, but those who were more specially engaged in the executive work of the office, both during session and in the interval between sessions, could speak from direct personal knowledge of his loyalty to the Council, and could testify that he spared neither time nor labour in the transaction of its business. The Council, he continued, would recollect that the severe illness, followed by the death, of Sir George Duffey prevented the inspection during last year of the final examinations

of the universities in Scotland, and delayed the completion of the series of inspections in which the Council was then engaged. The arrangement for the appointment of an inspector to succeed Sir George Duffey was referred to the Executive Committee. The retirement of Mr. Bryant from the Council, assuming that he were disposed to undertake the duties, appeared to offer the opportunity of obtaining the services of an inspector who, both on personal and on professional grounds, was admirably fitted for the office. He accordingly put the matter before that gentleman on behalf of the Executive Committee, and after giving it consideration Mr. Bryant consented to undertake the duties during the present year, and the Commission of appointment as inspector had been issued to him. It had also been arranged that at each final examination he will be accompanied by a Fellow of a College of Physicians as visitor, and the "Reports" for the present year will thus be framed by experts in the two great branches of the profession. The President next referred to the Report of the Examination Committee on the questions raised in the Reports of the inspector and visitor of the Preliminary Scientific examinations of the three Conjoint Boards and the Apothecaries' Society of London, and intimated his intention to hold a meeting of the Committee to make a final adjustment of the various points under consideration. Having an intimate bearing on this Report is the Amended Scheme of Professional Study for students of the first year, and the subjects of and mode of conducting the First Professional Examination of the Conjoint Board in England, which had been adopted by the Royal Colleges of Physicians and Surgeons in London, and was intimated to the Council three weeks ago. The President remarked that he did not propose to anticipate the statement which the representatives of the two Colleges intended doubtless to make on the amended scheme, further than to say that the Report of the Council's Visitors to the First Professional Examination of the Conjoint Board had obviously been carefully considered by the Colleges, and that the suggestions made therein had been in several particulars adopted. Certain Bills had been introduced into Parliament bearing on the Medical Acts. Among these were the attempts made to promote the establishment of reciprocal relations between the Dominion of Canada and the United Kingdom in regard to practice and admission to their respective "Medical Registers." Up to this time, notwithstanding the efforts that had been made both in Canada and in the Parliament at home, a working scheme had not been arrived at. Bills had also been introduced during the present Session of Parliament to facilitate the adoption of metric weights and measures in this country in substitution for our present methods. The interest which, as a Council, we have in such Bills is in connection with the "British Pharmacopœia," and it is not unlikely that the Pharmacopœia Committee may refer to the subject in their Report. Mr. Jackson had also given notice of a motion calling the attention of the Council to this matter. He then called attention to a statement relating to the financial position of the Council, which he made to the Executive Committee on February 22nd, and which was embodied in the Camerâ Minutes of that date. These had been circulated among the Council, which would doubtless desire to express an opinion on the matter. The President continued :— Copies of a decision of the High Court of Justice in Ireland on a question submitted to the Court, whether the word "person" in Section 3 of the Dentists Act, 1878, means exclusively natural person or includes an artificial person, such as a corporation or company, have, I understand, been sent to each member of the Council. The question arose in connection with the case of O'Duffy *v.* Jaffe, when it was contended that the practice of dentistry could not be pursued by a company entitled Jaffe, Surgeon Dentists, Limited. The Court decided that the Dentists Act as worded is directed against a natural person only and not against a Company. The effect of this judgment is to show that a company practising dentistry cannot be prosecuted under the Dentists Act. Since the judgment in the case of O'Duffy *v.* Jaffe was given another case relating to the practice of dentistry by companies has been before the High Court of Justice in Ireland. The case arose on an application for the issue of a mandamus to compel in Ireland the Registrar of Joint Stock Companies to register under the Companies Act, 1862, the memorandum of a company to be styled "S. G. Rowell, Dentist, Limited." An elaborate judgment on the case was delivered by Chief Baron Palles, who, with his colleagues, declined to grant the mandamus. The questions involved in these cases before the High Court of Justice in Ireland will be brought before the Council by Sir Charles Ball, who will move that the Council take action in terms of his motion.

Dr. MACALISTER proposed, and Dr. NORMAN MOORE seconded, that the thanks of the Council should be given to the President for his address (carried by acclamation).

After a Business Committee had been appointed with Dr. MacAlister as Chairman, the latter moved that the Council do adjourn at 4 p.m. to enable certain Committees to meet for the completion of their Reports.

The REGISTRAR then presented eight yearly tables showing the results of various professional examinations in 1903, three the results of competitions (Navy, Army, and I.M.S.) in 1904, and one the answers sent by medical authorities as to the exemptions granted by them in any part of their examinations during the year 1903.

These were entered on the Minutes.

Sir PATRICK HERON WATSON then proposed, and Dr. MCVAIL seconded, that the thanks of the Council be conveyed to the Director-General of the Medical Department of the Royal Navy, the Director-General of the Army Medical Service, and to the Under-Secretary of State for India respectively for the returns which they have respectively again furnished to the Council, with the request that these returns may in future continue to be furnished to the General Medical Council (carried).

Sir HUGH BEEVOR proposed, and Mr. MORRIS seconded, that Mr. Chas. Stonham, F.R.C.S., be appointed as assistant examiner in surgery to the Apothecaries' Society of London for a period of four years *vice* Mr. Marmaduke Shield, who retires by rotation (carried).

Moved by Dr. MACALISTER, seconded by Sir CHRISTOPHER NIXON, and agreed to, that the Report of the Executive Committee that they have appointed Mr. Bryant to be Inspector of Final Examinations during the year 1904 be received and entered on the minutes, and that they recommend that his salary as Inspector be raised to £250, as he will have the work of a year and a half.

Sir VICTOR HORSLEY did not recollect that this important appointment was relegated to the Executive Committee. With every respect for Mr. Bryant, he (Sir V. Horsley) must enter a protest against Mr. Bryant's appointment, as he (Sir V. Horsley) considered that a man should be appointed who was in touch with the schools and hospitals, and it should be remembered that it is fifteen years since Mr. Bryant resigned from Guy's.

Mr. GEORGE BROWN said he agreed with Sir Victor Horsley, but thought Mr. Bryant's appointment was made merely to fill a gap.

The PRESIDENT said Mr. Bryant's appointment was to complete the cycle after Sir George Duffey's death.

Moved by Dr. MACALISTER, seconded by Dr. LINDSAY STEVEN, and agreed to, that the report from the Executive Committee on the Dental Business transacted since the last meeting of the Council be received and entered on the minutes.

The Report was to the effect (1) that the prescribed conditions having been duly fulfilled in each case, the names of the undermentioned persons have been restored to the "Dentists' Register," from which they had been erased in conformity with the provisions of Section 12 of the Dentists Act, 1878:—Reuben Davis, George

Neep, Ellis Parsons, William H. Sleigh, Alice Wilkinson. (2) Referred to the General Council on application from Mr. James Dickson-Hamilton, a registered dentist of New South Wales, requesting that his name might be placed on the Colonial list of the "Dentists' Register," and directed that Mr. Muir Mackenzie should frame an answer for the consideration of the Council. (3) Referred to the Dental Education and Examination Committee for consideration a report to the General Council during the present session an application from Mr. Edwin Burton Roper, a dentist of British nationality, but domiciled in France, requesting that his name might be placed on the Foreign list ofthe "Dentists' Register" in virtue of his French Diploma of Chirurgien Dentiste, which he had obtained after passing three examinations held by the Faculté de Médecine de Paris. (4) The Committee received from the Privy Council Office a copy of a circular respecting a dental congress at St. Louis to be held in August next. (5) The Committee received from the Colonial Office a copy of an Ordinance of the Orange River Colony on the subject of the registration of Medical Practitioners, Dentists, Chemists, and Druggists, Midwives, and Nurses in that Colony, which embodied the provisions contained in a Proclamation which had been transmitted to the Council in 1902. (6) The Committee received from the Colonial Office a copy of an Act to consolidate and amend the law relating to Dentists in Tasmania and entered it in its minutes. (7) The Committee received from the Irish branch of the British Dental Association a communication calling attention to a judgment in regard to medical or dental joint stock companies.

It was then moved by Dr. MACALISTER, seconded by Sir V. HORSLEY, and agreed to, that the communication referred to the General Council by the Executive Committee from the Irish branch of the British Medical Association concerning the case of O'Duffy *v.* Jaffe be received and entered in the minutes.

The Council then considered *in camerâ* a Resolution of the Executive Committee respecting the Council's premises.

SECOND DAY.—THURSDAY, MAY 26TH, 1904.

SIR WILLIAM TURNER, President, in the Chair.

Absentees—Mr. Power, Mr. Tomes.

The Minutes of last meeting were read and confirmed.

PENAL CASES.

The Council proceeded to the consideration of the case of

RICHARD HENRY DARWENT, OF ROKEBY, NEWINGTON, HULL, YORKS,

registered with the triple qualification of Scotland, 1893, who had been summoned to appear before the Council to answer the following charge, as formulated by the Council's solicitor:—"That you abused your position as a medical man by committing adultery with a patient, namely, Mrs. Spink, a married woman, whom you had been and were attending professionally, of which adultery you were found guilty by the Decree of the Probate, Divorce, and Admiralty Division (Divorce) of the High Court of Justice, made on the 29th day of October, 1902, in the cause of Spink *v.* Spink, Benson, and Darwent, in which you were one of the co-respondents."

Mr. Darwent attended to answer his notice. He had with him as counsel Mr. Muir, instructed by Mr. J. W. Hill, solicitor, agent for Mr. H. Gough, of Hull.

Mr. M. P. Oldfield, of Oldfield, Bartram, and Oldfield, solicitors, appeared on behalf of Mrs. Spink, the complainant, who was not present.

Mr. Winterbotham, having read the notice, Mr. Oldfield opened the case, but at the very outset of his speech Mr. Muir objected to the admission of evidence by Mrs. Spink, as she was not to be called as a witness, and said that matters relating to her personal conduct should be excluded.

Mr. Oldfield said Mrs. Spink objected to be present.

Mr. Muir, whilst sympathising with her, said that it was a question of law, and that he declined any reference being made to an absent person.

Mr. Muir Mackenzie advised the Council to accept only Mrs. Spink's statutory declaration.

Mr. Oldfield then continued his speech, and read the confessions made by Mr. Darwent in the divorce proceedings. He then called Mr. Arthur Smith, a clerk to the firm of solicitors who acted for Mr. Spink in the divorce proceedings, and examined him.

Mr. Muir cross-examined Mr. Smith, and proposed to put to him a statement made by Mrs. Spink reflecting on other parties, which statement she had subsequently withdrawn.

Mr. Muir Mackenzie advised the Council not to admit this evidence, but Mr. Muir argued in support of its admission.

The Council then deliberated this point *in camerâ*.

On strangers being re-admitted, the PRESIDENT announced: "The Council rule that cross-examination and evidence must be confined to the question raised by the notice of inquiry, *i.e.*, whether Mr. Darwent committed adultery with a patient whom he had been attending professionally, and that the Council cannot receive in evidence the facts alleged in Mrs. Spink's answer alleging misconduct by other persons."

Mr. Muir, after asking a few questions, then asked that the hearing might be adjourned in order that he might take steps for the prohibition of the inquiry.

After the Council had deliberated *in camerâ*,

The PRESIDENT announced, after the re-admission of strangers, that: "The Council adjourn the case until next Session to give counsel for the defence an opportunity of taking such steps as he may think necessary to question the Council's ruling."

The Council next proceeded to the consideration of the case of

HAROLD AUGUSTUS EASTON, OF 92 BRIGSTOCK ROAD, THORNTON HEATH,

registered as M.R.C.S.Eng., 1902, L.R.C.P.Lond., 1902, who had been summoned to appear before the Council to answer the following charge as formulated by the Council's solicitor:—

"That you, being a registered medical practitioner, had systematically sought to attract to yourself patients by the employment of persons to canvass on your behalf for subscribers to a medical club instituted by you and by the distribution of the rules of the said club."

Before the case was opened, the PRESIDENT intimated that any members of the Council who belonged to the London and Counties Protection Society should not take part in the proceedings.

Mr. Easton conducted his own case.

Mr. Winterbotham read the notice to attend.

Dr. Hugh Woods proceeded to open the case on the part of the London and Counties Protection Society, the chief question put forward being whether Mr. Easton had gone or sent to houses asking people to belong to his medical club. In support of this, Dr. Woods called several witnesses and examined them as to the declarations they had made, principally with regard to a Mr. Brisley having canvassed for Mr. Easton's club.

Mr. Easton did not cross-examine any of the witnesses, but a few questions were put to them from the Chair and by several members of the Council, especially by Dr. McVail.

Mr. Easton, in his defence, denied that he had tried to attract members to his club, which had been started at the suggestion of Mr. Brisley, who was an insurance agent. He had told Mr. Brisley not to canvass. He had been written to by the Medical Defence Union, to whom he had written to deny that he canvassed for patients, and since then he had heard nothing more from the Medical Defence Union. He only knew the same afternoon that the London and Counties Protection Society had taken up the case. Mr. Easton went into the witness-box and answered questions from the Chair and from Dr. McVail, and was cross-examined by Dr. Woods.

Mr. Brisley was called in support of the defence, and also Mr. Easton's housekeeper, who was cross-examined by Dr. Woods.

After Dr. Woods had spoken a few words in reply, The Council deliberated *in camerâ*, and on strangers being re-admitted, the PRESIDENT announced the decision of the Council as follows: "That the facts alleged against Mr. Harold Augustus Easton, *i.e.*, that he had systematically canvassed for patients, had not been proved to the satisfaction of the Council." The PRESIDENT added that, probably owing to his youth and inexperience, he had narrowly avoided infringing the Council's resolution in regard to canvassing, and that he should be warned by the day's proceedings to be very careful in regard to his professional conduct in the future. (N.B.—The words, "his professional conduct in" were deleted when the minutes were read on May 27th.)

The Council then proceeded to the consideration, adjourned from November 26th, 1903, of the conviction, proved to the satisfaction of the Council, of

ROBERT FAWCITT GRANGER,

registered as of 85 Church Street, Whitby, with the triple qualification of Scotland, 1889, who had been summoned to appear before the Council in consequence of his conviction at Plymouth in August, 1903, of having unlawfully and wilfully neglected his three children, for which he was sentenced to two months' imprisonment in the second division.

Mr. Granger attended in answer to his notice, and tendered as evidence of his conduct in the interval a letter from Dr. Robert Milne, of Bow Road, London, E., in which district Mr. Granger had been living the greater part of the time, and also a letter which he had himself written. He also stated that he had adhered to the pledge which had been given at the previous consideration of his case.

The PRESIDENT said: "Mr. Granger, the Council have had before it Dr. Milne's letter and a letter from an inspector of the Royal Society for the Prevention of Cruelty to Children, and having deliberated on your case has decided not to direct the Registrar to erase your name from the 'Medical Register.'" The PRESIDENT expressed the hope that the proceedings which had been taken would be a warning to Mr. Granger and that he would give no cause for complaint as to his conduct in the future.

An application was then read from the solicitors in Sydney of

MR. JAMES DICKSON HAMILTON,

for his Registration as a dentist of the United Kingdom under Section 8 of the Dentists Act, 1878, the grounds of the application being that he was already registered under the Dentists Act of New South Wales. This application had been considered by the Executive Committee on February 22nd, 1904, and by them referred to the General Council, and also that Mr. Muir Mackenzie be instructed to frame an answer for the consideration of the Council.

Moved by Sir VICTOR HORSLEY and seconded by Dr. MACALISTER: "That the answer to the application of Mr. James Dickson Hamilton be in the terms of the answer drafted by Mr. Muir Mackenzie."

Answer of Mr. Muir Mackenzie:—

"Gentlemen,—In reply to your letter of November 23rd, 1903, I have to inform you that the application of Mr. James Dickson Hamilton, and the documents which accompanied it, and your letter, have been considered by the General Medical Council. The Council does not recognise that the certificate under the Dentists Act of New South Wales (No. 45 of 1900), of which you have forwarded a copy to the Council, furnishes sufficient guarantee that a holder of the certificate possesses the requisite knowledge and skill for the efficient practice of dentistry or dental surgery. The Council does not recognise a certificate issued under the Dentists Act, 1887 (Victoria), to a person who has no dental diploma or qualification other than the qualification of having practised dentistry before the passing of that Act. An application by the holder of such a certificate to have his name registered in the Colonial 'Register' was refused by the General Medical Council on the ground that the Council could not recognise the certificate. The applicant appealed from the Council's refusal to the Privy Council, and the appeal was dismissed. The case will be found recorded in the published Minutes of the Council for 1896 (pp. 73, 152), 1897 (pp. 186, 193), 1898 (pp. 98, 274). With reference to the case of Mr. Oldfield, his name was not registered in the Colonial 'Register' on the ground that the Council had determined to recognise a certificate under the Dentists Act, 1887 (Victoria), issued to a person whose qualification was that he had practised dentistry before the passing of the Act. Mr. Oldfield made two applications for registration, the first of which was refused, but the second of which was granted, in the special circumstances stated in the second application, a special order being made for the registration of the name. The facts relating to Mr. Oldfield's applications will be found in the published Minutes of the Council for 1897 (pp. 216, 242, 162 and 247), 1898 (pp. 98 and 274), 1900 (p. 68). The application of Mr. Hamilton has therefore been refused by the Council on the grounds above stated."

It was then moved by Dr. MACALISTER and seconded by Dr. NORMAN MOORE: "That the nominations for the following Committees be adopted:—(1) *Examination Committee.*—(*a*) By the English Branch Council: Dr. Pye Smith, Dr. Payne, Mr. Young. (*b*) By the Scottish Branch Council: Sir Patrick Heron Watson, Dr. Finlay, Dr. McVail. (*c*) By the Irish Branch Council: Sir Charles Ball, Dr. Little, Sir Wm. Thomson. (2) *Education Committee.*—The following members had been nominated (*a*) By the English Branch Council: Dr. Norman Moore, Dr. MacAlister, Dr. Windle; (*b*) by the Scottish Branch Council: Sir John Tuke, Dr. McCall Anderson, Dr. Mackay; (*c*) by the Irish Branch Council: Dr. Bennett, Sir C. Nixon, Sir Wm. Thomson. (3) *Public Health Committee.*—The following members had been nominated (*a*) by the English Branch Council: Sir G. Philipson, Mr. Power, Mr. Jackson; (*b*) by the Scottish Branch Council: Dr. Lindsay Steven, Dr. McVail, Dr. Bruce; (*c*) by the Irish Branch Council: Sir Charles Ball, Mr. Tichborne, Dr. Bennett."

Moved by Dr. MACALISTER, seconded by Dr. NORMAN MOORE, and agreed to:—(*a*) "That the following be the members of the *Dental Committee*: The President (Chairman), Sir Charles Ball, Sir Patrick Heron Watson, Mr. Tomes, Mr Henry Morris." (*b*) "That the following be the members of the *Dental Education and Examination Committee*: Mr. Tomes, Dr. Finlay, Mr. Brown, Sir Charles Ball, Dr. Lindsay Steven, Dr. Bennett, Mr. Henry Morris." (*c*) "That the following be the members of the *Pharmacopœia Committee*: Dr. MacAlister, Dr. Norman Moore, Dr. Payne, Sir George Philipson, Sir John Batty Tuke, Dr. McVail, Sir John Moore, Mr. Tichborne." (*d*) "That the following be the members of the *Students' Registration Committee*: Sir Hugh Beevor, Dr. MacAlister, Sir John Batty Tuke, Dr. Mackay, Dr. Bennett, Sir William Thomson."

THIRD DAY.—FRIDAY, MAY 27TH, 1904.

SIR WILLIAM TURNER, President, in the Chair.

Absentees Mr. Power and Mr. Tomes.

The Minutes of the last meeting were read, seconded, and confirmed.

Dr. NORMAN MOORE, after remarking that the Report carried important information from practically all the Licensing Bodies of the United Kingdom, besides many other scientific institutions, and pointing out that the answers were singularly of one complexion, moved that the Report from the Committee on Preliminary Scientific Education be received and entered on the minutes (seconded by Dr. WINDLE, and agreed to).

It was moved by Dr. NORMAN MOORE, seconded by Dr. WINDLE, and agreed to, that recommendations of the Report be adopted as follows: (1) That the examination in chemistry, in order to be sufficient, should comprise a written paper, a practical examination, and an oral examination.

Moved by Dr. NORMAN MOORE, seconded by Dr. WINDLE, and agreed to: that recommendation 2 of the Report be adopted as follows: That in respect of chemistry, a synopsis or syllabus of subjects should be issued by each Licensing Body, and that the scope of the examination in chemistry should not fall below that which has been indicated in the Report of the

visitors, and has been generally approved by the Licensing Bodies.

Moved by Dr. NORMAN MOORE, seconded by Dr. WINDLE, that recommendation 3 be adopted as follows: That the examination in practical chemistry should not be limited to simple quantitative analysis, but should include easy preparations and simple experiments illustrating important principles.

Mr. TICHBORNE moved as an amendment, seconded by Dr. BRUCE, to insert "simple volumetric analysis" after the word "preparations," and after a few remarks from Sir V. Horsley, Dr. Pye Smith, Dr. Payne, Mr. George Brown, Sir Hugh Beevor, and Sir J. W. Moore, in support, the amendment was accepted by Drs. Norman Moore and Windle and the original motion, as amended, was agreed to.

Moved by Dr. NORMAN MOORE, seconded by Dr. WINDLE, and agreed to, that recommendation 4 be adopted as follows: That an examination in physics, in order to be sufficient, should comprise a written paper and an oral examination, the latter to include practical questions on the use of physical instruments and apparatus.

Moved by Dr. NORMAN MOORE, seconded by Dr. WINDLE, and agreed to, that recommendation 5 be adopted as follows: That in respect of physics a synopsis or syllabus of subjects should be issued by each licensing body and should include the elementary mechanics of solids and thirds and the rudiments of heat, light, and electricity.

With regard to the subject of biology (recommendations 6, 7, and 8), after Dr. MACKAY had made a few remarks in support of his contention that biology should be excluded from examination subjects and that the student should be allowed to take this subject at any time of the curriculum, it was moved by Dr. NORMAN MOORE, seconded by Dr. WINDLE, and agreed to, that the Council go into committee of the whole Council to consider recommendations 6, 7, and 8—viz., (6) That elementary biology should be retained in the curriculum; (7) that an examination in elementary biology, in order to be sufficient, should comprise a written paper and an oral examination, the latter to include practical questions on specimens and dissections and on methods of microscopical investigations; (8) That in respect of elementary biology a synopsis or syllabus of subjects should be issued by each licensing body.

COMMITTEE OF THE WHOLE COUNCIL.

Moved by Dr. NORMAN MOORE, seconded by Sir VICTOR HORSLEY, and agreed to, that the Committee consider recommendations 6, 7, and 8 together.

Moved by Sir VICTOR HORSLEY, seconded by Sir CHARLES BALL, that the further consideration of recommendations 6, 7, and 8 be suspended and that the committee on preliminary scientific education be re-appointed and instructed to report upon the courses of study, and synopsis of subjects for the preliminary scientific examination with especial reference to the branches of biology as subjects of study and examination.

After a discussion, in which Dr. Little, Dr. MacAlister, Sir W. Thomson, Sir Chas. Ball, Sir Christopher Nixon, Dr. Pye Smith, Dr. Windle, and Dr. Thos. McVail took part, the following amendment was moved by Dr. Norman Moore, and seconded by Mr. Morris, that instead of postponing the consideration of the report of the Committee, recommendations 6, 7, and 8 be approved by the Council in Committee.

This amendment was carried, and on being put as a substantive motion, was agreed to.

Moved by Dr. NORMAN MOORE, seconded by Mr. MORRIS, and agreed to, that the Council now resume.

After the Chairman of the Business Committee had reported that the Committee of the whole Council had passed the following resolutions: "(*a*) That the Committee of the whole Council considers recommendations 6, 7, and 8 together; (*b*) that, instead of postponing the consideration of the report of the Committee, recommendations 6, 7, and 8 be approved," he moved that recommendations 6, 7, and 8 be adopted by the Council. Seconded by Dr. NORMAN MOORE and agreed to.

Moved by Dr. NORMAN MOORE, and seconded by Mr. MORRIS and agreed to, that the resolutions 1 to 8 adopted by the Council be communicated to all the Licensing Bodies.

Moved by Dr. MACKAY, seconded by Sir J. Tuke, that the Preliminary Scientific Committee be re-appointed and that the following suggestion be referred to them for report: "That the subject of biology should be retained in the curriculum, but that it should not be regarded as necessary that a professional examination in the subject should be demanded, provided that the student has attended and duly prepared the work of a satisfactory course of instruction in the subject as parts of the curriculum of a university or duly recognised college or school of medicine."

Dr. FINLAY moved the following amendment, seconded by Mr. MORRIS, that the Preliminary Scientific Committee be re-appointed and instructed to consider and report as to the advisability of dispensing with examinations in the case of any of the subjects in which courses of study are prescribed by the Licensing Bodies.

After a few words of adverse criticism on the amendment from Drs. Bennett and McVail, and Sir Victor Horsley, the previous question on the amendment was moved by Dr. BENNETT, seconded by Dr. MCVAIL, as follows: that the Council, instead of proceeding to deal with the amendment, do pass to the next item on the programme of business.

The previous question on the amendment was lost—14 to 13; 3 did not vote. Therefore, Dr. Finlay's amendment was put; it was carried—16 to 12; 2 did not vote.

The amendment was next put as a substantive motion, but was lost—15 to 13; 2 did not vote.

FOURTH DAY.—SATURDAY, MAY 28TH, 1904.

The President, SIR W. TURNER, in the chair.

Absent, Mr. Tomes (ill).

The minutes of the last meeting were read and confirmed.

Moved by Dr. NORMAN MOORE, seconded by Mr. MORRIS, and agreed to, that the communications referred to the General Council by the Executive Committee from the Royal College of Physicians, London, and the Royal College of Surgeons of England, in regard to the curriculum and examination in scientific subjects be received and entered in the minutes.

The communications, which were identical for the two Colleges, were as follows:—

COURSES OF INSTRUCTION.

1. That a minimum length of courses be required in chemistry, physics, and biology before candidates are admitted to examination in these subjects.

2. That the minimum course in the several subjects be: In chemistry, 180 hours' instruction and laboratory work; in physics, 120 hours' instruction and laboratory work; in biology, 120 hours' instruction and laboratory work.

3. That these courses need not run concurrently nor be completed within one year.

4. That these courses may be commenced or attended before the required preliminary examination in general education is passed.

5. That study at an institution other than a recognised medical school be counted for not more than six months of the curriculum.

6. That the study of anatomy and physiology be not recognised until after the first examination in chemistry, physics, and biology has been passed.

7. That no student be admitted to examination in medicine and surgery until he has completed five years of professional study after passing the preliminary examination in general education, towards which six months' study at a recognised institution may be counted, if taken subsequently to passing such preliminary examination.

FIRST PROFESSIONAL EXAMINATION.

That Part I. (chemistry), Part II. (physics), Part III. (biology), and, at the option of the candidate, Part IV.

(practical pharmacy) be the subjects of the first examination.

CHEMISTRY.

1. That the paper in chemistry do consist of nine questions, six to be answered and no more, for which three hours shall be allotted.

2. That the time for the practical examination be extended from two to three hours.

3. That the use of books and tables be allowed in the practical examination.

PHYSICS.

4. That there be a separate paper in physics consisting of six questions, four to be answered and no more, for which two hours shall be allotted.

5. That there be a *viva voce* examination on the use of physical instruments.

. . . . . .

6. That candidates be required to pass in both chemistry and physics at one and the same time; that the marks awarded in chemistry and physics be considered together; and that candidates who obtain 40 per cent. of the total of the two subjects shall pass, provided that they obtain not less than 20 per cent. in either subject.

BIOLOGY.

7. That, in addition to the *viva voce* examination, there be a paper in biology, for which two hours be allotted, consisting of six questions, four to be answered and no more.

8. That each candidate be examined orally for fifteen minutes.

Then follow Synopses, also lists of—

1. Schools other than medical, recognised by the R.C.P.L. and R.C.S.Eng., for instruction in the above subjects.

2. Recognised medical schools.

3. Recognised preliminary examinations in subjects of general education.

Sir V. HORSLEY made some remarks on the courses of study, criticising 3, 4, 5, 6, and 7, especially 7, which, he thought, evaded the curriculum by making it four and a half years instead of 5.

The subject was also discussed by Dr. MACALISTER, Mr. BROWN, Drs. WINDLE, MACKAY, NORMAN MOORE, Sir P. HERON WATSON, Dr. MCVAIL, Sir WM. THOMSON, and Dr. BRUCE.

Sir V. HORSLEY then moved that the courses of study laid down in the new Regulations of the Examining Board in England by the R.C.P.London and the R.C.S.Eng., taking effect in March, 1905, are in the opinion of this Council insufficient.

Seconded by Sir WILLIAM THOMSON.

This motion was lost—22 against, 6 for; 3 did not vote, 1 absent.

Moved by Mr. G. BROWN, seconded by Dr. BRUCE, that the scheme of courses of study contained in the new Regulations of the Examining Board in England by the R.C.P.Lond. and the R.C.S.Eng. be referred to the Education Committee for consideration and report at the November session.

This motion was lost—13 against, 11 for; 7 did not vote, 1 absent.

Moved by Sir P. HERON WATSON, seconded by Dr. MCVAIL, that the following recommendation by the Examination Committee be adopted by the Council: "That the Council complete the visitation of the preliminary scientific examinations held by the bodies mentioned in Schedule A, by appointing visitors to visit these examinations in the Universities."

After some remarks from Dr. MACALISTER, Dr. MACKAY, Sir J. TUKE, Drs. N. MOORE, MCVAIL, and PYE SMITH, all (with the exception of Drs. MCVAIL and N. MOORE) being against the motion, an amendment was moved by Dr. MACALISTER, and seconded by Dr. WINDLE, that the inspection and visitation of the University examinations in chemistry, physics, and biology be not continued until after the inspection and visitation of the final examinations had been completed.

The amendment was carried—19 for, 10 against; 2 did not vote, 1 absent.

The amendment was then put as a substantive motion and carried.

Same division as on the amendment.

Moved by Dr. MCCALL ANDERSON, seconded by Dr. BRUCE, that the Registrar be instructed to communicate with each of the Licensing Bodies recommending a uniform system of marking, in all cases, in connection with their examinations.

After some remarks from Drs. MACALISTER, FINLAY, PAYNE, N. MOORE, Sir VICTOR HORSLEY, Sir J. MOORE, and Sir HERON WATSON, an amendment was moved by Dr. MACALISTER, and seconded by Sir CHAS. BALL, that the subject of Dr. McCall Anderson's motion be referred to the Examination Committee for consideration in connection with their final report on the completion of the cycle of visitation and inspection.

Both the amendment and the motion were by consent withdrawn.

Sir JOHN TUKE's and Sir V. HORSLEY's motions were by consent postponed to Monday.

After a motion by Dr. MACKAY, seconded by Dr. N. MOORE, had been put,

It was moved by Sir V. HORSLEY, seconded by Dr. MACALISTER, and carried, that Clause 1 of Chapter IV. of the Standing Orders be suspended until a vote had been taken on the motion.

Division—13 for, 11 against; 4 did not vote, 4 absent.

(The Report of the concluding days of the session will appear in our next.)

The British Medical Temperance Association.

THE twenty-eighth annual meeting of this association was held on May 26th at the London Temperance Hospital (by kind permission of the Board), the President, Professor G. Sims Woodhead, M.D., F.R.S.E., being in the chair. The report of the Council showed that the association is slowly but surely making its voice heard among the ranks of the medical profession. The President remarked that the British Medical Temperance Association was by no means an inactive body, but that it had markedly strengthened the cause of temperance in this country. The importance of all practitioners being thoroughly at one with regard to the effects of alcohol could hardly be over-estimated. In seconding the adoption of the report, Dr. James Stewart laid stress upon the importance of the maintenance of a strictly scientific attitude on the part of the profession as being the best corrective of platform "teetotal clap-trap," the effect of which was often more injurious than otherwise to the temperance cause. The treasurer, Dr. T. Morton, then presented the balance-sheet, which showed the finances of the association to be in a fairly satisfactory condition. Hearty votes of thanks having been accorded to Professor Woodhead for presiding, and to the honorary secretary, Dr. J. J. Ridge, the business portion of the meeting terminated. A conversazione then followed, a good musical programme being provided. After a lantern demonstration of photography in natural colours by Mr. W. Chataway, an address was delivered by A. Pearce Gould, Esq., M.S. The speaker said that there were two distinct points of view from which the medical practitioner should regard the temperance question—the social and the scientific. The latter was pre-eminently the one from which the subject should be approached when dealing with patients. At the same time, the importance of the social aspect could not, of course, be underrated.

Epsom College—Election for Pensionships.

AT the annual general meeting held on Friday last at the office of the College, in Soho Square, the following candidates for pensionships and foundation scholarships were reported by the scrutineers, Dr. Felce, Dr. Holman, and Mr. Purnell, to have obtained the largest number of votes, and were declared to be duly elected:

Pensionerships.—Rebecca E. Sudlow, 5,969; Caroline E. Thurgar, 5,875; Eliza Elliott, 4,381.

Foundation Scholarships.—Charles L. W. Sheperd, 8,138; William J. G. Walker, 7,534; Hilary A. H. S. Kenny, 7,284; William K. Mortlock, 6,827; H. Norman Bright, 5,434; Eric V. Corry, 4,536.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, May 29th, 1904.

THE DIAGNOSIS OF ZONA.

NOTHING seems more easy, says Dr. Paul Fabre, than the diagnosis of zona. A vesicular eruption following the tract of a nerve, rarely of several nerves, and almost always accompanied by more or less intense pain, is generally sufficient to inform the practitioner of the nature of the affection. Yet in certain cases the diagnosis is far from being easy. If it is easy to distinguish the malady when it shows itself on the thorax or the limbs, it is quite otherwise when the eruption appears on the head, neck, feet, or hands. The typical zona may be recognised by the patient himself, but even here the medical attendant is liable to fall into error. Called to a patient complaining of pain in the side, he contents himself by placing his ear over the painful region, neglecting to make an inspection of the cutaneous surface. Finding nothing wrong with the lungs or the pleura he pronounces the case to be one of intercostal neuralgia and writes a prescription accordingly, and the patient continues to suffer. Yet the practitioner is not always to blame. With a man or a ch ld he has no scruple, especially if he is at the bedside, but in his consulting room, in the presence of a young woman or girl complaining of pain in the side, is it not natural that the physician does not oblige her to undress, contenting himself with a superficial examination ?

A short time ago, a woman, æt. 70, who had suffered for four days from pain in the right hypochondriac region, called in a young doctor, who, after auscultation and percussion, thought he had to do with a nervous old woman and prescribed sedatives. The following day the patient herself discovered the real nature of her suffering.

Some years ago, Mr. Fabre was called to a maiden lady, æt, 55, who three days previously was seized with a violent rigor, followed in the night by pain in the left side. The pulse was 112 and the temperature 100°. The patient was much oppressed and coughed a little. Applying the ear to the region, he perceived subcrepitant *râles*, but the patient complaining of pain from the pressure of his ear, M. Fabre raised up the chemise and discovered to his astonishment a typical case of zona.

Pain is one of the most important symptoms of herpes, as will be seen from the following case: A woman of nervous temperament complained of intolerable pain in the left parietal region causing complete insomnia; the left eye was inflamed and a vesicle appeared on the cornea; it was a case of ophthalmic herpes which might have been easily mistaken for something else. After appropriate treatment, relief was obtained, but the pain reappeared at the next monthly period in the same region, the eye was injected again, but there was no vesicle, and periodically for several months the neuralgia returned.

The pain is generally seated at the point of the eruption, where the burning sensation and itching is most marked, but it is not always so, especially as regards the lancinating pains which frequently follow the whole tract of the nerves of the affected region. Frequently a double pain is perceived, one deep-seated near the vertebral column, where the nerve emerges, the other superficial, pertaining to the eruption. It must be admitted, however, that the eruption is more characteristic of the malady than the pain, which is sometimes absent. (Out of 231 cases observed by M. Fabre, 57 were painless).

In the majority of cases, the eruption is accompanied by insomnia, nocturnal restlessness and malaise, and this insomnia is hardly ever in proportion with the intensity of the eruption nor of the fever, constituting one of the most characteristic signs of zona. Although the real origin of this curious affection is not well understood, yet it is admitted by all that the nervous system plays a preponderating *rôle* in its production.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, May 28th, 1904.

AT the Surgical Congress, Hr. Barth, Dantzic, related a case of

INDURATIVE PANCREATITIS.

A gentleman, æt. 54, had suffered for a period of two years with symptoms indicative of biliary colic. In October, 1903, acute cholecystitis came on with violent fever. The gall-bladder was opened, but it contained no stone, nor was there any in the bile-duct, nor was there later. After the operation the fever subsided, and all symptoms passed away. Six weeks later colic returned with vomiting, but without fever. A permanent feeling of pressure remained in the epigastrium with frequent vomiting. The symptoms became worse, and in January the pain became very acute; everything taken was returned, and the patient became very much emaciated. The temperature and urine remained normal. Laparotomy was performed on January 18th. The gall-bladder appeared normal; the bile was clear; but the pancreas from its head to its middle was hard. A piece was excised and the part sutured. At first the pain continued, but later on it ceased, until death took place a fortnight later, after uncontrollable vomiting, from which the abdominal wound opened afresh, the bowels escaped, and erysipelas came on. Microscopic examination of the pancreas revealed the following: The pancreas was normal in size, the hardening in the upper part had partly disappeared, there was no inflammation in the region about the pancreas, the ductus Wersingianii was absent, the ductus Santorini was easy to find, and it was permeable to the tail part. The structure of the pancreas in the middle was converted into fibrous tissue, the exit passages remained as well as Längerhaus' islands. The great pain and the vomiting were caused by the pancreatitis. There were no calculi. It was to be observed that the solar plexus had its seat below the neck of the pancreas, and that it was from here that the pains radiated.

Hr. Ehrhardt, Königsberg, read a paper on

PERITONITIS PROCEEDING FROM THE BILE-PASSAGES.

He said it had been determined experimentally that normal bile in the peritoneum set up no peritonitis. This had also been shown to be the case after accidental injuries to the gall-bladder. If, on the other hand, the bile-passages were inflamed, a second agent was introduced—bacteria. In ulceration in typhoid, in inflammations in the bowels, we found bacteria in the lower end of the bile-duct.

He had endeavoured to determine whether bile diminished the virulence of bacteria. He flooded the peritoneal cavities of five guinea-pigs with *B. coli*, mixed with bile, and those of five other guinea-pigs with pure cultivation of *B. coli*. The control animals all died within twenty-four hours, but of the others the first died after twice or three times twenty-four hours—a proof that the bile had a weakening influence on the virulence of the bacteria.

As regarded the clinical question, the symptoms followed the experimental experiences. If perforation

of a bile-passage took place in a chronic case, the bile as a rule flowed into a dependent part, where adhesions had taken place in consequence of the chronic inflammation, and no peritonitis took place. But even if the bile flowed into the open peritoneum foudroyant symptoms of peritonitis never supervened, but the inflammation had mostly a bland character. The commencement was mostly insidious, then the symptoms gradually got worse, and later encapsulation frequently took place. In cases in which no encapsulation took place, the inflammation almost always took on a chronic course.

Hr. V. Mikulicz-Radecki spoke on

INCREASING THE RESISTANCE OF THE PERITONEUM AGAINST INFECTION IN STOMACH AND INTESTINAL OPERATIONS.

He pointed out how all techniques failed when the stomach and intestines contained pathogenic organisms, as they always did, and although the most varied means of preventing infection had been recommended none had been attended with much success. Bacteria might pass through even the smallest openings in the intestines; the danger of infection was dependent on the size of the opening and the depth at which the operation was performed. And even if the peritoneum was much more resistent than was formerly believed, and could take care of a certain quantity of bacteria, large quantities overcame its resisting powers.

There was no prospect of lessening the virulence of bacteria through the intestinal tract by antiseptics given by the mouth, but we might try to heighten the resisting power of the peritoneum itself. In this we had two means, one by specific immunisation, but not much could be gained in this way. A second means was the general raising of the resisting power by artificial hyperleucocytosis, therefore by supporting and aiding phagocytosis. This means had already been employed in combating a pneumococcus invasion, but after invasion had already taken place not much could be done, as the organism had by that time lost much of its power. Better results might be expected if we could make use of the hyperleucocytosis before the invasion.

At his suggestion a series of experiments had been made in the Breslau Klinik, and had led to very remarkable results. Attempts had been made to produce hyperleucocytosis by local application of various materials, such as physiological saline solutions and nuclein acid. Coli bacilli had been injected into the peritoneum of animals after they had been previously treated by the above-named means, and it was found that the resisting power had been much raised by them, and that in the case of guinea-pigs forty times the lethal dose was required to bring about the fatal result. The contents of intestine and stomach were emptied into the peritoneal cavity; five control animals died in a few hours, but the whole of the ten animals that had been prepared recovered. Even a short time after the injection a powerful leucocytosis with phagocytosis had been set up so that in a short time all the bacteria had been cleared off. Flugge had pronounced the opinion that the preparations were convincing.

How far was this applicable to the human subject? The application of the method was suitable, and by its aid we should be able to do a little more than we were able hitherto. In thirty-four cases injections had been made, in each case of 50 c.cm. of a 2 per cent. solution of nuclein, and under the skin of the chest. No marked local or general symptoms appeared, only a slight local reaction and a short raising of the temperature to 38° C. No change was found in the urine. In all cases a typical hyperleucocytosis was observed, reaching its maximum twelve hours after the injection. Soon after the injection a hypoleucocytosis took place, whereupon a gradual increase in the leucocytes followed. Among the injected cases were seven resections of the stomach, fifteen gastro-enterostomies and gall-stone operations, and not one of them had died in the first week after operation. Generally speaking, the whole course of the operation was more favourable.

Saline infusion was a supporting agent that led to hyperleucocytosis. He now, therefore, although formerly a supporter of dry operations, washed out the peritoneum with physiological saline solution at operations in the abdominal cavity.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, May 28th, 1904.

GRAM-POSITIVE MYCOSIS.

SCHMIDT exhibited a number of preparations, both anatomical and bacteriological, to the Gesellschaft für innere Medizin on the subject of positive results by Gram's method in a form of mycosis. During life the clinical symptoms were those of hepatic and splenic disease of a protracted nature, as liver and spleen were intumescent and the blood "leucopenic" with the diazoreaction. "Leucopenia" is a term introduced into laboratory experiments by Loewit, who found simple reduction of heat in an animal brought about a temporary reduction in the circulating white corpuscles of the blood. The disease being suspected to be infectious led to a thorough bacterial examination of the excretions. The stomach was washed out, and in the rinsings Gram's positive bacillus was first observed, which morphologically resembled the lactic acid bacillus. Strange to say nothing was found in the sputum. The blood contained 3,380,000 erythrocytes, 1,800 leucocytes, and 45 per cent. of hæmoglobin. Dried preparations had the same results. The post-mortem revealed a hard condition of the liver, which was spotted from hæmorrhagic centres which extended through the organ when cut. In the section were also to be found yellowish-white points like lentils, with surrounding infiltration very much resembling tubercle, and histologically were found to have necrotic centres. There was also acute hyperplasia of the portal lymphatics; and subacute hyperplasia and necrotic centres in the spleen. On opening the stomach three large ulcers were present on the smaller curvature near the pylorus with highly raised margins resembling the carbuncles of anthrax. The bacteriological examination of the spleen gave the same results with Gram's staining as did the washings of the stomach. When injected into mice and guinea-pigs, the same pathogenic condition and bacilli were to be found in these animals. When the bacilli were cultivated and again injected, the results were the same in the liver, stomach, and spleen, which left no doubt in his mind concerning the nature of the disease.

Escherich asked if this could be a case of streptotrichia, which was not an uncommon pathogenic disease. It might be interesting to observe whether the bacilli formed ramifications on the nutrient media in the cultures.

Schmidt replied that he had particularly searched for this condition, but could find nothing to confirm the diagnosis of a streptotrichia.

MORBUS BASEDOWII.

Jellinek gave the meeting a long history of the morbid condition of exophthalmia, and avowed that

the trias was not the only confirmatory mark of the disease, as there was a diffuse pigmentation around the eyes that was invariably present, particularly at the commencement of the disease, when the diagnosis was more difficult to confirm. To demonstrate this sign he presented a girl, æt. 17, who has suffered from the disease since June, 1903. The exophthalmic glands and heart left no doubt about the nature of the disease now, while the deep pigmentation around the eyelids has existed from the very first.

He exhibited another case to prove the symptom at the same time, another patient, æt. 12, suffering from cirsoismus vinosus in inguino sinistro. He particularly drew the attention of the meeting to a fact that he said was often overlooked here. In the pelvis along the left side is to be found a network of veins, some as large as a goose's quill, that become dilated and varicose. The anastomosis extended to the hip-joint, half-way down the femur, and upwards to the fourth or fifth rib, where it becomes lost. Compression anywhere in this area is sure to produce the morbid condition of varicocele as may often be proved by the flow of blood from the "caput Medusæ," or circular plexus around the umbilicus. Cirsoismus is therefore often found to be a congenital anomaly and must be treated as such.

EXTRA-SYSTOLIC IRRITATION.

Berall showed a man, æt. 39, whom he had treated for an extra-systolic state of the heart after taking a meal. This arhythmia had existed for nine months before his admission into hospital. The pulse curves showed this typical extra-systolic action of the heart. The urine analyses, which were often made, pointed to a condition of uraturia, indicanuria with increased ether sulphates, which exhibited an abnormal state of the metamorphosis, with a production of toxins. The treatment indicated was a rational diet for a neurasthenic condition, with tonics, such as quinine, to raise the general state of the organism. It was evident from experiments that the systolic disturbance was of a ventricular character, as digitalis and strophanthus aggravated the circumstances, probably from the increased blood pressure, which would act as a further irritant. During these experiments a constant series of pulse tracings were taken, which showed that, after the quinine and diet treatment the cardiac action was improved, and in a short time he increased in weight about five kilogrammes.

RHACHITIC DWARF.

Knoepfelmacher showed a child with rhachitic suppression of growth. It was æt. 13, and 84 cms. in length. Four years ago it was 98 cms. in length. This shortening appears to be due to the bending in the thorax and vertebral column, as well as in the long bones. The swelling of the epiphyses of the knee-joints and elbows were also contributory to the reduction. There was great thickening of the phalanges of the fingers and lower jaw, with inability to walk.

Kassowitz remarked that this case resembled those that were presented on a former occasion by Hofsinger, who had twelve cases of rhachitic children, who were unable to stand or walk, but under the treatment of phosphorus and cod-liver oil they began to move about in a relatively short time.

The Operating Theatres.

KING'S COLLEGE HOSPITAL.

AMPUTATION AT THE HIP-JOINT.—Mr. CARLESS operated on a boy, æt. 10, who was the subject of tuberculous peritonitis and advanced tuberculous disease of the hip-joint. Eighteen months ago the patient had been sent up from the country with distension of the abdomen, pain, and fever, which had lasted three or four weeks. There was no obvious localised cause for this in the shape of tenderness over the appendix or limited rigidity of the abdominal wall. The distension was obviously due to intra-peritoneal fluid, and hence an acute attack of tuberculous peritonitis was diagnosed; for this the abdomen was opened, a large quantity of serous fluid evacuated, and the diagnosis confirmed. The boy improved for a time, but a re-collection of fluid in the upper part of the abdomen necessitated a second incision above the umbilicus. The boy was sent home much improved in general health, but returned to the hospital a few months back with manifestations of hip disease, with an abscess behind the great trochanter. This was opened, and a considerable amount of tuberculous material, in shape of large membrane-like masses suspended in a thin purulent fluid, was removed. The cavity, which apparently communicated with the hip-joint, was scraped out, filled with iodoform emulsion, and closed. It remained healed for a time, but increase of pain and fever indicated extension of the mischief, and the wound had to be reopened, rescraped, and drained. In spite of this the symptoms progressed, and subsequently an incision was made in front opening the hip-joint, and a large communication was effected with the posterior wound. The head of the bone was found to be carious, and was scraped. In spite of the thorough drainage thereby secured, together with constant irrigation, the pain in the limb continued, and the boy's general condition steadily deteriorated. An important evidence of this fact was given by the breaking down of the two abdominal cicatrices. These were scraped, and it was found that a communication existed between them, evidently under the muscles and in the peritoneal cavity. A considerable quantity of tuberculous material was removed by a sharp spoon through these openings. It was obvious that unless some means could be taken to improve the general condition the outlook was becoming very grave. The choice therefore presented itself between excision of the head of the femur and amputation through the hip-joint. The former made a serious and prolonged call on the reparative powers of the patient, and would not facilitate in any way his early removal from hospital to better hygienic surroundings. In favour of amputation was the shortening of the period during which he would have to stay in hospital, and although the immediate risk of operation was greater, the subsequent chances of the patient would be much improved. The removal of the limb would reduce the patient's expenditure and provide a great amount of nutrition to the rest of the body, and it might therefore be hoped that the general condition of the boy, and particularly the abdominal lesions, might benefit appreciably by the increased blood supply subsequently available. The boy was carefully wrapped up in order to minimise shock, and a nutrient enema of beef tea and brandy was given a short time before the administration of the anæsthetic. The anterior incision was carried downwards and prolonged round the limb, its posterior portion extending well below the lowest portion of the posterior incision. The skin and subcutaneous tissue were dissected up all round, the muscles were divided *seriatim*, and bleeding points picked up as they were divided. The head of the bone was set free, and the limb rapidly removed. After the bleeding had been satisfactorily checked, the acetabulum was carefully examined. It was found that the

Y cartilage had disappeared, and that portions of the ischial segment of the cavity were loose. A small sharp spoon was introduced into the fissure left by the removal of the cartilage, and portions of necrotic bone filled with tuberculous *debris* were detached. The opening thereby provided enabled the index finger to be passed through the acetabulum into the pelvic cavity, demonstrating the existence of a tuberculous focus within the pelvis, which was curretted, and then packed with gauze soaked in iodoform emulsion. The lower portion of the incision was then closed by sutures n the ordinary way, but the upper portion was left open and stuffed with gauze, as also the former posterior incision. The wound was dressed and the boy sent back to bed.

Comparatively little blood was lost in this proceeding, and Mr. Carless pointed out that he had purposely not tied the common femoral, but had secured the superficial and profunda and other branches before or after they were divided in order to give the flaps as much nourishment as possible. The condition of the acetabulum was such that no measure less than amputation through the hip-joint would have enabled it to be dealt with at the time or dressed subsequently in a satisfactory manner. He had, he said, been driven to remove the limb completely in quite a number of cases of hip disease, and had always been immensely impressed with the rapid and satisfactory recovery which followed if the patients were not too far gone, and he anticipated not only that this boy would get over the shock of the operation, but also would improve as to his general health in a marked and rapid manner.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 1, 1904.

THE TREATMENT OF THE CRIMINAL.

WITH the broadening of medical knowledge that has been so marked a feature of the last half-century, more and more subjects come within the purview of the profession, and there is now scarcely a department of the State where medical advice is not sought and welcomed. Some of the Government offices, it is true, profess to get on well enough by themselves; but it is often just these very offices which would derive most profit from giving ear to the teachings of experience that medicine has accumulated. The recently-published Blue Book on crime and the discussions that it has given rise to in several of the magazines serve to remind one forcibly of the advantage that might accrue to the State and to the criminal if an intelligent and instructed view were taken of the classification of malefactors. At present all those who violate the laws of the land are treated alike, or rather as the temperament of the individual judge or recorder moves him, and when sentence has been passed the criminal is drafted off to prison to undergo his punishment along with others who may differ from him, mentally and morally—*toto cælo*. It would be thought that so unscientific a plan would have defeated itself by its own ineptitude, and so indeed it does; but the Commissioners of Prisons and the governors of gaols and those who are responsible for the policy pursued either do not see it or are unwilling to act. The work of Lombroso and other ardent criminologists has established beyond doubt the fact that the habitual criminal is far more than a mere *mauvais sujet;* he is a degenerate being, a mentally oblique man, a person only in degree removed from the frank lunatic. Yet year after year he moves in and out of prison with the regularity of the stars in their courses, and those who sentence him and guard him in confinement continue to look upon him simply as a tiresome person suffering from the effects of a double dose of original sin. If the light of medical science could be thrown into those dark places—the minds of people who think thus—not only might the country be relieved of much expense, but a vast deal of crime and suffering might be averted. Perhaps the most striking feature in the Blue Book referred to is the curt statement of fact that of 9,138 persons convicted at assizes and quarter sessions, 5,768 had been previously convicted. In other words, two-thirds of the total criminals for the year were persons who either were, or were on the way to become, chronic gaol-birds. This fact is by itself so eloquent in its condemnation of our system of dealing with crime that comment on it is almost superfluous. It is as necessary, however, to distinguish in matters of crime between the "habitual" criminal and the "professional" criminal, as it is in classifying alcoholics to divide the inebriate from the drunkard. The difference has been well insisted on by Sir Robert Anderson. The professional criminal is a sharp, clever, unprincipled blackguard who plans robberies with forethought and care, and carries them out with daring and skill. The habitual criminal is a weak-minded creature who steals because it is his habit to steal, and because he knows no better. The professional criminal will give up his profession when he finds that the arm of the law is too strong for him; the habitual criminal has lost all self-control and returns to his old life on release from prison as a homing-pigeon returns to its cote when let out of a bag. Now the low type of brain of the habitual criminal and his complete loss of moral control class him with the inebriate, as the enemy of himself in the first place, and of the community in the second. Terms of penal servitude have as much, or as little, effect on him as temporary

detention in a home has on an inebriate, and his condition of moral asthenia calls for treatment by the alienist no less than does any other mental aberration. Though mentally perverted he is capable of physical work, and a colony, on the model of an epileptic colony, where he could be supervised, preserved from temptation, and distracted in a kindly way would not only be the humane but also the scientific and rational method of treating his moral delinquencies. The professional criminal is a more dangerous person. Whilst much might be done by the reform of our prison system towards showing him that there are other ideals in life than living by one's wits, and other happinesses than bringing off a successful *coup*, if a prison system planned to reclaim him failed in its object, the professional criminal should be dealt with as the criminal lunatic is dealt with, by incarceration in some asylum during His Majesty's pleasure. Our prison system has not developed *pari passu* with the growth of humanitarian impulses and the intellectual enlightenment of the times as our insane asylum system has developed, mainly because of the lack of public interest in the question. We have long passed the days of keeping lunatics in chains, and exhibiting their antics to the sight-seers on Sunday afternoons, but we have not yet succeeded in introducing wise, humane, and scientific methods into our prisons. To medical men, with their appreciation of mental disease and moral perversion, the subject of the criminal, his reformation and his treatment, is one of peculiar interest, for the science of criminology belongs, more than any other department of anthropology, to the domain of medicine. And it is to medicine in both its preventive and curative branches that society must look to introduce those principles of carefully-reasoned humanitarianism that alone can protect them from the criminal, and the criminal from himself. It is not sufficient for the prison doctor to be employed in looking after sick convicts, and detecting malingerers; his function is at the head of the institution, as it is of the lunatic asylum, controlling its policy, directing its administration, and treating its inmates by the light of his science.

HÆMOPHILIA.

OBVIOUS as the fact of coagulation of the blood has ever been, and of the utmost practical importance, yet its explanation has puzzled great minds for centuries. And if the phenomenon of coagulation has been so difficult to understand, even more so is the apparent exception to it which is commonly known as hæmophilia, yet hæmophilia is no newly-observed fact, but one which has been known to the profession since classic times. For instance, an excellent natural history of hæmophilia is given by Albukasema, an Arabian physician of celebrity, who flourished eight hundred years ago. And, indeed, although during the last century it has attracted the attention of many acute inquirers, one can hardly say that we have yet got beyond the merely descriptive stage. It is true that we have now got a very fair and complete natural history of the condition, which must prove of fundamental importance in the construction of any rational explanation. The feature which has most usually attracted attention, and which is best established, is the undoubted hereditariness of hæmophilia. But, like the rights of property among primitive peoples, it descends in the female line. It rarely happens that a male belonging to a family of "bleeders," whether himself a sufferer or not, transmits the weakness to his children. On the other hand, a woman of similar taint is almost certain, if she have offspring, to produce "bleeders." Curiously enough, in spite of this tendency to travel in the female line, hæmophilia rarely affects women. Thus in 200 tainted families observed by Grandidier, there were 609 male bleeders, and only 49 female, making between the sexes a proportion of thirteen to one. Curiously, also, families affected with hæmophilia are unusually prolific; the average of births in normal families is five; Wachmuth calculates it among affected families as nine. Attempts have been made to show the greater susceptibility of certain races to the condition, but like the attempts to connect it with definite specific diseases, they are somewhat unconvincing. As might be expected, the discovery of the condition is nearly always accidental. For instance, among Jews and other Eastern peoples, the operation of circumcision may give rise to sufficient hæmorrhage to prove fatal. Or immediately after birth, death may occur from oozing from the divided umbilical cord. The chances of life are, of course, bad, and most "bleeders" die in childhood, while hardly any live beyond early adult life. Some women of hæmophiliac tendency have died of uncontrollable hæmorrhage at child-birth. Most dentists of wide experience have met cases where the loss of blood after extraction of a tooth has been very alarming, if not fatal. As to the causes of the condition, but little can yet be said. A debate still rages as to whether the blood or the vessels are at fault. The former view is perhaps the most generally received, but the latter received the support of Virchow, who regarded hæmophilia as due to a co-existence of a small heart with thin-walled vessels. Recklinghausen cuts the knot by referring to a neuropathic diathesis, while Koch thinks different infective toxins, such as those of scurvy and tuberculosis, are to blame.

Notes on Current Topics.

The General Medical Council.

LAST week's meeting of the General Medical Council has proved somewhat uneventful. The address of the president, Sir William Turner, dealt in a clear business-like way with matters of substantial interest to the profession. After prolonged inquiry and negotiation, the Conjoint Board of the English Royal Colleges of Surgeons

and Physicians have adopted an amended scheme of professional study for students of the first year, and of conducting their first professional examination. That announcement is clearly of considerable future importance to London students. The President referred to a Bill to be brought before the Canadian legislature by General Laurie. Should the proposal be adopted, it will empower medical practitioners of the United Kingdom to practise in the provinces of Canada and in other Colonies that also possess a local legislature of their own. The question of the proposed adoption of metric weights and measures in this country will probably be brought forward by the Pharmacopœia Committee. The President alluded to the recent decision of the High Court of Justice in Ireland as to whether the word "person" in Section 3 of the Dentists Act, 1878, means exclusively a natural person or also includes an artificial person, such as a company. Chief Baron Palles declined to issue a mandamus to the Registrar of Joint Stock Companies in Ireland to register under the Companies Act, 1862, the memorandum of a company to be styled "S. J. Rowell, Dentist, Limited." The potentialities involved in that decision are clearly considerable, and in their wider issues may profoundly affect the future welfare of the medical profession in the United Kingdom. The penal cases to be heard by the Council are fewer than the usual number.

A Study of Ankle-Clonus.

A THOROUGH examination of the various superficial and deep reflexes is one of the most important parts of the investigation of a case of nervous disease. The presence or absence of the knee-jerk may prove to be the determining factor which will influence the whole diagnosis. In a similar manner, the phenomenon known as ankle-clonus, which is only a special manifestation of increased tendon excitability, may afford most valuable information as to the nature of the lesion under consideration. When well-marked and persistent it is usually regarded as indicative of an increased excitability of the motor path in the lumbo-sacral segment of the spinal cord. It is very rarely present in healthy people, but a variety of pseudo-clonus is occasionally met with in cases of hysteria, though it may be distinguished from true clonus by the fact that it is apt to be initiated by a voluntary movement on the part of the patient, and also by its irregularity. The exact degree to which the muscles concerned respond to external excitation varies, of necessity, with the position and extent of the lesion, and also perhaps with the nature of the stimulus and the methods of producing it. It would be well if some means were devised for measuring the amount of the excursion which forms the visible part of the reflex. Dr. Augustus A. Eshner (*a*) has succeeded in obtaining graphic records of the movements of the ankle in clonus with a view to determining, if possible, the extent of the reflex with something approaching to mathematical precision. The results of his observations show that there exists a considerable variation in the rate of the movements, the normal rhythm being about 7·6 per second. In hemiplegia the rate is, as a rule, slower, being under 7, while in myelitis the movements are rather more frequent. The effects of "reinforcement" were not always apparent in the curves obtained.

(*a*) *Journ. Amer. Med. Assoc.*, May 7th, 1904.

Patent Medicines and Press Criticisms.

IT is not often that the proprietor of a patent medicine shows fight when his nostrum is exposed by some energetic newspaper writer. He usually, in Mr. Chamberlain's expressive language "takes it lying down." It is with all the more interest, then, that we look to the suit which has been brought in the United States by the "R. E. Pierce Company," proprietors of a patent medicine "Dr. Pierce's Favourite Prescription," against the *Ladies' Home Journal*. The editor of that magazine, Mr. Edward Bok, in a recent number, took up the cudgels against the patent medicine curse. He examines a list of thirty-six well-known nostrums, nearly all of which contain large quantities of alcohol. Special reference is made to the article we have mentioned, and its analysis is published, with the result that an action for $200,000 damages has been started. It is hardly likely that the action is anything more than, again to quote Mr. Chamberlain, "bluff," for the manufacturer is hardly willing to stand cross-examination as to the composition of his nostrum. It is a pity that the newspaper press does not more often take the line Mr. Bok has done, but it is to be feared that the subsidy received through the advertising columns does not allow the editorial department a free hand. Mr. Bok notices in the States, as we have often done here, that the greatest offenders in the matter of advertising, not merely proprietary drugs of bad reputation, but frequently nefarious and offensive preparations, are the smaller religious prints. We understand that the Dr. Pierce Company has long had a branch in Great Britain.

Literary Expression.

ALL of us, whom either inclination or necessity induces to the perusal of many scientific papers, must have noticed the lamentable lack of style which in general marks their composition. Indeed, as regards the expression of English scientific thought at the present day, one may say that style is absent, and that slovenliness of diction prevails. It is perhaps too much to expect that men of science will cultivate literary expression with the care that is considered necessary among other writers, but nevertheless one can hardly over-rate the increase of pleasure given when a work of scientific value is expressed in correct, vigorous, and clear language. With the single exception of Sir Michael Foster, we do not know in England any medical writer, since the death of Sir James Paget, whose works, apart from their intrinsic value, it is a pleasure to every man of

taste to read. In pure science, no one has succeeded to the place of Huxley and Tyndall, regarded merely as literary men. In America, it is true, there is still a cult of style among the better class of medical writers, of whom Dr. Osler, Dr. Weir Mitchell, and the late Oliver Wendell Holmes are good examples. French writers are, as a rule, peculiarly happy in their manner of expressing themselves, but whether this is due to the felicity of the French language, or the *esprit* and taste of the writers themselves, it is difficult to decide. On the other hand, the reading of scientific work published in German is one of the most painful experiences a zealous student has to undergo. It should not be forgotten, however, that some of the greatest masters of English prose have been medical men. In any history of style the names of Sir Thomas Browne, Oliver Goldsmith, and Dr. John Brown will always take a high place.

Tuberculous Infection in Children.

A FEW years ago we thought we knew most things that were to be known regarding the methods of infection by the tubercle bacillus. This self-satisfied opinion received its greatest shock when Koch expressed his views on the relation, or lack of relation, between human and bovine tuberculosis, using as one of his arguments the statement that primary intestinal tuberculosis was so rare as to be practically negligible. On the other hand, Behring's view was equally novel when he declared in sensational manner last year that we are all tuberculous, the channel of infection being the alimentary canal during infancy. In view of these contrary opinions from men of the highest authority, it is important to notice all well recorded facts and figures helping to elucidate the subject. Dr. William Hunter, of Hong Kong, has just made an important contribution (*a*) of this kind. In classifying the results of 5,142 consecutive autopsies, amid a population where tuberculous disease is very rife, he finds only ten cases of tuberculous lesions of the intestines or mesenteric glands in children. It should be said that more than one-third of the bodies examined were children. In most cases there were tuberculous lesions elsewhere in the body, and there was evidence to show that the intestinal lesion was not primary. In face of such facts as these it is difficult to know on what basis Behring's theory can rest.

Anti-Vaccinationist Tricks.

IN this country we are accustomed to regard the anti-vaccinationist as rather a stupid, though decidedly noxious, enthusiast. There is but little variety in his manœuvres, and his tricks are usually obvious. In America, however, as might be expected in such a smart country, the "anti-vack" has developed a "slimness" to which we in this stolid land are quite unused. For instance, it seems to have become the practice among objecting parents to produce sham scars in order to delude the school and health authorities who insist on vaccination. A medical paper, issued by a drug-manufacturing company, recently published an article giving details as to the best method of producing scars on the arm which would pass as vaccination marks. Even more outrageous is the conduct of a legally qualified practitioner, a homœopath, in Cleveland. During the height of a small-pox epidemic there a couple of years ago, he had the effrontery to write to one of the public papers stating that his own practice was to substitute vesication for vaccination. As he, in common with other homœopaths, did not believe in the utility of vaccination, it was his custom when a child was brought to him for the purpose to produce scars by vesication, and then *fill a certificate* of successful vaccination.

(*a*) *Brit. Med Journ.*, May 14th, 1904.

Degenerate or Deviate?

FOLLOWING on his startling proposal for the rapid extinction of degenerates as a class by sterilisation, Dr. Rentoul, of Liverpool, very soon got embroiled in a squabble as to the meaning of the term "degenerate." In order to free himself from the difficulty, Dr. Rentoul appealed to Dr. Max Nordau, as being in a position to make the most authoritative definition. Clear as Dr. Nordau's statement is, however, it rather cuts the ground from under Dr. Rentoul's feet. "What differentiates degeneracy from other deviations of the generic type is this: the degenerates tend towards extinction by rapid diminution of the power of reproduction." This being the case, where is the need of Dr. Rentoul's heroic method? It seems very unnecessary to sterilise what is rapidly becoming impotent. Apart altogether, however, from Dr. Rentoul's contention, an American writer, Dr. Walton, of Boston, enters recently (*a*) a strong protest against the current use of the word "degenerate." Many authors, for instance, use the word without, primarily, at any rate, any derogatory meaning. For instance, Dana defines degeneration as "a condition in which there is a marked deviation from the average normal." Nordau and Lombroso usually associate the word with notions of decadence and crime, though they believe it applicable to men of genius. For degenerates of this latter class, the absurd and self-contradictory term "superior degenerate" has been coined. It would seem much better, as Dr. Walton suggests, to substitute the colourless term "deviate" for "degenerate" in the wide sense, keeping the latter for what now, by a clumsy pleonasm, has to be designated "inferior degenerate."

Causation of Constipation.

WHATEVER views have been held as to the importance of chronic constipation as one of the factors of disease—and they have been very varied—there has, up till recently, been but little difference of opinion as to the nature of the cause at work. Primary habitual constipation has been almost universally attributed to a lack

(*a*) *Boston Med. and Surg. Journ.*, January 21st, 1904.

of muscular tone in the intestinal wall resulting from some abnormality in its nerve supply. A couple of years ago, however, Strassburger put forward the view that the diminished peristalsis was due, not to any change in innervation, but to a change in the intestinal contents. The normal stimulus to contraction is, he believes, irritation of the wall of the intestine by acids, soaps, and gases, the products of bacterial decomposition. In the fæces of constipated persons, it has been found that bacteria are peculiarly few in number, and Strassburger believes that the cause of this is, not any antiseptic properties of the intestinal contents, but a decrease in the quantity of suitable pabulum. It has long been known, of course, that a very useful mode of treatment of chronic constipation was the supply of large quantities of indigestible food of the nature of vegetable fibres. The explanation previously offered of its success was that the mass by distending the intestine acted as a mechanical irritant. Strassburger corrects this notion and maintains that its true function is to supply plentiful food for the beneficent bacteria to work on. The cause, then, of habitual constipation would be a too complete utilisation of the ingested food, and the cure a larger supply of indigestible material.

Miner's Phthisis in the Transvaal.

THE shockingly high mortality returns for the Transvaal mines, referred to in our last week's issue, has continued to engage the attention of those who wish to see steps taken to remove so serious a reproach from the industry on which so much of the future prosperity of South Africa hangs. The greatest excess showed itself in pulmonary affections, these constituting three-fifths of the causes of death—a proof, if such were wanted, that it is due to the conditions of their occupation that so many of the labourers perish. Miner's phthisis, so-called, is a well-enough recognised disease in this country, and in spite of the attention paid to ventilation and similar preventive measures, still claims its toll of victims. The Home Office recently appointed Dr. Haldane, along with Mr. Martin and Mr. Thomas, to hold an inquiry on the subject in Cornwall, and their report is now completed, and will be issued shortly. It appears from an inquest lately held on a Cornish miner, at which Dr. Haldane gave evidence, that in his opinion the use of a water-jet in connection with rock-drilling was capable of obviating to a great extent the dangers incidental to the creation of clouds of hard rock-dust. It is the nature of the dust produced by industrial occupations that is the important factor in producing fibrotic conditions in the lung, for workers in coal mines, when the dust is soft and little irritating, suffer far less than those in which the particles inhaled are hard and sharp. If the introduction of a water-jet will enable these particles to be deposited before reaching the mouth of the worker, mining in quartz and rock will lose half its terrors. It is to be hoped that the suggestion will receive the attention it deserves from the Transvaal Chamber of Mines, and that experimental jets will be established at once. The subject is one in which the mine-owners should be interested as much for their own sake as for that of their employés, but they have already shown their good-will in the matter by offering prizes for the best suggestion and devices for solving the difficulty. The full report of Mr. Haldane's committee will be awaited with great interest.

Auscultatory Percussion of the Stomach.

THE improved methods of examination of the stomach that have lately come into vogue have added greatly to accuracy of diagnosis in diseases of that important viscus, and patients nowadays are becoming more and more accustomed to put up with thorough and searching examination than they were a few years ago. The disagreeableness of having the stomach-tube passed is cheerfully accepted by most, and even the discomfort of artificial dilatation is submitted to when its object is explained, with a resignation that would have surprised one a few years ago. But there are some nervous and restive people who cannot be induced to put up with anything tiresome or uncomfortable, and for these it is comfort to have a method to fall back upon which gives nearly as trustworthy information, if carefully carried out, as artificial inflation, and certainly does not cause so much disturbance to the subject. This is the method of auscultatory percussion. The plan followed is to give the patient a tumblerful of soda-water to drink and then to make him lie down on his back with his shoulders raised. The stomach being somewhat dilated by this simple draught, if the stethoscope be placed over the epigastrium and the neighbouring areas tapped with the fore-finger, a note of particular quality is produced when the stomach is in contact with the abdominal wall, whilst the note heard when the finger strikes over neighbouring viscera is dull and flat. If the outline of the area where resonance is heard is marked off with a dermographic pencil, a good representation of the size and shape of the stomach is obtained. This plan gives pretty accurate results, and is so simple and free from objection that it should always be tried in preference to administering powders of acid and alkaline salts to inflate the stomach, for not only is this always uncomfortable, but in cases of gastric ulcer and cardiac disease it is not without some danger.

Small-pox in Germany.

THE anti-vaccinationists—or anti-vaccinists, as they seem to prefer to call themselves—are great on the subject of isolation in small-pox. It is, of course, the only preventive method left to them for dealing with the disease when it occurs, and they are therefore keen advocates of the erection of small-pox hospitals. It may be of interest to them to read the report recently issued by the Local Government Board of Dr. Bruce Low's observations and experiences in Germany with regard to the management of

small-pox. It is a matter of common knowledge that Germany is one of the best vaccinated countries in the world, and Dr. Bruce Low's visit was arranged owing to "conflicting statements having been made from time to time in the public press as to the methods employed in Germany in dealing with small-pox patients." Dr. Bruce Low started his inquiry by visiting the Central Imperial Health Office in Berlin to ask permission to see any small-pox patients undergoing isolation. This, however, was not of much avail, as there was no small-pox in the whole of the Empire. Now that vaccination and re-vaccination is universally compulsory in Germany, small-pox is not known except through isolated importations into sea-port and frontier towns. However, Dr. Bruce Low proceeded to ten representative towns to see for himself the arrangements that were made for treating the cases that do crop up in this manner. He found a notable state of things. Small-pox accommodation is provided for in the ordinary general hospitals in special pavilions, which are situated in a proximity to the other wards and to neighbouring houses that would make our authorities shudder. The isolation, as isolation, is a farce, because the Germans, with their good sense and past experience to guide them, have found that in a land like theirs, where re-vaccination is universal, there is no need to worry about strict isolation. Infection arrives rarely, and when it does, it will not spread any more than fire will in the absence of air. It is sad to comment on the state of feeling over here with regard to the preventive value of thorough vaccination that it is deemed necessary for us to build and maintain large hospitals for small-pox, which would be quite superfluous if Jenner's countrymen had a little of that quiet old general practitioner's common sense.

The Triumph of the Picturesque.

THOUGH it may not be always strictly true that "Science grows and beauty dwindles," there exists an antagonism, apparent or real, between things which are of practical use and those which only minister to man's æsthetic sense. The picturesque and the sanitary are seldom found truly combined without one or the other suffering in consequence. There is no need to go far in order to prove the truth of this assertion. A very attractive costume does not often confer upon its wearer those benefits for which all clothing was principally designed, namely, warmth and protection. A hospital ward may look bright and homely with its walls decked with dust-collecting pictures, and with every available nook occupied by an obtrusive ornament or flower-vase, but in the practice of modern aseptic surgery it is absolutely essential that all unnecessary furniture be sacrificed in favour of plain, non-absorbent surfaces, devoid of angles and corners. That it is quite possible to be aseptic and yet, at the same time, to preserve an attractive appearance can be seen by a visit to some of the more newly-constructed wards in our children's hospitals. Again, the charming cottage in the country may have been immortalised by the brush of a Constable, whereas its sanitary appliances are, in all probability, wofully out of date. The multitudes of pigeons which congregate upon nearly every important building of the metropolis, where they have flourished for generations, are now receiving much attention from the sanitary authorities. It would appear that however desirable the destruction or removal of these birds might appear on grounds of hygiene, such a course is practically impossible, as they have no actual owners. Legally, this is, of course a good excuse, but the conservative public health conscience is slow to be convinced, so that here also the picturesque will triumph over the sanitary until such time as a definite outbreak of disease may be traced to this cause.

Dejeuner à la Fourchette.

THAT delicate piece of mechanism, the human body, is as accommodative at some times as it is refractory at others, and it resembles women and horses in the uncertainty that attaches to its behaviour under trials. One man may swallow a pin and be dead in a week, whilst another can eat a fork without much apparent harm. At least, so it seems from a remarkable case that occurred at the East Sussex County Asylum the other day. At an inquest held on a woman who died in the institution, it came out that the medical man in charge had found that some time previously she had a swelling of the abdominal wall from which a little discharge was issuing. The woman told him that she had swallowed a fork three years before at another asylum, and truly enough, he found the prongs of a fork being forced through the skin by the movements of respiration. The swelling was incised and a fork such as was in use at the other asylum was delivered from the wound. Communication with the institution in question revealed the fact that in November, 1898, she had complained to the officials that she had swallowed a fork, but after observation they came to the conclusion that she was suffering from a delusion, as there were no signs of visceral disturbance. At the operation the abdominal wound was found to communicate with the stomach, and it resisted all efforts made to close it. Death finally followed from exhaustion. The handle of the fork had been eaten away by the gastric juice, and it was as sharp as a razor, but the prongs were but little affected. Cases as curious as this have been recorded previously, and all alienists know of lunatics who have eaten stones, pipe-stems, glass, and such things, but the woman must have had a stomach of ostrich-like powers to have not only retained the fork so many years, but to have experienced so little inconvenience from it. If she had only suffered from indigestion now and again, one could have forgiven her, but it is too bad to upset all our accepted theories of diet in the way she did. Poor Frances Guy is certainly worth a little niche in the temple of medical curiosities.

Prepared Air in Hospitals.

A DISCOVERY in the treatment of liquid air made by Professor Pictet, of Geneva University, promises to have a considerable commercial value. He has demonstrated the possibility of separating that product into its essential component parts—oxygen and nitrogen—by fractional distillation. It seems likely that the industrial applications of this process may be of considerable value, but the same can hardly be said of its proposed use in providing hospitals and other large buildings with an abundant supply of richly oxygenated air. The main element in unwholesome air is carbonic acid gas, which would not be affected by an excess of oxygen. Moreover, it remains to be shown that free and efficient ventilation would not effect the whole object. It seems somewhat gratuitous to assume that an excess of oxygen in air must necessarily be good for the lungs of persons inside a great building. On a similar principle it would be easy to affirm that brandy is better to drink than wine. So with air, if supplied in sufficient quantity from the outside atmosphere, it is sufficient for all reasonable purposes, even in the heart of mighty London. Were it not so, how would the great city hospitals manage to keep down their mortality-rates ?

Artificial Lunacy.

IN the present day the British citizen is wont to plume himself on the perfection of his safeguards as regards lunatics at large and lunatics in charge. In spite of the Commissioners and the legal machinery involved in the certification of insane persons it is doubtful whether there is not a great deal of room for improvement in our methods. In the House of Commons recently so cautious and responsible an authority as Sir J. Batty Tuke moved to reduce the Lunacy Commission vote in the Civil Service estimates. The reasons he alleged were that there were not enough Commissioners and that the poorer lunatics were not well looked after. Then followed Dr. Farquharson, who declared "that persons might be examined and cross-examined into lunacy." We agree with Sir J. Batty Tuke that the Commissioners' work is often imperfect, and that the pauper lunacy administration is often scandalous. The revelations from time to time of what takes place in unlicensed houses show that the Commissioners net is not an inclusive one. The recurrence of suicides in the padded room at Mile End Workhouse, to take a single instance, is a blot upon the Poor-law lunacy system of the kingdom. Then, again, many obvious lunatics are sent to prison from our criminal courts of law. If the Commissioners have not a watching brief over these unfortunate beings the sooner the law extends their function the better. By all means let the nation have the Royal Commission of Inquiry suggested by Sir J. Batty Tuke.

A New Test for Typhoid Bacilli.

WHEN in the directions for the treatment of any condition we note in the text-books a long list of alternative methods, we may rest assured that none of them is quite satisfactory. Similarly in bacteriological study, when we find that many tests are enumerated to aid in distinguishing one species of bacteria from another, we may be certain that no one of them is by itself sufficient for diagnosis. In the case of no organism is this more true than in that of the typhoid bacillus and its relations to the colon group, and in the case of none is accurate knowledge more necessary. While one is shy of adding another to the already long list of "distinguishing characters" of these organisms, yet, in the absence of any true *experimentum crucis*, we have to make the best of the signs at our disposal, and without extended trial it cannot be discovered whether a fact is of real importance or not. Dr. Walter Stevenson, of Dublin, has just called attention (*a*) to a hitherto unnoticed property of the colon bacillus which will, we hope, receive further investigation, and may prove of important diagnostic value. Having prepared both cultures of typhoid and of colon bacilli, small areas of an ordinary photographic plate were wetted with the fluid. In every case of some twenty-four experiments the culture of colon bacillus markedly reduced the silver, while the typhoid culture had an inhibitive effect even when the plate was exposed to red light. The result was the same when sterilised cultures were used, and the age of the culture made no difference. The experiments open up a line of chemical investigation hitherto untouched, and whatever be its ultimate value, it should not be lightly neglected.

Staphylococcus Vaccine in the Treatment of Acne.

Two years ago Professor Wright, then of Netley, drew attention to the possibility of successfully treating staphylococcus infections of the skin by a process of vaccination similar to that which he has introduced in the case of typhoid fever. During the period that has elapsed since that time he has had further opportunity of testing the method, and in a recent communication (*a*) very encouraging results are made public. Fourteen additional cases have been treated, the common feature of all being a chronic staphylococcus infection, though clinically the manifestations were various—as furunculosis, sycosis, acne. In all the cases there was considerable improvement, and in most of them complete cure. The principle underlying the treatment is the same as in anti-typhoid inoculation, and the sequence of events is very similar. There is first a negative phase, soon followed by a positive, and the attainment of the desired result depends on the cumulative effect of a series of properly interspaced injections. The action is radically different from that which takes place in ordinary anti-diphtheria inoculation, where we supply the patient with a quantity of antitoxin; in the present case we stimulate the cells of the patient to produce their own bacterioscopic substance. A vaccine of standardised strength

(*a*) *Brit. Med. Journ.*, April 30th, 1904.
(*a*) *Brit. Med. Journ.*, May 7th, 1904.

should always be employed, and the effect of each injection on the patient's blood should be judged by a count of leucocytes. In severe cases it may be necessary to employ a vaccine made with the particular strain of micro-organisms by which the patient has been infected.

The "What is Brandy" Case.

THE importance of defining the nature of brandy from the medical point of view can hardly be overestimated. The decision of a London Magistrate, therefore, inflicting a fine on a spirit-dealer for selling as brandy an article containing 60 per cent. of spirit derived from a source other than the grape, assumes a position of the utmost importance. The report of the case reaches us as we are going to press, but we hope to comment on the decision fully in an early issue.

The Proceedings of the Central Midwives' Board.

As we go to press we learn that an important change has been adopted by the Central Midwives' Board with regard to the publicity of its procedures. Up to this, reporters, even from medical journals, have been refused admission, and the press has been furnished with a report of the proceedings of each meeting, which report was carefully edited to suit the wishes of certain members of the Board. Our readers will remember that on a recent occasion this "editing" led to gross inaccuracy, and that an important resolution dealing with the demands of the Irish maternity hospitals was stated in the "official" report to have been "unanimously adopted," when, as a matter of fact, two members of the Board voted against it. It was a distinct oversight that the Act did not contain a clause making it compulsory on the Board to admit reporters, and we are very pleased to learn now that, largely or entirely due to the firm stand taken by Professor Japp Sinclair and Mr. Ward Cousins, the Board has been brought to recognise that efforts at the concealment of its proceedings are liable to create the belief that there is something that it is necessary to conceal. We can quite believe that it was very much easier to reply to the resolutions of the Royal Irish Academy of Medicine, and the requests of the Irish maternity hospitals, in the set form which the Board adopted, when the hospital authorities and the general public were ignorant of the discussions at the Board, than it would have been if these discussions had been published. At the same meeting of the Board it was resolved to ask the Privy Council to sanction the appending of the following note to Rule C1 (2):—

"A certificate to the effect that the candidate has nursed twenty lying-in women during the *eight* days following labour will be accepted in place of the above in cases (1) where the course of special training in a hospital has extended over a period of six months, or (2) where a course of three months' special training in a hospital has been preceded by a full course of training in general nursing."

PERSONAL.

H.R.H. PRINCESS CHRISTIAN presided at last week's meeting of the Ladies' Committee of Guy's Hospital.

SIR LAUDER BRUNTON has been elected Consulting Physician to the Infants' Hospital, at Hampstead Heath.

DR. JAMESON, the Premier of Cape Colony, will sail from Cape Town on July 20th for a month's holiday in England and Scotland.

DR. BOWEN DAVIES, J.P., of Llandrindod Wells, has been elected President of the British Balneological Society for the ensuing session.

MR. C. H. Evitt, J.P., has generously presented a fully-equipped modern operating theatre to the Princess Alice Memorial Hospital, at Eastbourne.

THE Secretary of State in Council has appointed Dr. F. W. N. Haultain, of Edinburgh, Examiner in Midwifery and Diseases of Women for the Indian Medical Service.

SIR WM. BROADBENT, Bart., Dr. Nathan Raw, and Dr. A. P. Hillier, were the delegates of the British National Association for the Prevention of Consumption at the International Conference held at Copenhagen last week.

DR. RICHARD CATON, consulting physician to the Liverpool Royal Infirmary, Emeritus Professor of Physiology in University College, Liverpool, has been elected representative of Liverpool University on the General Medical Council.

MR. CHARLES STONHAM, F.R.C.S. senior surgeon to, and Lecturer on Surgery at, Westminster Hospital, has been appointed by the General Medical Council an assistant examiner in surgery to the Apothecaries' Society of London for a period of four years.

AN illuminated address, handsomely framed, was presented last week to Dr. Clothier of Highgate, with the following inscription:—"It is with the greatest cordiality that his colleagues wish him in his retirement from public work long life and happiness."

DR. ERNEST WHITE, Resident Physician and Superintendent of the City of London Asylum at Stone for the last seventeen years, has sent in his resignation to the City Corporation, he having completed the requisite length of service under the provisions of the Lunacy Act of 1890.

MR. HENRY MORRIS, F.R.C.S., Surgeon to the Middlesex Hospital, senior vice-president of the Court of Examiners of the Royal College of Surgeons, England, has been elected to succeed Mr. Thos. Bryant F.R.C.S., as representative of the College on the General Medical Council.

THE Council of Liverpool University have appointed Mr. F. G. Donnan, Ph.D., M.A., to the Chair of Physical Chemistry. He is a graduate of the Royal University of Ireland, and has had special training in Continental laboratories, as well as at the London University. He is at present Lecturer in Chemistry in the Royal College of Science, Dublin.

ALTHOUGH Mr. Bryant decided not to seek re-election when his term of office expired, his connection with the General Medical Council has not entirely

ceased, as he will carry out on behalf of that Body the Inspection of Examinations during the current year, for which, on account of his familiarity with the subject, he is eminently qualified.

THE retirement of Mr. Bryant as the accredited representative of the Royal College of Surgeons, England, on the General Medical Council, will be universally regretted. For very many years he has been one of the most consistent and hardest working members of that august body. Always courteous to opponents, he nevertheless was an uncompromising advocate of the claims of the College he represented.

DR. DAN POWELL, of Cardiff, was presented last week with a very handsome solid silver cigar case, as an acknowledgment of valued professional services rendered to Mr. F. H. Bennett, of Hartlepool, who was taken seriously ill at Cardiff Docks a few days ago. Mr. Bennett, not knowing the medical man who had attended him in the emergency, sent this present to his friends at the Docks, with a wish that it should be handed to the doctor.

THE decision of the London County Council to place a tablet on the former residence of Dr. Thomas Young at No. 48 Welbeck Street, will probably give rise to the question by present-day readers as to the former position of the recipient of this posthumous honour. We may anticipate this by stating that Dr. Young, who died in 1829, was an eminent physician and a very acute Egyptologist. He deciphered the hieroglyphic inscriptions on the famous Rosetta stone, now in the British Museum; he was, moreover, in his day an accepted authority and author of several works on medical and scientific subjects.

Special Correspondence.

[FROM OUR OWN CORRESPONDENT.]

BELFAST.

THE BOARD OF GUARDIANS AND MEDICAL MATTERS.—In a discussion on their financial affairs at their last meeting, the Belfast Guardians had before them some interesting statistics of the medical work done under the Board. In the infirmary and hospital there are 1,600 beds in constant use, with four resident and four visiting doctors. The cases treated last year were 14,250, at a cost of £1,926 for medicines and appliances, as against 4,693 in 1902, before the special inquiry into the cost of medicines and appliances was held. There are also ten dispensaries, fifteen medical officers, and five relieving officers. The number of tickets issued in 1903 was 45,000 and 200,000 prescriptions were made up. The total charges of these dispensaries, with salaries, medicines, and vaccination fees, were £5,888. The Board received a gentle snub from the Local Government Board over the use of igazol, which they wished to experiment with on their consumptive cases, thanks to the advice of some enterprising medical man to some members of the Board. The Local Government Board wrote that as the General Medical Council, representing the views of the medical profession, had not thought fit to include this drug in the British Pharmacopœia, they much doubted the wisdom of the guardians in incurring the expense of the purchase of it. A discussion on the proposed consumptive sanatorium took place, but was chiefly devoted to efforts to disabuse the public mind of the idea that some of the guardians have tried to do a little business in landed property in connection with it.

PROSECUTION UNDER THE PHARMACY ACT.—At the Petty Sessions at Templepatrick, co. Antrim, last week a grocer was prosecuted for selling laudanum. It appears that he sold it without any special label or precaution at twopence an ounce. The defence was that he did not know he was doing any harm, and had not sold much of it. He was fined £5 and costs for each of two offences.

Correspondence.

[We do not hold ourselves responsible for the opinions of our Correspondents.]

DEBATE ON THE DANGERS OF PESSARIES.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The report in your issue of May 25th of my remarks made at the last meeting of the British Gynæcological Society so far misrepresents my statement and views that I feel sure you will kindly grant me space to correct any misapprehension which might arise therefrom.

What I did say was that an S pessary did not come in contact with the fundus, and therefore did not, as stated by most writers upon the subject, push up and forward the fundus of a retroverted uterus. Of course, I assumed that no man would put in a pessary for retroversion until he had replaced the fundus. That the action of an S pessary is to raise the vault of the posterior *cul de sac* and thereby draw backwards the cervix, to raise the floor of Douglas's pouch, and thus, by lessening the curve therein, to lengthen the antero-posterior diameter of that pouch, whereby the back traction on the fundus is lessened, to push back by means of the convex surface of the upper end of the pessary the posterior vaginal wall and correspondingly draw backwards the anterior wall, and as the lower end of the anterior wall is prevented from rising by the lower end of the pessary, the drawing backwards of the upper end of the anterior wall of the vagina draws down the anterior vault and with it the anterior surface of the uterus, the lessening of the backward tension of Douglas's pouch and the drawing downwards of the anterior *cul de sac* being, in my opinion, the chief factors which enable an S pessary to retain the uterus in its normal position. Therefore it follows that an ill-fitting pessary or a pessary in an abnormally relaxed vagina fails to give the relief sought.

I am, Sir, yours truly,

ROBERT HUGH HODGSON.

Peckham Rye, May 27th, 1904.

PALMAM QUI MERUIT FERAT.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Is it possible that "Ignoramus" can have read my letter? He says: "As I understood it, he suggested that he, not Lord Lister, deserved to bear the palm for the advance in surgical practice *known as Listerism.*" I have no desire to claim anything of the kind, for Listerism is as dead as Queen Anne, and "Ignoramus" does no honour to Lister by reviving this question. What I did say, and have proved, is that Lord Lister has no claim to the so-called "aseptic" system in surgical practice—which is a totally different thing. There is, therefore, no need that I should further justify, and certainly not withdraw, my "colossal order" for fair play.

But I do not expect fair play on the part of "Ignoramus," for he isolates a sentence from its context, which made my meaning clear at the time he refers to.

If you will be good enough so grant me space I will re-state the argument in as few words as possible. I pointed out that the word "germ" was misused, in the sense of the fully-developed microbe (the proper word), for I presumed that these microbes underwent a certain amount of *development* from the "germ" or seed, and did not, like Topsy, come in the world fully fledged, and simply "growed." It was of the primary stage of these microbes that I was treating, and therefore said no one had ever seen a germ, and if he did believe in germs he had no means of proving their presence or absence *in the course of an operation.*"

In this matter my views have undergone no change since 1896. Nor have I ever departed from the practice of signing my name to whatever views I have desired to express. I despise the man who has not "the courage of his opinions," even regarding it as a cowardly act to make an attack on anyone over a *nom de plume.*

Whatever "Ignoramus" may think of my

"writings," they have at least gained me the Hon. Fellowship of a good round half-dozen societies, which I prize much more than I should even the good opinion of "Ignoramus."

I am, Sir, yours truly,
GEO. GRANVILLE BANTOCK.

May 27th, 1904.

Literature.

LINDSAY'S DISEASES OF THE LUNGS AND HEART. (a)

DR. LINDSAY tells us in his preface that we owe this book to a desire expressed by his former pupils to have his teaching in a permanent form, and we wish at the outset to tender our thanks to his pupils for the admirable book which is the result of this wish. We welcome it not only for the large amount of valuable information which it contains, but also as an expression of the teaching of the School of Medicine of Belfast.

The twenty-one lectures of which the book is composed naturally fall into three groups, dealing respectively with the theory and method of clinical observation in general, with the application of this method to the diseases of the lungs and diseases of the heart, with some observations on the treatment of these conditions. The introductory chapters on the method of clinical observation will prove of particular value to the student, and the more so because this very important subject is usually neglected in the ordinary text-book, and is of too general a nature to lend itself readily to elaboration at the bedside, yet it forms the groundwork of all clinical investigation.

The author next proceeds to describe and explain the processes adopted in the physical examination of the lungs and pleura. The difficult subjects of percussion and auscultation are described and explained in detail. The difficulty which the student experiences in grasping the intricacies of terminology in both these methods of investigation are well known, and we agree with West in thinking that the difficulty is one of words only.

The mind becomes confused between the multitude of terms—terms, too, which are not always used with the same meaning by different authors. The confusion becomes more aggravated when the physical signs described by these terms are directly interpreted as indicating pathological conditions. All the variations in quality in the sounds elicited both by percussion and auscultation can be demonstrated in the normal chest, and it is only when these normal sounds are heard in abnormal places that they become of pathological significance. We fail, however, to find in the work before us a clear statement of this important fact, and its absence appears to us to detract considerably from the value of this part of the work from a teaching point of view. The lectures dealing with pleurisy, with the diagnosis, prognosis and treatment of pulmonary phthisis, are admirable both from the point of view of the student and practitioner. With regard to the question of asthma, Dr. Lindsay's experience appears to differ from that of many modern observers. He says: "I have seen nothing to convince me that asthma of the classical type is ever due to nasal or pharyngeal causes, or is ever cured by operation." Such a statement is hardly consistent with the experience of modern nose and throat specialists, and we believe that anyone who neglected in a case of asthma to have his patient's naso-pharynx properly examined as a preliminary to treatment would be guilty of negligence.

The last eight lectures in the book deal with the examination of the heart and the diagnosis, prognosis and treatment of cardiac affections. With regard to these chapters, we have nothing but praise to give; they are admirable in their clearness and filled with sound and practical clinical observations. The illustrative cases which are given as diagnostic problems in Lecture XIX are most useful, and would be of more help to a student in his estimation of a case than many pages of mere clinical description.

(a) "Lindsay's Diseases of the Lungs and Heart. Lectures, chiefly Clinical and Practical on Diseases of the Lungs and Heart." By Alexander Lindsay, M.D., F.R.C.P.Lond., Professor of Medicine Queen's College, Belfast. Pp. viii. and 447. Demy 8vo. 9s. net. London: Baillere, Tindall and Cox.

MANUAL FOR STUDENTS OF MASSAGE. (a)

MASSAGE cannot be taught by mere book instruction, but such a work as that of Miss Ellison's is capable of affording much information regarding the principles of the procedures and valuable suggestions relating to the practice of the art. The first sixty-eight pages deal with elementary anatomical and physiological points. Only two chapters are devoted to practical massage. Separate sections deal with Weir-Mitchell treatment and the so-called Swedish system. A tabular list is given of the more important muscles. There are numerous diagrams, but, strange to say, none of them illustrate the actual methods of modern massage. Dr. H. N. Hulbert contributes an appreciative preface and the book is dedicated to Mrs. Mary Scharlieb, M.D.

TROPICAL DISEASES. (b)

SIR PATRICK MANSON'S manual may well take rank as a classic. It is beyond reach of reviewer's praise or blame. As the work of a scientific pioneer it stands unrivalled. It is peculiarly suited to the needs of the hour. The first edition appeared in 1898, but since that date the development of tropical medicine has been phenomenal. Much advance in knowledge has been made. All important discoveries are, however, dealt with in this new and thoroughly revised edition. No practitioner's library can be considered complete without this work, and no medical man called upon to face disease in foreign climes can afford to exclude this manual from his armamentarium.

(a) "A Manual for Students of Massage." By Mary Anne Ellison. Member of the Incorporated Society of Trained Masseuses. Second Edition, revised by Gulielma Manley. Pp. xii. and 126. and 50 illustrations. Demy 8vo. London: Bailliere Tindall and Cox. 1904. Price 3s. 6d. net.

(b) "Tropical Diseases: A Manual of the Diseases of Warm Climates." By Patrick Manson. C.M.G., M.D., LL.D., F.R.C.P., F.R.S., &c. Pp. 756, with 130 illustrations and two coloured plates. New and Revised Edition. London: Cassell and Co. 1903. Price 10s. 6d. net.

Obituary.

PROFESSOR ETIENNE JULES MAREY.

THE death is announced of Etienne Jules Marey, Professor of Natural History at the Collège de France, and *doyen* of the Medical and Surgical Section of the Academy of Sciences, and of the Anatomical and Physiological Section of the Academy of Medicine. M. Marey, in 1878, replaced Claude Bernard as Professor at the Collège de France. His scientific work was great and varied. He will be remembered as the inventor of the sphygmograph, which records the pulsations of the heart and of the respiratory functions. The methods of taking instantaneous and successive photographs to show the flight of birds, the galloping of horses, &c., were first studied by him, and he was one of the originators of the cinematograph.

Medical News.

The Medical and Hygienic Exhibitors Association.

THE annual display of this Association was held last week in London at the Queen's Hall, but whether it be that the medical profession have had a surfeit of exhibitions or that exhibitors do not find them remunerative is a question we are not called upon to decide, but the fact is indisputable that they do not attract as formerly, and that at this the latest show a considerable amount of space was unoccupied, and, to be candid, there was very little that was new to attract medical men. One of the few exhibits we do not remember to have seen previously was that of the Denver Chemical Company, Antiphlogistine," a decidedly useful antiseptic absorbent, which, as explained in

these columns in October last, exerts peculiarly anodyne effects, tending to promote the subsidence of local inflammatory mischief, with relief of pain and swelling, and with a minimum of trouble in application. Another novel exhibit was that of Somnoform, by Messrs. De Trey and Company, the invention of Dr. Rolland, Dean of the Bordeaux Dental School, which is claimed to be "the quickest, most simple, and safest of all general anæsthetics," an original paper on which appeared in these columns a few weeks since. There were also some novelties in physical therapy, such as Messrs. Cox's display of X-ray and high frequency electric apparatus, the Dowsing Company with their radiant electric heat appliances, and the Marconi Wireless Telegraph Company, with several improved X-ray and high frequency apparatus, a tube shield as a safeguard for both patient and operator, and an X-ray hospital ward trolley. The great bulk of exhibits were, however, those of old friends, especially of foods and mineral waters, needing no fresh description. The former were represented by Bovril, Lemco, and Oxo, Hovis Bread, Plasmon, Robinson's Barley and Groats, Maltico, Maltova, Manhu, Marmite, Mellin's Food for Infants and Invalids, and Food Biscuits, Nestlé's Food, Condensed Swiss Milk and Viking Milk (condensed milk without sugar), Protene preparations, Shredded Wheat, Van Abbott's Diabetic Bread and Biscuits, Virol, &c., constituting altogether a widely diversified catalogue of dietetics for the choice of medical men in dealing with a chameleon-like *clientèle* of patients. Of mineral waters, the variety was almost as great, the lead being taken by Messrs. Ingram and Royle with Vichy, Carlsbad, &c.; Oppel and Company with the well-known Friedrichshall Natural Aperient Water; Idris and Company with several attractive sparkling table-waters; Camwal, Limited, with Fontalis, a Harrogate natural table water, fruit syrups, &c. The surgical instrument department was poorly represented. Of medical books there were but few, and these mostly of American origin. Messrs. Parke, Davis and Company, Messrs. Burgoyne, Burbidge, and Company, and Messrs. Newbery and Sons made a good show as manufacturing chemists. Jeyes' Sanitary Compounds Company, with "Cyllin" (the new name for creolin), Jeyes' Disinfectant Powder and Soaps, and Messrs. Newton, Chambers and Company, with "Izal," represented the world of disinfectants; whilst clothing was exhibited by the Cellular Company, which had an interesting display of their new Aertex underwear, the use of which, especially in hot weather, is a decided advance in the therapeutics of health.

British Balneological Society.

A GENERAL meeting of this Society was held at No. 20 Hanover Square, London, W., on Wednesday, May 18th, the President, Dr. Alfred F. Street (Westgate) in the Chair. The officers and council for the ensuing session were elected, the President Elect being Dr. Bowen Davies, J.P., of Llandrindod Wells. The report of the Council was read, and showed the flourishing condition of the Society, the Fellows now numbering about 400. Sir Hermann Weber, M.D., F.R.C.P., was elected the Honorary President of the Society in succession to the late Sir Edward Sieveking, who had acted as Honorary President since the foundation of the Society in 1895. Sir Dyce Duckworth then gave an address, entitled "Observations on British Winter Resorts," which proved of great interest to the Fellows, and will be published in the *Journal of Balneology and Climatology*. On the same evening the annual dinner of the Society was held at the Criterion Restaurant. Dr. Wm. V. Snow (Bournemouth) proposed the toast of the guests, to which Sir Dyce Duckworth responded. Sir Hermann Weber, in proposing the toast of the Society, referred to the excellent work it had accomplished in the past, and spoke in high terms of praise of British health resorts, at the same time intimating the necessity for still further improvements in some of the towns, especially with regard to simple amusements, in order that they may compare favourably with certain foreign spas and watering places. After the dinner a smoking concert was provided for the Fellows in the King's Room, by the President, Dr. Alfred Street. The next meeting of the society will be held in October.

Royal College of Surgeons, Ireland.

THE authorities of the College have recently adopted the following regulations for academical costume:—The general body of the Fellows are authorised to wear a black stuff master of arts gown, faced with a St. Patrick's blue Irish poplin border, five inches in width, narrowing round the collar behind, and extending to each end of the gown in front. Inside of the blue poplin there shall be a crimson Irish poplin lining, five inches in width, and of similar extent as the blue. A black velvet college cap, with St. Patrick's blue and crimson tassel. This gown and cap may be worn at all public functions, college ceremonials, State and civic public meetings, and on all occasions when academical costume is worn by the general body of the Fellows of the Royal Colleges of Surgeons of England and Edinburgh.

The general body of the licentiates are authorised to wear a black stuff master of arts gown, faced with a St. Patrick's blue Irish poplin border, two inches in width, not extending round the collar behind, but continuing to each end of the gown in front. Inside of the blue poplin there shall be a crimson Irish poplin lining, two inches in width, and of similar extent as the blue. A black cloth college cap with black tassel. This gown and cap may be worn at all public functions, and college ceremonials, as before mentioned.

Army Medical Militia.

A PARTIAL reorganisation of the Royal Army Medical Corps (Militia) has been decided on. In future the 2nd South-Eastern District Company will be known as the Thames District Company, with headquarters at Chatham. The 1st South-Eastern District Company will become the South-Eastern District Company, the headquarters being at Dover instead of Aldershot. The Southern District Company will have its headquarters at Portsmouth instead of at Netley.

Society for the Relief of Widows and Orphans of Medical Men.

AT the annual general meeting of this Society held last week under the presidency of Mr. Christopher Heath, F.R.C.S., the report read by the secretary showed that twelve new members had been elected in 1903, four had died and three resigned, leaving 297 members at the end of the year. Two widows had been elected, and three had died, fifty-three were in receipt of grants at the end of the year. Six orphans had been granted assistance, one had become ineligible, leaving fifteen receiving grants. A sum of £3,308 10s. had been distributed in 1903. The expenses of the year were £244 19s. 9d. The receipts available for payments had been £3,302 1s. 10d., a deficit of £251 17s. 11d. on receipts and payments, owing to change of investments and half a year's interest only paid on the new stock. A small legacy of £25 had been received. A vote of thanks to the Editors of the medical journals was passed unanimously. The following gentlemen were elected to fill the vacancies in the court of directors: Mr. A. W. Green, Mr. E. G. C. Snell, Mr. E. H. May, Dr. C. Godson, Mr. W. J. N. Bell, Dr. W. C. James, and Dr. Samuel West.

Trinity College, Dublin.

THE following list of candidates passed the final examination in midwifery, Trinity Term, 1904:—James G. Wallis, Arthur W. Goldsmith, Robertson S. Smyth, Wilfrid Thunder, John A. Sibthorpe, William J. M'Ivor, Washington P. Tate, Charles E. Fawcett, Wright Mitchell, Gerrard A. Crowley. B.A.O. Degree: Robert Moore.

Conjoint Board in Ireland.

THE following candidates have passed the examination for the Diploma in Public Health:—G. H. Carrington, M.R.C.S. (honours), Major S. F. Clark, M.B.; P. A. MacDermott, F.R.C.S.I.; B. M. M. Coffey, L.R.C.P. and S.I.; W. G. Jordan, M.B.R.U.I.; J. F. Hodgson, M.B.,; F. W. Martin, M.R.C.S.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive Signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

WAR MEDALS FOR SURGEONS.

We are asked by the War Office to announce that a number of war medals for civil surgeons who served with troops during the campaign in South Africa are awaiting claimants, but cannot be forwarded as the present addresses of the gentlemen to whom they have been awarded are unknown. Civil Surgeons who have not received their medals are requested to make application to the Secretary, War Office, 68 Victoria Street, Westminster.

MR. HY. SEWILL'S letter is unavoidably held over, owing to pressure on our space by reports of the General Medical Council.

A CONVALESCENT.—Buxton will be the best place for you to recoup after your severe attack. Its air is decidedly bracing, and the little town and surrounding country offer many attractions to visitors. Moreover, it is governed by an intelligent and broad-minded Council, which spares no effort to make the sojourn of invalids and residents alike as agreeable and healthy as possible.

LIVERPOOL STUDENT.—We know of no book answering the exact requirement. The nearest approach is "The After Treatment of Operations," by Mr. Mummery.

ERRATUM.—The word "Homeric," in the last paragraph of Dr. Pearse's Paper on Immunity, which appeared in our last issue, should have read "Isomeric."

THE BOLINGBROKE PAY-HOSPITAL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I am instructed by the Council of the South-West London Medical Society to forward you the following resolution passed by them to-day:—That having seen the adverse opinion recently passed on Bolingbroke Hospital, the Council of the Society would like to take this opportunity of expressing their appreciation of the attention and treatment the patients receive from the medical officers and matron.

I am, Sir, yours obediently,
M. Mackintosh, Hon. Sec.

CUM GRANO SALIS.—The newspaper cutting you enclose as news, having your strong disapproval, is an advertisement, pure and simple, of the Institution, cleverly worded to avoid detection. When the highest class newspapers insert paid paragraphs of this nature, the abbreviated word "advert." is usually placed at the end, and to this there can be no objection, considerable latitude of description and expression being accorded to advertisers in the public press. We would suggest that you communicate your views to the editor of the paper in question: it might have for effect the discontinuance of the reprehensible practice.

MR. E. WILSON.—The gentleman referred to is not a doctor of medicine, but holds the hon. degree of Ph.D.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JUNE 1st.

OBSTETRICAL SOCIETY OF LONDON (20 Hanover Square, W.).—8 p.m. Specimens will be shown by Dr. Lockyer, Mr. Bland-Sutton, and Dr. H. R. Spencer. Short Communication:—Dr. J. M. M. Kerr: Certain Details regarding the Operation of Cæsarean Section in Cases of Contracted Pelvis based on a Series of 26 Cases. Papers:—Dr. T. W. Eden: A Case of Primary Hydatid Disease (Echinococcus) of the Fallopian Tube.—Dr. C. J. Cullingworth and Mr. H. H. Clutton: Notes on a Case of Hydatids of Both Ovaries, Right Broad Ligament, Liver, Omentum, Mesentery, and Other Parts.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. P. J. Frayer: Clinique. (Surgical.) 5.15 p.m. Dr. C. O. Hawthorne: Pulse Tracings and their Clinical Significance.

THURSDAY, JUNE 2nd.

RONTGEN SOCIETY (20 Hanover Square, W.).—8.30 p.m. Paper: Dr. C. A. Wright: Experiments to Determine the Effects of Form and Winding upon Resonance Phenomena.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. C. O. Hawthorne: Pulse Tracings and their Clinical Significance.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. G. Johnston: Nervous Affections of the Respiratory System. (Post-Graduate Course.)

FRIDAY, JUNE 3rd.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY (West London Hospital, Hammersmith, W.).—8.30 p.m. Papers:—Mr. J. J. Clarke: Objects and Limits of the Surgical Treatment of Paralytic Deformities.—Dr. C. H. Fennell.

LARYNGOLOGICAL SOCIETY OF LONDON (20 Hanover Square, W.).—5 p.m. Cases and Specimens will be shown by Dr. StClair Thomson, Mr. Waggett, Dr. Kelson, Mr. C. Baber, Dr. S. Spicer, Dr. A. B. Kelly and others.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. L. Paton: Clinique. (Eye.)

Vacancies.

Bradford Royal Infirmary.—Dispensary Surgeon. Salary £100 per annum, with board and residence. Applications to William Maw, Secretary.

Brighton, Hove, and Preston Dispensary.—House Surgeon. Salary £160 per annum, furnished rooms, coals, gas, and attendance. Applications to C. Somers Clarke, Hon. Secretary, 113 Queen's Road, Brighton.

City of London Hospital for Diseases of the Chest, Victoria Park, E.—Pathologist. Salary £110 per annum. Applications to H. Dudley Ryder, Secretary.

Derbyshire Royal Infirmary.—Resident House Surgeon. Salary £100 per annum, with apartments and board. Applications to Walter G. Carnt, Secretary-Superintendent, Royal Infirmary, Derby.

District Lunatic Asylum, Ballinasloe.—Assistant Medical Officer. Salary £140 per annum, with cash allowance of £52 in lieu of rations, &c. Applications to J. St. L. Kirwan, Resident Medical Superintendent (See Advt.)

Ebbw Vale Steel, Iron, and Coal Co., Limited.—Resident Medical Man (F.R.C.S.). Salary £500 per annum. Excellent prospects. Applications to the Secretary.

Kent and Canterbury Hospital.—A House Physician. Salary £100 a year, with board and lodging. Applications to J. Lancaster, Secretary.

Parish of Birmingham.—Workhouse Infirmary.—Assistant Resident Medical Officer.—Salary £104 per annum, with furnished apartments, rations, coal, gas, laundry, and attendance. Applications to Charles Fletcher, Clerk to the Guardians, Parish Offices, Edmund Street.

Parish of Saint Leonard, Shoreditch.—Senior Resident Assistant Medical Officer. Salary £150 per annum, with rations, furnished apartments, and washing in the Infirmary. Applications to Robert Clay, Clerk to the Guardians, Clerk's Office, 213 Kingsland Road.

Perth District Asylum, Murthly.—Assistant Physician. Salary £120 per annum, with board, apartments, washing, &c. Applications to Dr. Bruce, Murthly, Perthshire.

Rochdale Infirmary.—Resident Medical Officer. Salary £100 per annum, with board, residence, and washing. Applications to Henry Booth, Secretary, 58A Yorkshire Street, Rochdale.

Royal Free Hospital, Gray's Inn Road, W.C.—Senior Resident Medical Officer. Salary £100 per annum, with board, residence, and washing. Applications to the Secretary.

Settlement of Women Workers, Canning Town, E.—Medical Mission Hospital.—Senior Resident Medical Officer. Salary £100 per annum. Application to Hon. Sec., Miss C. Spicer, Montclair, Woodford, Green.

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant Medical Officer.—Salary £140 per annum, with board, &c. Application to the Medical Superintendent.

Appointments.

BRUNTON, SIR LAUDER, F.R.S., Consulting Physician to the Infants' Hospital, London, N.W.

CHASTEL DE BOINVILLE, VIVIAN, M.B., Ch.B.Edin., Assistant Director of Cancer Research, Liverpool University.

CLARKE, J. JACKSON, M.B.Lond., F.R.C.S., Surgeon to the North-West London Hospital.

MACKENZIE, JOHN ALEXANDER, M.A., M.B., Ch.B.Aberd., Resident Medical Officer at the General Infirmary, Oldham.

SIBLEY, W. KNOWSLEY, M.D.Camb., M.R.C.P., Physician to the North-West London Hospital.

SUTHERLAND, G. A., M.D.Edin., F.R.C.P.Lond., Physician to the North-West London Hospital.

TEMPLETON, GEORGE, M.B.Edin., F.R.C.S.Eng., Surgeon to the North-West London Hospital.

WARE, A. M., M.D.Cantab., Clinical Assistant to the Chelsea Hospital for Women.

Births.

HARRISON.—On May 25th, at 8 Waterloo Place, Brighton, the wife of William W. Harrison, L.R.C.P., M.R.C.S., of a son.

WAKLEY.—On May 27th, at 16 Hyde Park Gate, S.W., the wife of Thomas Wakley, jun., of a son.

WILLIAMS.—On May 26th, at Holyrood House, Beckenham, Kent, the wife of J. Lawson Williams, M.D., of a son.

Marriages.

COLLINGWOOD—SMITH.—On May 25th, at St. Mildred's, Lee, Capt. Percy Hildebrand Collingwood, R.A.M.C., eldest son of the late Major-General Clennell Collingwood, Royal Artillery, to Ellen, eldest daughter of Mr. Charles Smith, the Laurels, Good Easter.

ELLIS EDWARDS.—On May 25th, at Holy Trinity, Upper Tooting, Clarence Isadore Ellis, M.D. and C.M.Aberd., and L.A.S.Lond., fifth son of John Frederick Ellis, of Teignmouth, Devon, to Margaret Edwards, only child of the late John Edwards and Mrs. Edwards, of Mayfield, St. Nicholas Road, Upper Tooting.

Deaths.

D'ESTERRE.—On May 26th, at her residence, 6 Ulster Terrace, Stillorgan Park, county Dublin, Julia Anne, widow of the late Arthur Henry D'Esterre, M.D., Limerick, and daughter of the late Samuel D'Esterre.

LYNCH.—On May 26th, at Sudbury, Suffolk, Jane Elizabeth, widow of John Cox Lynch, M.R.C.S., and daughter of the late Charles James Beverly, Surgeon R.N., aged 78 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, JUNE 8, 1904. No. 23.

Original Communications.

PERITYPHLITIS SIMULATING MALIGNANT DISEASE—

COMPLETELY RELIEVED FOR NINETEEN MONTHS BY LATERAL ANASTOMOSIS—FOLLOWED BY ACUTE APPENDICITIS ABSCESS—APPENDECTOMY—CURE.

By SEPTIMUS SUNDERLAND, M.D., M.R.C.P.,
Physician, Royal Waterloo Hospital for Children and Women; Obstetric Physician to the French Hospital, London, &c.,

AND

H. J. CURTIS, B.S., F.R.C.S.,
Surgeon to the Memorial Hospital, Buluwayo; late Assistant-Surgeon, Royal Waterloo Hospital for Children and Women; and Surgeon, North-Eastern Hospital for Children.

THE patient, a hospital nurse, æt. 38, was admitted to the Royal Waterloo Hospital for Children and Women on the night of September 19th, 1901, with a temperature of 101·6° F., and a tender and painful swelling in the right iliac fossa.

The history was as follows:—On August 24th, 1901, the patient began night duty at a private case. Her weight, including clothes, was then 9 st. 6 lbs. For two or three months there had been some tenderness and discomfort in the right iliac fossa when the patient was over-tired, but no definite pain before the present attack.

On August 31st, severe cutting pain in the right side came on suddenly, with diarrhœa and sickness. The pain became worse during the next two days, and then began to improve. There had always been a tendency to constipation, but this did not become worse during this time of pain, nor had it been more marked recently. The pain lasted about six days, and the patient had a loathing for food and noticed she was losing flesh. Between August 24th and September 16th, she actually lost a stone in weight.

After a few days' intermission, on September 15th the pain began again, was very acute, and gradually got worse. It was associated with some elevation of temperature.

On September 16th, after a Seidlitz powder in the morning, there was an action of the bowels. On completing night duty, the patient went to bed, and rested for ten hours. Fomentations were applied, and iodine painted over the abdomen. Light nourishment was taken. For the next two or three days there was a good deal of vomiting.

On September 17th, two grains of cascara extract were taken without effect. On going to bed, the patient found a lump in the right side.

On September 18th and 19th the pain was almost unbearable, and little food was taken.

Up to this time the patient had not consulted a medical man. On the morning of the 19th, she wrote to Dr. Sunderland asking him to visit her. He called the same afternoon, and as the history, symptoms, and signs pointed to appendicitis and abscess, he sent the patient within a few hours to the Royal Waterloo Hospital, and arranged with Mr. Curtis (in the absence of Mr. Pendlebury) to meet him at ten o'clock the following morning with a view to operation.

With regard to the *personal history*, she had always been healthy, although not very robust. The *family history* indicated nothing of importance.

The condition on admission to the hospital was as follows:—She was thin, but not obviously anæmic; the tongue thickly coated, and the bowels constipated. The temperature on admission at 7 p.m. was 101·6°, the pulse being 104 per minute. Great pain was complained of, referred to the right iliac fossa. The right half of the abdominal wall moved imperfectly. A firm, elastic swelling, about as large as a medium-sized orange, could be felt in the right iliac fossa, extending for nearly a hand's-breadth above Poupart's ligament, from near the right anterior superior iliac spine, downwards and inwards into the hypogastric region, but not passing beyond the middle line. The physical signs were, in fact, almost exactly those obtained in the case of an ordinary acute appendicitis abscess of some five or six days' duration. The heart and lungs were normal.

Next morning the physical signs were unaltered after the successful use of castor oil and enemata of turpentine and soap and water; the temperature was 102·2°, and the pulse was 104 per minute.

After the consultation, concluding the condition to be one of appendicitis abscess, operation was deemed advisable without further delay, and was performed at 10 a.m., September 20th, 1901, by Mr. Curtis.

Operation.—A four-inch incision was made parallel with the outer third of Poupart's ligament, commencing about one and a half inches internal to the right anterior superior iliac spine, so as to lie over the long axis of the swelling.

On opening the peritoneal cavity, though a little serous fluid escaped, there were no adhesions or other signs of peritonitis anywhere, the intestines generally at first sight presenting a normal appearance. On examining the cæcum, its anterior wall was thin and lax, and of normal consistence, but was crossed transversely by numerous tortuous vessels of small size, The relaxed anterior wall lay in contact with a soft, doughy mass of light yellowish tint, apparently springing from the inner aspect of the posterior wall of the cæcum. The mass could be seen through the thin anterior wall, and the entire posterior wall of the cæcum was felt to be increased to a thickness of a quarter of an inch. Directly continuous with the rounded swelling felt involving the posterior wall of the cæcum was a second well-defined, rounded mass of similar consistence, extending from the cæcum downwards and inwards, the smooth rounded edge ending rather abruptly at the brim of the pelvis. The outline of these two continuous masses formed a sort of figure-of-8. The position of the appendix itself could not be clearly made out; what was thought to be its probable point of origin, from the cæcum, alone being visible, the remainder being apparently buried in the swelling at the back of the cæcum. Subsequent events, occurring one and a half years later, made it seem probable that it lay concealed in the well-defined

lower mass ending abruptly at the brim of the pelvis. The swelling involving the posterior wall of the cæcum appeared to extend round the region of the ileo-cæcal valve, and the orifice, examined by invaginating the lax anterior wall of the cæcum, seemed distinctly smaller than normal, admitting only the index finger tip, and being surrounded by firm and much thickened margins. There was nowhere any sign of adhesions, congestion, or thickening of the peritoneum or adjacent omentum, and not the slightest evidence of any collection of pus; no enlarged lymphatic glands were seen anywhere, and no deposit of tubercles was detected in the peritoneum. The appearance of the mass through the anterior wall of the cæcum, the feel of the constricted orifice just described, the thickened condition of the posterior wall of the cæcum, and the adjacent firm (non-fluctuating) mass, the whole of which was thought at the time to be retro-peritoneal, especially in the entire absence of adhesions, recent or old, or enlarged glands, seemed to negative any acute or chronic inflammatory mischief.

The absence of tubercles in the peritoneum, and of enlarged lymphatic glands in the region of the cæcum (though these may have been present, lying concealed behind it), and of physical signs in the chest, also appeared to point decidedly in favour of malignant disease of the cæcum, the appearance of the primrose-yellow mass seen through the anterior wall strongly suggesting columnar carcinoma springing from the mucous lining of the posterior wall of the cæcum.

Beginning to attach greater significance to the somewhat prolonged constipation, concluding it to be the result of the partially occluded condition of the ileo-cæcal orifice, and that this was dependent on malignant disease of the cæcum, the only chance of relieving the patient appeared to be by establishing a lateral anastomosis of healthy portions of the bowel above and below the affected area.

This was readily done, a Murphy's button being used to approximate the ileum (at a point about five or six inches up from the ileo-cæcal valve) to the corresponding point of the ascending colon.

The wound was closed, and healed by primary union. On September 28th, the evening of the eighth day after the anastomosis, the button was safely passed.

At no time, before or after the operation, was pus ever seen in the stools.

From the day of operation (September 20th) to October 7th, pain and insomnia were relieved by morphia, at first daily, then every day or two. As regards the bowels, relief was obtained on the third day after operation, night and morning, by enemata, and these were repeated every day or two afterwards; cascara was given later.

On October 11th, 1901, a second operation was performed with the hope of excising the affected portion of bowel (cæcum). The scar of the incision made at the former operation was cut out, and the peritoneal cavity thus laid open. Numerous adhesions were now found, binding down the cæcum. The union produced by the lateral anastomosis was drawn well up almost out of sight, at the upper angle of the wound, but appeared sound in every respect. The substance of the right psoas muscle appeared on digital examination to be infiltrated with growth, spreading outwards so as to reach nearly to the crest of the ileum, just behind the anterior superior iliac spine, and extending inwards over the brim of the pelvis. The growth originally seen and felt in connection with the cæcum seemed, in fact, to have flattened out in an outward direction, spreading retroperitoneally. This suggested the possibility that the original growth was a retroperitoneal sarcoma rather than a carcinoma, and that it might have affected the cæcum secondarily.

One had no doubt at the time that there was a malignant growth, spreading out retroperitoneally, and involving the psoas muscle externally, and spreading over the brim of the pelvis internally. The incision was therefore closed, and a hopeless prognosis given to the friends, mentioning, however, the bare chance of the disappearance spontaneously of such a growth.

The wound healed by primary union, and a well defined mass of firm consistence, about the size of a small clenched fist, could be felt immediately beneath. But daily examination of the swelling showed it to be slowly but steadily diminishing in size, until it completely disappeared, and on the date of discharge from the hospital, November 4th, 1901, twenty-four days after the second operation, there was only a sense of greater resistance than on the left side, doubtless due to the adhesions around the cæcum, &c. The general condition had markedly improved, the weight had increased, and the temperature had come down to, and remained at, normal, both day and night. The patient was able to sit about and slowly walk by herself by the date of discharge (November 4th, 1901).

Convalescence was rather slow, anæmia and debility remaining for several months. During part of this time she was under the care of Dr. Goulder, at Dudley, but returned to London on December 16th, 1901, on her way to Brighton, on which date some obscure resistance could be detected at the junction of the inner and middle thirds of the line joining the umbilicus to the right anterior superior iliac spine. By this date (December 16th) her weight was 9 st., a net gain of 16 lbs. within six weeks of her discharge from the hospital, her usual weight when in health having been 9 st. 6 lbs. Slight œdema of the left leg had appeared and continued for some months. Eventually the patient returned to private nursing in February, 1902, and remained fairly well till February, 1903, nineteen months after the first operation.

Remarks.—These facts compelled one, therefore, to reconsider the question of the diagnosis. One could exclude almost certainly the possibility of the condition being one of simple appendicitis *abscess*, in which the swelling might have disappeared as the result of the abscess opening into the bowel. No pus was at any time evident in the stools, and at the initial operation there was certainly no *evidence* of a collection of pus. The subsequent steady recovery of weight lost before the lateral anastomosis, taken with the patient's return to good health, strongly negatives malignant disease, so few properly substantiated tumours of this nature having been known to disappear spontaneously, though a good many so-called "typical sarcomata," as judged by the clinical appearance, have vanished in this mysterious fashion, one such case being known to one of us (H. J. C.).

One alternative, the most probable according to the views of Mr. Curtis, is that the condition was really one of *tuberculous* perityphlitis, which completely cleared up under the rest obtained for the diseased area by means of the lateral anastomosis established. The effect of laparotomy on two occasions must also be taken into account, as in cases of undoubted tuberculous peritonitis this "open-air" method of treatment, as it may be termed, has undoubtedly been very successful.

Another alternative, now the opinion of Dr. Sunderland, after careful consideration of both the medical and surgical aspects of the case and its subsequent history, is that the original swelling was a mass of inflammatory exudation arising from simple appendicitis, which subsided without the formation of pus, partly as the result of the intestinal anastomosis, and which possibly would have disappeared if no operation had been undertaken, to recur later if the appendix were not removed in the quiescent stage. Such cases one saw occasionally in early days when operation was not resorted to, and when there was often no evidence of the formation of pus, the tumour gradually disappearing, but possibly recurring later. In the present day the appendix would, of course, be removed by most surgeons in the quiescent stage. Also he considered it possible that there might have been a very small quantity of pus deeply situated in the mass of exudation, which also became absorbed.

Second Stage.—The happy condition of affairs did not continue for more than a year after the patient

resumed her work, for in the afternoon of March 17th, 1903, whilst nursing a case for Dr. Sunderland, she complained to him of pain and extreme tenderness in the right iliac region. He sent her that same evening to the Waterloo Hospital, where she gave the following history:—

On February 16th, 1903, whilst staying at Eastbourne, she took a long walk to the top of Beachy Head and over-tired herself. Severe aching of limbs and general tired feelings remained for several days. On March 8th, she suffered from what she called "a very bad bilious attack," with excessive pain at the top of the head, and down the right side of the abdomen. This lasted for three days. On March 17th, she had a slight pain in the right side of the abdomen, but towards the afternoon it began to get much worse. She also stated she had been free from pain since the previous operation, but had never since felt quite strong, and latterly had had a good deal of constipation. The temperature was 98° F., the pulse being 80 per minute.

A very tender, ovoid mass, as big as a bantam's egg, could be made out in the right iliac region, in immediate proximity with the deep aspect of the scar. No fluctuation could be detected anywhere.

In the first fortnight after admission a daily evacuation of the bowels was secured by means of an enema. Glycerine of belladonna fomentations relieved all pain, and the diet consisted of milk and beef-tea for the first week.

On March 19th, two days after admission, the temperature rose to 99·4° F., the pulse varying from 84 to 96. For the next five days the temperature was normal, the pulse-rate being generally about 72-80 per minute. Milk, pounded fish, eggs, and Plasmon were then given.

On March 27th, the temperature rose to 99·6° F., pulse 80. For the next four days the temperature steadily rose to 101·4° F., being 101° F. on the morning of March 31st, when the patient was operated on. The pulse-rate was 80, only occasionally rising to 90 or 96 per minute. During the previous day or so the swelling, which had seemed very gradually to have been approaching the surface, immediately beneath the thinner central part of the scar, gave for the first time evidence of some fluctuation.

Operation, March 31st, 1903.—The peritoneal cavity was laid open by an incision made through the scar of the original wound. There were numerous adhesions, matting together the coils of small intestines in the neighbourhood of the wound, and the right half of the brim of the pelvis. Further investigation, after careful separation of the more superficial adhesions, revealed the entire length of the appendix, now for the first time visible, being slightly curved upon itself, and with the apex a little above the brim of the pelvis, just outside the right sacro-iliac joint. Though its serous coat was opaque and obviously thickened, the appendix was only slightly larger than normal; in length, it measured about 2¼ ins. In separating the matted intestine around its distal inch and a quarter, a collection of dirty greenish-grey, almost odourless pus, about a dessert-spoonful, was evacuated from a cavity about the size of a peeled walnut, formed by the matting together of the coils of intestine around the appendix. No glands or miliary tubercles were evident. The meso-appendix was a little thickened and of mace-yellow tint. Appendectomy was done in the usual way. Gauze drainage of the cavity through the centre of the incision was used.

By the following day, April 1st, when two small drainage-tubes were substituted for the gauze, the temperature had fallen to 99·4° F., and thereafter remained normal, until the date of discharge on April 25th, 1903. The stitches were removed on April 7th, and drainage finally abandoned on April 17th. The bowels, opened on the third and fourth days by enema, acted regularly afterwards without enema usually being required.

The patient left the hospital feeling well and with the wound nearly healed on April 25th, twenty-five days after appendectomy.

Remarks.—The points of interest about this second phase of the case are two-fold: (1) The easy isolation of the thickened appendix, invisible at the first operation; (2) the nature of the abscess, whether simply septic or tuberculous.

(1) At the first operation, only the probable position of *origin* of the appendix could be surmised. It seems almost certain now that at the original operation the rounded swelling extending to the brim of the pelvis from the region of the cæcum, thought to be subperitoneal and directly continuous with the thickening involving the posterior wall of the cæcum, must really have been inflammatory in nature, and have concealed within it the missing appendix.

The alternative route for the passage of food provided for by the lateral anastomosis allowed the inflammed ileo-colic valve, cæcum, and swelling around the appendix complete physiological rest, and with the subsidence of surrounding inflammation the appendix thickened only in respect of its serous coat, once more became isolated, and uncoiled itself.

(2) The nature of the present attack—acute appendicitis abscess—is somewhat obscure. Important data are the dessert-spoonful of dirty grey pus, non-fæcal in odour, no enlarged glands, no obvious miliary tubercles. One possible cause is the escape of a little irritating fæcal matter into the cul-de-sac—the cæcum and appendix—left out of the more direct circuit by the establishment of the lateral anastomosis between the ileum and ascending colon. The history given by the patient of getting over-tired after a walk to Beachy Head, with subsequently a severe "bilious" attack, points to a catarrhal affection, probably typhlitis, as being the immediate precursor of the abscess around the appendix, whatever its real nature, whether simply septic (infection with *B. coli*, for instance) or tuberculous in nature. The pus, being inoffensive and practically odourless, was unlike that generally observed in non-tuberculous appendicitis abscesses.

Bacteriological investigation was not made at this stage. Mr. Curtis considers the course, previous and subsequent phases of the case, especially its chronicity and greatly delayed convalescence, however, pointed strongly to the condition being essentially tuberculous, rather than simply septic in nature.

Dr. Sunderland considers there might have been a small quantity of pus around the appendix since the first operation, which would also account for the delayed convalescence and the recurrence of symptoms, and as the patient had taken charge of a maternity case for a week previous to the second attack, and had been lifting a heavy patient and nursing an enormous infant, he believes the exertion thereby entailed might have caused rupture of some adhesions around the appendix, thus producing the acute symptoms.

Subsequent History.—The patient left the hospital on April 25th with the wound not quite healed, and remained at Dudley under the care of Dr. Goulder. On June 28th, Mr. Curtis slit up the existing sinus to the floor of the right iliac fossa, under eucaine, without finding any collection of pus, and on August 9th Dr. Goulder again enlarged the wound, under ethyl chloride. On August 25th, the patient came to London looking ill, wasted, and anæmic. She was sent to Swanage, whence she returned to London on October 22nd in much better condition, weighing 9 st. 5¼ lbs., but the sinus persisted in spite of different kinds of treatment, which had been advised from time to time, including nitrate of silver lotion and perchloride lotion.

As it was important that the patient should work for her living, a further operation was performed under gas and ether by Mr. Curtis on October 30th. A cord-like structure about 2¼ ins. in length, and as thick as an appendix, was found continuous with, though almost at right angles to, the sinus passage through the abdominal wall, and extended to the peritoneal cavity, where a smoothly lined pouch or canal about 2 ins. in length was found extending again in an opposite direction. The cord-like structure which was proved by microscopical examination to be sinus-tissue, was removed, the parts were cleansed and packed with

gauze, and in six weeks' time (December 5th), when Mr. Curtis left England for Buluwayo, there was a narrow track leading through the abdominal walls from which only a few drops of yellow purulent discharge escaped.

This discharge was stained for tubercle bacilli, and inoculated subcutaneously into a guinea-pig on December 1st. No bacilli were discovered, and the guinea-pig was found quite healthy when killed on December 30th. The discharge sent for examination was, however, received on a strip of iodoform gauze, and had remained in contact with the antiseptic for twenty-four hours before inoculation.

The patient was left in the surgical charge of Mr. H. S. Collier, and shortly afterwards was sent to Hastings.

At the beginning of March, 1904, two and a half years after the first operation, the patient reported herself as cured (though feeling weak), the sinus having quite closed. She was then advised to go to her home in Scotland and to live a quiet open-air life for six months before resuming work.

Remarks.—This case serves to emphasise the difficulty which may occasionally be experienced in deciding what is the exact nature of an abdominal tumour, even when the abdomen has been opened and the swelling inspected and palpated.

SOME POINTS IN THE SURGICAL TREATMENT OF ACUTE GENERAL PERITONITIS. (a)

By R. CHARLES B. MAUNSELL, M.B., B.Ch. Univ. Dub., F.R.C.S.I.,

Surgeon to Mercer's Hospital, Dublin; Examiner in Surgery, University of Dublin, &c., &c.

IN the following remarks upon the treatment of acute peritonitis I do not pretend to bring forward anything original; every measure advocated by me has been, more than once, advocated by others, and yet the general body of surgeons do not appear to grasp the necessity of some of these measures in cases which they attempt to save, or else refuse to operate in advanced cases, being sceptical of their power to do good when certain well-known symptoms have appeared.

A few years ago I remember how despondently we approached a case in which intestinal distension was marked, and, after operation, how often we stood by whilst the distension yet further increased in spite of purgatives and enemata; how the purgatives were vomited and the enemata retained, thus adding more to the distress of the patient; then, when the dreaded black vomit appeared, gulped up without much effort, how we turned away from further interference, being thoroughly convinced that in this, at least, we had an infallible sign of fast-approaching and inevitable death.

About two years ago my attention was directed to the possibility of doing good in cases which had developed typical "black vomit." I had operated upon a man for acute peritonitis following perforated gastric ulcer; after the operation vomiting continued, and was "black." The patient showed signs of enteritis with collapse, and died as if from ptomaine poisoning. At the post-mortem the peritoneal cavity appeared clean, but the stomach was greatly distended with fluid dark in colour and putrid. This fluid appeared enough to kill any human being, quite apart from peritonitis, so I determined in future to try the efficacy of the stomach tube in similar cases. Not very long after this a patient upon whom I had operated for appendicitis developed signs of peritonitis, with troublesome distension and copious vomiting of typical character. The stomach was douched clear every few hours for several days and the patient recovered. Since then I have had a similar experience in gastric perforation cases, but I will not mention them in detail, as I have already dealt with this form of peritonitis at a previous date.

The method of dealing with advanced intestinal paresis was also learned by watching and following to the post-mortem room a series of futile operations. It is now allowed that the prognosis of peritonitis arising from gastric perforation, if operated upon thoroughly, is not bad; but I regret to say that the prognosis of general acute peritonitis from other causes has up to the present been very gloomy.

The following three cases which have been under my care in Mercer's Hospital within the past two months will serve as an example of the procedures which I have come to adopt, and as a text for any further remarks. The first case ended fatally on the tenth day after operation, but as it illustrates many points, I have included it.

Case I.—P. McD., æt. 25, police-constable, was admitted January 9th, 1904, suffering from acute peritonitis following appendicitis. I saw him, with my colleague, Dr. Lumsden, under whom he had been admitted, and found temperature 100°, pulse 96, and poor quality; facial expression dull, and colour dusky; history of onset of agonising pain about fourteen hours previously, supervening upon a lesser pain referred to the right iliac fossa. The abdomen was very rigid, and the diaphragm much pushed up by distension of the intestines.

Immediate operation was advised. Whilst preparation was being made for this he vomited a quantity of mixed "black" and "fæcal" material. Operation: The ordinary oblique incision was made, and an intensely inflamed and perforated appendix was readily found and removed. A few drachms of thin fæcal material and pus were mopped up with gauze, and the immediate neighbourhood cleansed with saline solution. Having re-cleansed my hands, the intestines were pushed aside and a large quantity of fæculent fluid removed from the pelvis. The oblique wound was temporarily closed with forceps, and, an incision having been made in the mid-line above the umbilicus, the renal fossæ and hollows of the diaphragm were found full of a fluid similar in character to that which had filled the pelvis. The abdomen was next douched with several gallons of warm saline solution poured from a jug, a hand being passed well above and behind both liver and spleen to ensure thorough cleansing of the diaphragmatic region. The distended large intestine was incised and thoroughly deflated, and the small intestine and stomach were similarly dealt with. The incisions in the intestines and stomach having been closed with a single continuous suture of fine silk, the abdominal cavity was re-douched, the parietal wounds partially closed, leaving space for gauze drains to the pelvis and renal pouches.

The patient passed a good afternoon and night, a large quantity of salt solution and serum draining

(a) Read before the Surgical Section of the Royal Academy of Medicine in Ireland, March 25th, 1904.

away. Next morning, January 10th, pulse 108, respiration 30, temperature 98·4°. During the day the pulse and temperature rose, and vomiting returned; so on two occasions I douched out the stomach, removing a large quantity of stinking "black" material. On January 11th the pulse and respiration being still frequent, the stomach was douched as before morning and evening, the colon washed out by enema and the gauze drains were removed. From this date vomiting ceased, the temperature soon fell to normal, the pulse gradually reduced in frequency, and the only thing causing anxiety was the peculiar hysterical condition the patient assumed, shouting, often refusing food or medicine, and fighting vigorously with his nurses, although not in a condition of true delirium. On the evening of January 17th, nine days after operation, I had every reason to believe he would recover, but during the early morning of the 18th he struggled violently with those attending him, and a large amount of intestine prolapsed through the lower wound, which had given way under the strain. The accident was not noticed until the binder was changed some hours later, when I was telephoned for and returned the intestines, but the patient steadily sank during the day, and died at 9 p.m.

Although this patient was not "out of the wood," yet I had very reasonable grounds to hope for his recovery if this unfortunate accident had not occurred.

Case II.—W. M., male, æt. 14, was admitted to Mercer's Hospital, March 3rd, 1904, at 5.30 p.m., with the following history. He had been employed cleaning a window in a large boot factory. Close to the window was the shaft of a leather-stamping machine, in which his apron became entangled. The apron was rapidly wound up, and the boy, held firmly with his lumbar region against the shaft, was whirled around as if upon a horizontal bar. At each revolution his legs and head alternately struck the window frame.

When brought to hospital he was in a condition of profound shock, merely moaning and complaining of pain in the abdomen when roused. The right frontal, malar and nasal regions were deeply bruised, and showed superficial abrasions; the right conjunctiva was raised up by hæmorrhage, and a stream of blood flowed from the right ear. The legs and feet were covered with jagged cuts, some of which exposed the bones and ligaments. The eighth, ninth, and tenth ribs on the left side were broken at about their middle, and the percussion note and position of the heart-beat pointed to a moderate amount of pneumothorax. The abdomen was very tense and tender, and a very slight abrasion was present above and to the left of the umbilicus.

The boy was put to bed, hot jars applied, and the ear cleansed and packed with iodoform powder. Temperature 99·4°, pulse 104, and very weak, respiration, 24. I strongly suspected intestinal or other visceral rupture, but in presence of a fractured base and fractured ribs I considered it necessary to wait for more complete consciousness to return before giving a definite opinion. I left word that if the pulse-rate, &c., increased markedly during the night, I should be sent for. When I saw him next morning, at 10 a.m., the record on the chart showed temperature 99·4°, pulse 108, but when I felt the radial pulse it was so weak and running that it could only be counted by exercising the greatest care, and a stethoscope revealed the fact that the true rate was 156 per minute. As the boy was now more conscious and the abdomen more rigid I determined to operate immediately.

An incision in the mid-line below the umbilicus disclosed a quantity of blood-stained fluid and greatly distended intestines; a short search revealed undigested potato, &c., and intestinal contents free in the peritoneal cavity. The incision was rapidly extended upwards, and a tear found in the jejunum almost completely severing the gut, a hæmatona as large as a fist was also present in the mesentery. Having satisfied myself that the circulation in the injured intestine was good, I mended the tear with a double row of silk suture, and then, having searched for any other lesion which might be present, thoroughly douched out the peritoneal cavity. I next opened the transverse colon and deflated it, then the ilium fairly low down, and, lastly, the distended stomach, which appeared at the upper angle of the parietal incision. When the stomach and intestines were perfectly flaccid the incisions were sutured, the abdomen again douched and the parietal wound closed except at its lower angle, through which a gauze drain was carried into the pelvis.

The drain was removed on the second day, and the case ran an uneventful course, except for diarrhœa on the fourth, fifth, sixth and seventh days, which was due to irritations from nutrient enemata and was checked by starch and opium enemata.

The boy is now well, and has been on full diet for the past week, but will have to be detained until the lacerated wounds on his feet have completely granulated. (Since this was written the boy has returned home perfectly well.)

Case III.—G. C., æt. 19, van driver, was sent to me March 11th, 1904, with the following history:—Three days previously, in the afternoon, he had been thrown from a spring van, falling with his legs between the horse and the shaft and his abdomen across the shaft. He experienced great pain, and shortly afterwards vomited. He proceeded home to bed, and the pain and vomiting increasing, a doctor was called in, who administered a hypodermic of morphia.

Urine was passed naturally next morning, but now the pain and vomiting became intolerable, and the urine had to be removed by catheter on two occasions. The bowels had not moved since the accident. I saw him in hospital on the morning of the fourth day after the injury. His pulse was 110 and poor, temperature 100°, respiration 24, face dusky, tongue dry and brown, abdomen very much distended and tender. A diagnosis of general peritonitis was easily made, and immediate operation advised. Before operation the stomach was douched out, removing a very large quantity of "black," foul-smelling fluid.

The abdomen was opened in the mid-line below the umbilicus, revealing tremendously distended intestines and a uniformly inflamed peritoneum. The distension was so great that even when the incision had been enlarged no methodical search could be made for the lesion which had caused the peritonitis. The large intestine, and subsequently the small intestine, was drawn out, freely incised and emptied, but the stomach was not opened in this case. A further search revealed a hæmatoma in the mesentery and transverse mesocolon, and a generally inflamed peritoneum, which bled in many places when handled, but no

rupture (*a*) of any viscera could be demonstrated, so I determined to thoroughly douche out the cavity and drain as in the previous case. After operation a catheter was passed, and drew off urine, which contained a slight amount of blood. The urine obtained during the next thirty-six hours gave a faint reaction with the guaiacum test, and then became normal.

The patient passed a good afternoon, but during the night vomited a quantity of dark green material. Next day the pulse ranged between 100 and 112, and frequent and copious vomiting of "black" fluid set in. The stomach was douched clean at 2.30 p.m., and again in the evening, when vomiting had recurred. During the early part of the night vomiting again recurred, and the stomach was douched on two occasions. The history subsequent to this was uneventful, and the boy is now quite well and allowed to sit up. (Since this was written the boy has returned to work.) In describing the treatment of these cases I have not referred to the ordinary stimulants, enemata, &c., which are known to all, and are given according to indications, but I wish to draw attention to a few measures which are not generally adopted. Advice which I have often heard, and which I used to give, was: (1) If a patient who suffers from general peritonitis is in fairly good condition, do a thorough cleansing operation, but if the patient shows signs of advanced infection, either do nothing or else open and drain, doing little more for fear of hastening death. (2) If you cut down upon a perforated appendix or stomach, and find what appears to be localised extravasation, mop it up, and do not explore the whole peritoneal cavity for fear of carrying infection to parts that might possibly be clean. (3) Having operated, let the patient alone as much as possible, and if Nature does not cure, let him die as easy as morphia can render him.

My answer to advice of this kind now is: (1) Every patient who suffers from general peritonitis requires a thorough operation. The worse the symptoms are, the more we must do to relieve them. When a patient is very bad we must not do less, but work more speedily. It is no use interfering if we put a patient back to bed with a half-cleansed peritoneum and intestines full of poisonous and paralysing gases. (2) To merely mop up what we *hope* may be a local extravasasion, and trust to *luck*, is not surgery in my opinion. There is far less danger in re-cleansing the hands and exploring the pelvis and upper abdomen if the symptoms have been at all general, and if the limiting adhesions appear light in character. (3) After operation, give as little morphia as possible, and douche out the stomach repeatedly if vomiting or flatulent distension of the stomach is present.

With regard to drainage. In cases arising from stomach perforation, if they have been thoroughly cleansed, drainage need not be used, but in infection from other sources drainage by means of gauze is necessary, and, in spite of what many authorities say, large quantities of fluid drain away for twenty-four to forty-eight hours. The drain can be withdrawn on the second day after operation and the sutures tied.

(*a*) It is very possible that the peritonitis in this case was due to injury of the pancreas, which at operation lay behind the hæmatoma described as being in the mesentery and transverse mesocolon.

DELAYED CHLOROFORM POISONING. (*a*)

By HAROLD J. STILES, M.B., F.R.C.S.Ed.,
Surgeon, Hospital for Sick Children, Edinburgh, &c., &c.,
AND
STUART McDONALD, M.B., M.R.C.P.Ed.,
Assistant Pathologist, Royal Infirmary, Edinburgh, &c., &c.

MR. STILES, on behalf of himself and Dr. McDonald, said although the occurrence of delayed chloroform poisoning had long been recognised in Germany, Dr. Leonard Guthrie was the first to direct attention to the subject in this country. His paper in 1894 was entitled "Some Fatal After-Effects of Chloroform in Children." In a second paper, published in 1903, Guthrie brought forward further observations in support of his contention that the fatty changes met with in delayed chloroform poisoning are not due to the action of chloroform alone; he maintains that the liver is in an advanced state of fattiness previous to the administration of the chloroform, and that the latter, by diminishing oxidation, already deficient, determines the state of functional inadequacy which sets up an auto-intoxication due to the accumulation of ptomaines or toxins.

Mr. Stiles then described the clinical history and pathological changes in two children who died, the one three days after operation for the radical cure of hernia, and the other twenty-six hours after an osteotomy for knock-knee. It was shown that death could not have resulted either from carbolic acid poisoning, from fat embolism, or from sepsis. In the osteotomy case the fat emboli in the lungs were only present in the smallest vessels, and were so scarce that death could not be attributed to them. It was interesting to note that some of the sublobular and hepatic veins contained a considerable amount of oil, for the most part in free droplets, but occasionally in the interior of what were evidently disintegrated liver-cells. No fat was demonstrated in branches of the hepatic artery, nor could any be discovered on the aortic side of the circulation. It was evident, therefore, that the fat in the lungs was derived from that which had gained access into the hepatic veins from the disintegrated liver-cells.

The possibility of sepsis was carefully considered. Lantern slides and microscopical specimens (obtained from a child who died from a gangrenous inflammation of the œsophagus following operation for perityphlitis) were demonstrated to show how closely the degenerated changes in the liver, kidneys, and heart resembled those which are said to be characteristic of delayed chloroform poisoning. In neither condition were there any inflammatory changes in the glomeruli. The fact was emphasised that the same degenerative changes are sometimes present in patients who have died after operations for septic conditions, especially of abdominal origin, as are found in patients who have died from delayed chloroform poisoning uncomplicated with sepsis.

The hope was expressed that pathologists would inquire more closely into the nature and causation of the degenerative changes to be found in the above-mentioned organs in surgical cases.

Unfortunately the pathology and symptoms of

(*a*) Abstract of a Paper read at the Society for the Study of Disease in Children, May 20th, 1904.

delayed chloroform poisoning had, up to recently, been either overlooked or wrongly interpreted, so that the mortality could not be estimated until the condition had become generally recognised by surgeons and pathologists. With one exception the cases recorded in this country had all occurred in children while under treatment either in the Paddington Green Children's Hospital or in the Royal Edinburgh Hospital for Sick Children, these being two hospitals where special attention had been directed to the condition. In Germany, on the other hand, almost all the reported cases had been in adults, and the greater proportion of these had occurred after a somewhat severe operation for infective abdominal conditions, such as suppurative salpingitis, appendicitis, &c. The element of sepsis with which these cases are complicated renders it difficult, in the present state of our knowledge, to say how far they help to solve the problem of delayed chloroform poisoning. If it could be shown that the critical condition (persistent vomiting of a more or less hæmorrhagic type; small, rapid, and often irregular pulse; extreme restlessness, collapse, &c.) in which they occasionally found patients forty-eight hours or so after operation is in any way brought about by degenerative changes set up by the chloroform, the question of substituting ether would have to be seriously considered even in the case of children Unfortunately, however, the mortality in children from the effects of ether on the respiratory tract would probably be as great, if not greater, than that due to the after-action of chloroform.

It was not thought that Dr. Guthrie had brought forward sufficient evidence to show that the fatty change here described was the essential predisposing factor, and that the chloroform merely acted as the "last straw." It was thought much more probable that the fatty change was entirely due to the chloroform acting on a previously healthy liver; indeed, experimental evidence seemed to give strong support to this possibility. Moreover, while the changes in the liver were so striking it must not be forgotten that other organs gave evidence of a general toxic poisoning, and it seemed hardly justifiable, therefore, to attribute the fatal result to hepatic insufficiency. Fatal cases of delayed chloroform poisoning were undoubtedly very rare, and it would appear, therefore, that idiosyncrasy was the main factor in their causation just as it was in the irreducible minimum of deaths which occur during chloroform anæthesia. As regards the treatment of delayed chloroform poisoning the authors entirely agree with Guthrie in strongly condemning the use of morphia. Rectal and subcutaneous injections of normal saline solution and, if necessary, intravenous injections must be employed. If the vomiting were copious the stomach should be washed out, and an endeavour should be made to get it to retain some calomel or grey powder. Cardiac stimulants must be used, but in moderation.

The Out-Patient Departments.

WEST LONDON HOSPITAL.

DERMATOLOGICAL CASES UNDER THE CARE OF DR. P. S. ABRAHAM.

(*Reported by* Dr. G. N. MEACHEN.)

CASE I.—*Herpes Zoster following Injury.*—The patient was a little boy, æt. 4, who came with an eruption upon the left elbow and hand. The history was that he had cut the left forefinger with a knife a week ago. Three days after the injury "blisters" were noticed upon the elbow and finger, the little fellow being at the same time restless and feverish.

On examination, a typical herpetic eruption was seen covering the back of the elbow, and discrete, grouped vesicles were present upon the extensor surface of the left index finger, the skin over which was erythematous. The forearm itself was free from any rash. The axillary glands were not enlarged.

The case is interesting as tending to illustrate the close connection that exists between herpetic eruptions in general and affections of the nerve-trunks. Since the announcement of the neurotrophic theory by Bärensprung many cases of herpes zoster have been recorded in which the association with various forms of nerve disorder has been more than accidental. What the exact *materies morbi* which affects the posterior spinal root ganglia, and sometimes the Gasserian ganglion, may be is as yet doubtful, but it is a definite clinical fact that the eruption frequently appears upon areas of the skin the trophic condition of which has been impaired by the presence of some nerve lesion, whether this be functional or organic. In the case of this boy, we have a direct history of injury, the shock of which may have been, and in all probability was, the exciting cause of the outbreak. The lesions gradually resolved under the application of a simple ointment.

CASE II.—*Alopecia Areata with Hyphogenic Sycosis.*—A man, æt. 40, came with a bald patch upon the left side of the back of his head which had been present for three months. For the last six weeks he had also suffered from an irritable eruption of the chin and neck, accompanied with the formation of numerous pustules. He was not in the habit of shaving himself.

On inspection, he was seen to have an extensive condition of sycosis affecting the beard-region and adjacent parts. Some of the hairs were observed to be of a stumpy character, and on epilation their sheaths were greatly thickened. Under the microscope a dense network of tricophytic mycelium was found both in the sheath and also upon the hair-shaft. There was a patch of typical alopecia areata, about three inches in diameter, in the left parieto-occipital region of the scalp. The surface of this was quite smooth. A few hairs at the margin of the patch were of the "point of exclamation" type, but none were found to contain any spores.

As an example of the co-existence of two entirely different cutaneous lesions this case is worthy of note. Both conditions are affections of the hair system, but it is only the sycosis that is of a parasitic nature. The whole scalp presents some evidences of seborrhœa, therefore it is safe to assume that in the case of this man the alopecia is of microbic origin. In many cases of the latter disease the same micro-bacillus, definitely associated by Unna with seborrhœa, has been found in alopecic hairs and also in the hair-follicles themselves. The frequency with which parasitic affections of the beard-region can be traced to a visit to the barber, especially in poor districts, furnishes the strongest argument for the establishment of the aseptic system in all hair-cutting saloons. Happily, the importance of this principle is at last beginning to be recognised by the more enlightened members of the tonsorial craft. This patient was given an ointment of carbolic and salicylic acids for inunction into both the scalp and the face, and, in addition, a paint of cinnamon oil for the bald patch.

CASE III.—*Pruritus of the Scalp.*—A single woman, æt. 73, complained of great itching of her scalp combined with a sensation as if "something were moving about" in her head. She had a very nervous, frightened aspect. She had had influenza twice. There was some exophthalmos. The pulse was not, however, specially rapid, and it was quite regular. The tongue was normal, and there was no œdema of the feet. Nothing objective whatever could be seen upon the scalp, for there were no evidences of seborrhœa or pediculi capitis. The thyroid gland was not enlarged.

Itching of the scalp unaccompanied by any cutaneous lesion, as in this case, is not common. It is often of the nature of a neurosis, and, considering the patient's nervous condition it is probable that this is the explanation of her trouble. The possibility that it may be an early symptom of Graves' disease must also be borne in mind, for in that affection disturbances of sensation in the shape of pruritus are not unfrequently encountered. A little dilute white precipitate ointment was prescribed for local application, rather for its moral effects than for any therapeutic purpose.

Transactions of Societies.

SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.

SPECIAL MEETING, HELD MAY 20TH, 1904.

MR. WATSON CHEYNE, C.B., F.R.S., in the Chair.

A CASE OF CONGENITAL DILATATION OF THE COLON in a boy, æt. 6, was shown by Dr. GEORGE CARPENTER. The child had suffered from chronic constipation since birth, and its abdomen had increased in size from a year old. The child was ruddy, thin, and with somewhat pinched features. The abdomen, which was large and tympanitic, measured twenty-seven inches, and large coils of moving intestines were visible under the abdominal walls. An expression of opinion was asked as to the advisability of surgical interference.

Mr. WATSON CHEYNE was in favour of simple colotomy.

A communication on Delayed Chloroform Poisoning was read by Mr. HAROLD STILES and Dr. STUART MCDONALD. An abstract of this paper will be found on page 606.

The CHAIRMAN (Mr. Watson Cheyne) said that he was still not quite convinced that the chloroform was the only causative factor in these cases, and that they must be looked on as after-effects of the administration of that anæsthetic. Although he had had two or three cases at Paddington Green Children's Hospital, Mr. Cheyne thought it very remarkable that he had never met with similar occurrences either at King's College Hospital or in private practice. The extremely short administration in some of the cases, for example, tenotomy, and the minute dose administered, made it very difficult to believe that the chloroform was the cause of the fatal result.

Dr. LEONARD GUTHRIE thought that the frequency of these fatalities following operations under chloroform upon children might be greater than was indicated by the number of cases recorded in this country. Ten years previously he had published in the *Lancet* a series of ten cases, nine of which had happened at the Children's Hospital, Paddington Green. Since then, three more had occurred at the same institution. He doubted whether such experience was unique. Possibly a search in the archives of other children's hospitals might reveal more cases of a similar nature. The case against chloroform was that prolonged and repeated inhalation of that anæsthetic produced in animals profound fatty changes, not only in the liver but in the kidneys and other organs, and that such changes were almost constantly found in children dying in the manner described after operations under chloroform. But, on the other hand, it was difficult to conceive that such extreme fatty changes could be induced by the small amounts of chloroform absorbed during a period of anæsthesia which in some cases did not exceed a quarter of an hour or twenty minutes. Hence he inclined to the view that a fatty condition of the liver was pre-existent at the time of operation in such cases, that chloroform, by its deoxidising powers, aggravated and intensified the fatty changes present, and thus rendered the liver incapable of dealing with toxins entering the portal system from the intestines. The result was that such toxins passed into the general circulation and could not be eliminated on account of the specific action of the chloroform on the kidneys The *rôle* of the chloroform was therefore that of the "last straw." The existence of such fatty livers might be suspected though it could not be proved by the history of so-called "bilious attacks," characterised by vomiting, headache, epigastric pain, diarrhœa, or constipation, associated with the odour of acetone in the breath and urine. When such a history was obtained, ether should be the anæsthetic used, as experiments on animals showed that ether possessed the power of inducing fatty changes to a far less extent than chloroform.

Dr. HEWITT had never seen any cases at all comparable to these. He supported Dr. Guthrie's request for an inquiry, on account of the extreme importance of the subject to the profession. He suggested that one of the children's hospitals change its customary anæsthetic for one or two years to a mixture of chloroform and ether, in order to observe the results.

Mr. BURGHARD remarked that in one of Dr. Guthrie's cases at Paddington Green, on which he had operated, the notable thing was that death occurred after the *second* time of operating. The case was one of a very large nævus of the chest and arm, and the first operation, which had taken place several weeks before, was much the longer and more severe of the two; nevertheless the child recovered without a symptom of any sort referable to chloroform administration.

Dr. SILK confessed that he had been very sceptical with regard to Dr. Guthrie's first paper ten years ago; he was now very astonished to find that it had been discovered in Edinburgh, of all places, that quite possibly chloroform might produce some ill-effects. He commented on the occurrence of the condition only in older children, in spite of the fact that chloroform was given to very large numbers of infants. It was strange also that no relation could be established between the size of the dose administered and the production of the condition.

Mr. NOBLE had administered two of the anæsthetics in Dr. Guthrie's cases. Perhaps these cases were commoner than was usually supposed. He now thought that two deaths he witnessed at Great Ormond Street, when house surgeon there, were probably due to this condition.

Mr. MCCARDIE (Birmingham) had never seen a case, although he remembered the death of a patient on the fourth day after similar symptoms; however, no autopsy took place. Froster had described two cases of parenchymatous degeneration due to chloroform administration, and showing slight albuminuria, vomiting, and collapse before death. Fatty changes were found in the heart, liver, and kidneys. That author lays stress on the kidney lesions, especially on the fact that they were more advanced in the tubules than in the glomeruli, which was a diagnostic feature. He wondered whether such conditions were more apt to occur in lymphatic children, as they stood most adverse influences worse than other children. The moral was to always use ether in children.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

AT the spring meeting of this Association, held in Dublin, after the completion of election of officers and other formal business, Dr. DRAPES read a paper on a case of

ACUTE HALLUCINATORY MANIA OF TRAUMATIC ORIGIN.

The patient, a man, æt. 36, healthy save for some left-sided deafness and otorrhœa (the result of accident), received a blow on the head while playing hockey. He experienced difficulty in walking next day and began to suffer from severe occipital headache, with rise of temperature. These passed off in a few days, and about a fortnight later he was able to go into the country. He at once became worse, the headache returned, he was restless, and in a week was delirious, with hallucinations, though all through he was rational at times. He gradually recovered, and was mentally well about six weeks after the onset of mental symptoms. He was able to give a most vivid account of his hallucinations, which assumed the shape of orderly sequences

of events, somewhat like dreams, but more vivid. The latter took the form of startling adventures, mostly terrifying and unpleasant, which involved combined hallucinations as real to the patient as the events of ordinary life. Dr. Drapes was of opinion that the pathological condition was a slight meningo-cerebritis, which acted by abolishing the higher mental centres, while the lower were irritated into increased activity. The prevalence of delusions of persecution and suspicion he considered to be explicable as a reversion to primeval conditions.

Dr. CONOLLY NORMAN was of opinion that as the patient was able at times to concentrate his attention and to reply rationally when addressed, it was incompatible with Dr. Drapes' theory of the genesis of the hallucinations. It was interesting that some of the hallucinations so strongly resembled those of toxic origin.

The paper was also discussed by Drs. Rainsford, Eustace, and Leeper; and Dr. DRAPES replied.

EPILEPTIFORM SEIZURES.

Dr. RAINSFORD described two cases in which epileptiform seizures had occurred. The first was that of a lady, æt. 57, suffering from attacks of recurrent mania at intervals of three or four months. In one of these epileptiform seizures appeared, and she had 282 in all, and was thought to be dying for four days. The fits ceased under hypodermic injections of morphine, but were followed by a six weeks' attack of acute mania. Since then she had remained physically well for three years, but was slightly demented. The other case was that of an imbecile boy, æt. 13½, who suddenly developed fits at school. He was sent to hospital, where the fits continued, but he was so troublesome and insubordinate that he had to be discharged. At the Stewart Institution, to which he was then admitted, the reality of the fits was doubted, and the threat of being douched with cold water put an end to them. The boy was now doing well.

Dr. DRAPES regarded the second case not as one of malingering, but as due to a neurotic condition.

Dr. NORMAN considered the treatment of mania and pseudo-epileptic states with morphine to be dangerous.

Drs. Woods and Fitzgerald also joined in the discussion.

Dr. RAINSFORD, in replying, said that he considered the second case to be one of hysteria.

Dr. EUSTACE read an account of a case of

DEMENTIA PRÆCOX.

The patient was a boy, æt. 20, with some neurotic heredity, who had always been excitable, idle, and conceited, a confirmed masturbator, and very eccentric. He became restless six weeks before admission, and then maniacal, with quick pulse and high temperature. Delusions, chiefly of a religious and grandiose type, were present. In about three weeks stupor appeared, and from that time had alternated with excitement, while various katatonic symptoms—verbigeration, catalepsy, "jargon aphasia," mannerisms, &c.—developed from time to time. Thyroid administration proved of no value, and after about seven months the patient was no better mentally, though his memory, understanding, and perceptive powers were good. He therefore was an excellent example of this form of mental disease.

Dr. LEEPER expressed his opinion that the disease was incurable. His experience with thyroid had also been unfavourable.

Dr. NORMAN thought that too many cases had been classed as dementia præcox, and therefore as of bad prognosis, but cases showing an alternation of excitement and stupor were unfavourable. He considered cases of the melancholic type more likely to recover.

Dr. Drapes also spoke, and Dr. EUSTACE replied.

Dr. CONOLLY NORMAN exhibited two patients suffering from unilateral deafness, with auditory hallucinations of the same side.

THERE were twenty-seven cases of plague and twenty-seven deaths in Hong Kong for the week ending May 28th.

NORTH-EAST LONDON CLINICAL SOCIETY.

MEETING HELD THURSDAY, JUNE 2ND, 1904.

DR. J. W. HUNT, President, in the Chair.

Dr. NORMAN MEACHEN showed a married woman, æt. 35, the subject of

SCLERODERMA AND ALOPECIA AREATA.

She was also an epileptic. The sclerodermic area extended vertically across the forehead to the left of the middle line, and at its upper extremity it shaded imperceptibly into a small patch of alopecia areata. Pressure upon the lower end of the band caused sensations resembling those of an aura. The condition had been slowly progressing for a year.

Dr. A. J. WHITING, under whose care she had been for her nervous condition, considered that the case was closely allied to those in which scleroderma was coexistent with facial hemi-atrophy. This patient's nasal septum was markedly deflected towards the left.

The PRESIDENT remarked upon the absence of the violaceous tint sometimes seen in localised scleroderma.

Dr. R. MURRAY LESLIE showed a man, æt. 35, with a cerebral tumour producing symptoms of right hemiplegia. There was tenderness upon percussion over the left Rolandic area of the skull, and double optic neuritis. He had improved to some extent upon the internal administration of potassium iodide.

Mr. HERBERT CARSON thought that the case was one of gumma, on account of the mulitiplicity of the lesions, and suggested larger doses of the iodide.

Dr. WHITING stated that improvement often took place in the earlier stages of sarcoma. A pontine lesion might cause incontinence of urine, such as this man presented, but not a lesion of the Rolandic area of the cortex. Moreover, his facial paralysis was most marked upon smiling, which rather tended to indicate a lesion of the basal ganglia. He thought that an operation should be undertaken, in view of the increasing failure of vision.

Dr. LESLIE also showed

TWO CASES OF DEXTROCARDIA.

The first was in a man, æt. 64, who also had a deficiency of the third and fourth ribs upon the left side (?) of congenital origin. The second occurred in a man, æt. 48, as the result of the contraction of an old phthisical cavity at the right apex.

Dr. ARTHUR E. GILES suggested that the absence of the ribs opposite to the heart was of a compensatory nature.

The PRESIDENT asked if subcutaneous resection of the ribs might not have been performed in childhood for empyema, as the rib-cartilages could be felt and there was deficient expansion of the lung upon that side. There was also a faint, though distinct, scar in the depression in the chest wall.

Mr. HERBERT CARSON exhibited an old lady, æt. 79, previously the subject of recurrent carcinoma mammæ, in whom he had twice performed laparotomy, the first time for strangulation of a Meckel's diverticulum, and secondly for a malignant stricture of the descending colon, causing acute intestinal obstruction. With the exception of a slight bronchitis after the second operation she never had a bad symptom.

Dr. R. B. MARJORIBANKS showed a little girl, æt. 4, with cervical ribs. A skiagraph revealed that the one on the right side was fractured, the outer fragment being bent downwards. The position of the head was unaffected, though at one time there was a suspicion of some torticollis.

Dr. GILES exhibited (1) a specimen of tuberculosis of the Fallopian tubes which he had removed from a girl, æt. 12, who had presented symptoms of a localised peritonitis; (2) a specimen of an early tubal abortion showing the mole *in situ*. At the operation blood was seen to be freely oozing from the fimbriated extremities of the tubes.

Dr. GILES also showed specimens of uterine myomata illustrating various complications. In one case the tumour had almost completely severed its connection with the uterus, with the exception of a small adhesion,

which was rather to be regarded in the light of a pedicle, and had contracted numerous adhesions to the overlying intestines. In another instance, the fibroid was associated with a left pyo-salpinx.

SEVENTY-NINTH SESSION OF THE GENERAL MEDICAL COUNCIL.

The President, SIR WILLIAM TURNER, K.C.B., in the Chair.

FIFTH DAY.—MONDAY, MAY 30TH, 1904.

AFTER the Minutes of the last meeting had been read and confirmed,

It was moved by Dr. MACALISTER, and seconded by Dr. LINDSAY STEVEN, that the Council sit *in camerâ* for the President to make a statement to the Council before it proceeded to consider the motion of which Sir John Tuke had given notice.

REGISTERS OF MEDICAL AND DENTAL STUDENTS.

On the readmission of strangers, it was moved by Sir JOHN BATTY TUKE, and seconded by Sir VICTOR HORSLEY, that the Lord President of the Privy Council be requested to introduce into Parliament a Bill to confer on the General Medical Council statutory power to establish and maintain Registers of Medical and Dental Students, and to impose a fee not exceeding £1 for registration therein. The proposer of the motion said that the General Medical Council needed money, but he hoped for a reduction in its expenses. He considered the tax proposed on students a reasonable one. He thought that up to the present time a not inconsiderable number of students neglected registration, but if the Bill passed the General Medical Council would be made responsible for the registration of students, and would also have the power of making conditions. Five years of study, of which there was no official assurance at present, would thus be assured; again, the Council would be able to make certain that each student passed a satisfactory examination in arts. All causes of friction would disappear for the student, as all the Licensing Bodies would come into line.

Sir VICTOR HORSLEY, in seconding, said that he did so solely from the point of view that the motion was of material interest both to the profession and to the public. He considered registration of medical students as essential. He pointed out that the autonomy of the Licensing Bodies would not be touched by the Bill, and that with regard to the General Medical Council they had no autonomy.

Dr. PAYNE considered the motion as satisfactory in its general aspect, but thought that compulsory registration was going too far.

Dr. NORMAN MOORE questioned how the public would be served by increasing the powers of the General Medical Council. He hoped the General Medical Council would never get supreme power. He considered that the Universities were much better able to judge questions of medical education than the General Medical Council. He opposed the motion because it would increase the power of the General Medical Council, and because it proposed a fee for students with no return either to them or to the public.

Sir WILLIAM THOMSON thought the motion did not tend so much to increase the power of the General Medical Council as to bring in more funds which were necessary. He asked if Dr. Norman Mcore had any other scheme for the latter purpose.

Dr. NORMAN MOORE said that one scheme was that members of the Council should not be paid.

Sir W. THOMSON was of opinion that work done should be paid for, and besides that, non-payment of members of the Council would be especially hard for those members who did not live in London. He pointed out that a large number of the members of the Council were teachers, and he submitted that the Council had a duty to discharge, and was quite as capable of discharging it as any individual Licensing Body.

Mr. MORRIS thought the motion would tend to minimise the powers of the Licensing Bodies and considered that the expenses of the Council might be cut down. He deprecated any idea of hostility on the part of the Licensing Bodies, and said that the Royal College of Surgeons of England always received any suggestions of the Council with deference.

Dr. BENNETT said a few words in opposition.

Dr. MACALISTER would have preferred raising the fees for registration of medical practitioners, but failing this he was in favour of the motion. With regard to the powers of the Council, he instanced the view taken of the General Medical Council at Cambridge, where it is regarded as a voice which cannot be neglected.

Dr. LITTLE was in support of the motion. He thought the most important thing was to find out when a student begins his studies and whether the aspirant is fit for them, therefore registration was very necessary.

Sir CHRISTOPHER NIXON strongly supported the motion, and said that what the Council was concerned in was that all persons put on the Register should be sufficiently educated.

Dr. PYE SMITH opposed the motion.

Dr. MACKAY, Mr. BROWN, Sir JOHN MOORE, and Sir HUGH BEEVOR all supported the motion, especially with regard to registration.

The PRESIDENT, having said a few admirable and temperate words in favour of the motion, it was carried, 22 for, 6 against, 3 absent. The President did not vote.

It was then moved by Sir VICTOR HORSLEY, seconded by Mr. JACKSON, and agreed to, "That the Preliminary Scientific Committee be re-appointed and instructed to consider and report upon the existing courses of study in the branches of Elementary Biology." As a corollary to this motion, it was moved by Dr. MCVAIL, seconded by Mr. JACKSON, and agreed to, "That Sir Victor Horsley be added to the Committee."

Moved by Sir PATRICK HERON WATSON, seconded by Dr. LITTLE, and agreed to, "That the Report from the Examination Committee on the Inspection of the Final Examination held by the Apothecaries' Hall, Dublin, in January last, be received and entered in the Minutes."

(This Report was from Mr. Alexis Thomson and Sir Henry G. Howse [the Inspectors] and was favourable.)

Moved by Sir PATRICK HERON WATSON, seconded by Dr. LITTLE, and agreed to, "That the Report from the Examination Committee on the Inspection of the Final Examination (April, 1904) of the Apothecaries' Hall, Dublin, be adopted."

Moved by Sir PATRICK HERON WATSON, seconded by Dr. FINLAY, and agreed to, "That the Report from the Examination Committee be received and entered on the Minutes." The Report was on a communication from the Royal College of Surgeons of England, having reference to the last Report of the Visitor and Inspector, on the Final Examinations of the Examining Board in England.

Moved by Sir PATRICK HERON WATSON, seconded by Dr. FINLAY, and agreed to, "That the Recommendation in the Report of the Examination Committee be adopted." The recommendation was to the effect that the Report already presented by the Examination Committee should be entered in the Minutes of the Council for future reference.

Moved by Mr. GEORGE BROWN, seconded by Dr. LINDSAY STEVEN, and carried, "That the Further Reply of the Royal College of Surgeons of England to the Report of the Visitor and Inspector of the General Medical Council on the Third or Final Examination of the Conjoint Examining Board in England be referred to the Examination Committee for further consideration and report."

Moved by Sir JOHN BATTY TUKE, seconded by Dr. NORMAN MOORE, and agreed to, "That the Report from the Education Committee be received and entered in the Minutes." The Report was on (1) Ages of medical students at the date of registration; (2) recognition of certain preliminary examinations; (3) conference with the Consultative Committee on school leaving examinations.

Moved by Sir HUGH BEEVOR, seconded by Dr. LITTLE,

and agreed to, "That the Report by the Students' Registration Committee be received and entered on the Minutes."

The Resolution in the Report was to the effect: (*a*) That the Huddersfield Technical College (day classes) be added to the list of recognised institutions approved by the Council; (*b*) (with reference to the Simon Langton Schools, Canterbury) that the Committee is not empowered by the Council to add secondary schools to the list of approved institutions.

Moved by Sir HUGH BEEVOR, seconded by Dr. LITTLE, and agreed to, "That the Report of the Students' Registration Committee be approved."

SIXTH DAY.—TUESDAY, MAY 31ST, 1904.

The President, SIR WM. TURNER, K.C.B., in the Chair.

MOVED by Sir VICTOR HORSLEY, seconded by Dr. MCVAIL, and carried, that Mr. Jackson's name be added to the Preliminary Scientific Committee. The Committee then considered the Report of the Education Committee. Moved by Sir JOHN TUKE, seconded by Dr. WINDLE, and carried, that the Report be adopted.

The Report had reference in Section I to the ages of medical students on registration. Only 24 students out of a total of 1,422 in Great Britain and Ireland begun professional study before the age of sixteen and a half, and in these circumstances the Committee did not think it necessary at present to advise the Council to raise the age at which registration is allowed. The recent increase in the Council's requirements as regards preliminary education had evidently been effective in preventing premature registration. It might be inferred that those registering at from sixteen to seventeen years of age were clever or industrious students, to whom it might be a hardship to delay the commencement of professional study. Sections II and III dealt with Preliminary Examinations.

The treasurer, Dr. PYE SMITH, then read his Report, which, seconded by Dr. BENNETT, was at once carried.

The Council then unanimously elected Mr. Tomes second treasurer with Dr. Pye Smith, Sir P. Heron Watson and Dr. Bennett being elected on the Finance committee, with the president and treasurers.

The following Executive Committee was elected: England—Dr. MacAlister, Dr. Pye Smith, Dr. Payne, Mr. Tomes. Scotland.—Sir John B. Tuke, Sir P. Heron Watson. Ireland.—Sir Chas. B. Ball, Sir Christopher J. Nixon.

The following Penal Cases Committee was elected: England.—Sir Victor Horsley, Dr. Windle, Mr. Tomes, Sir Hugh R. Beevor. Dr. MacAlister tied with Sir Hugh Beevor, but withdrew. Scotland.—Dr. Finlay, Sir P. H. Watson. Ireland.—Sir Christopher J. Nixon, Sir William Thomson.

Moved by Dr. BRUCE, seconded by Sir CHAS. BALL, and carried, that the Report from the Pharmacopœia Committee be received, entered on the Minutes, and adopted.

The Report was to the effect that it would be unnecessary this year to print a fresh issue of the Pharmacopœia, and contained also the notice of a motion which had been placed on the Council's programme by Mr. Jackson referring to the metric system.

Moved by Mr. JACKSON, seconded by Mr. TICHBORNE, and carried unanimously, that the President (with the Chairman of the Pharmacopœia Committee) be requested to inform the Lord President of the Privy Council that in the opinion of the Council it is desirable that after a sufficient period, to be fixed by law, the metric system of weights and measures should become the one legal system for the preparation and dispensing of drugs and medicines; that the Council would view with favour the passing into law of a Bill such as that now before Parliament entitled "Weights and Measures (Metric System) Bill," and that in that event the Council would be prepared to take all necessary steps to give effect to the law by making the proper modifications in the British Pharmacopœia.

Moved by Sir CHAS. BALL (in the absence of Mr. Tomes), seconded by Dr. LINDSAY STEVEN, and carried, that a Report be received from the Dental Education and Examination Committee. The Report was recommended and agreed to.

Moved by Sir CHAS. BALL, seconded by Mr. TICHBORNE, and carried, and put on the Minutes, that (1) copies of the judgments in the cases O'Duffy *v.* Jaffé, Surgeon Dentists, Limited, and the King (Rowell) *v.* Registrar of Joint Stock Companies, together with the following resolutions of the General Medical Council, be sent to the Lord President of the Privy Council for his information. (2) That, in view of the judgment of Chief Baron Palles, the General Medical Council hope that the Government take such steps as may be necessary—(*a*) To restrain the Registrar of Joint Stock Companies from registering any new company unlawfully using the term dentist or any similar title which would be likely to lead the public to believe that the members of such company were registered dentists when such is not the case. (*b*) To prevent companies already registered from continuing unlawfully to use the term dentist or any similar title which would be likely so lead the public to believe that the members of such companies were registered dentists when such is not the case. (*c*) To in like manner prevent the use by companies of unlawful titles which would be likely to lead the public to believe that the members of such companies were registered medical practitioners when such is not the case.

Moved by Dr. MACALISTER, seconded by Sir VICTOR HORSLEY, received, carried, and put on the Minutes, communication from the Privy Council as to General Laurie's Bill to amend the Medical Act, 1886. (1) For the purposes of the Medical Act, 1886, where any part of a British possession is under a central and also under a local legislature, His Majesty may, if he thinks fit, by Order in Council, declare that the part which is under the local legislature shall be deemed a separate British possession. (2) This Act may be cited as the Medical Act (1886) Amendment Act, 1904.

Moved by Dr. LINDSAY STEVEN, seconded by Mr. BROWN, and withdrawn for the present, that it be remitted to the Executive Committee to consider and report to the next session of the Council upon what should be regarded as systematic canvassing on behalf of a medical practitioner for subscribers to a medical club instituted by himself and involving the employment of a paid collector of the entry money and the subscriptions to the club, which would be looked upon by this Council as constituting the practitioner so acting to have been guilty of infamous conduct in a professional respect.

Mr. Brown's motion was withdrawn.

It referred to the competitive examinations of the Royal Navy, of the medical staff of the Army, and the Indian Medical Service.

Sir Victor Horsley's motion with reference to the issue of medical certificates contrary to the Medical Acts was brought forward in his absence by Mr. JACKSON, seconded by Dr. BRUCE, but was lost.

Moved by Dr. MACALISTER, seconded by Dr. NORMAN MOORE, and carried, that in answer to a letter the Council would be glad to receive a written communication from the County of Durham Medical Union; the Council would then be in a condition to decide if anything more would be necessary.

Mr. HENRY E. ALLEN was reappointed Registrar by acclamation. A vote of thanks to the President was then proposed by Dr. NORMAN MOORE, seconded by Sir WILLIAM THOMSON, and carried unanimously and heartily.

—A TELEGRAM received at the Colonial Office from the Cape states:—Plague return for the week ending May 28th is as follows:—Total number of fresh cases reported since May 21st is five, all coloured. Five cases have been found not to be plague, making present total of suspected and proved cases 140—24 whites, 116 coloured. Total number of deaths reported since May 21st is three, all coloured.

Continental Health Resorts.

[FROM OUR SPECIAL CORRESPONDENT.]

LOUECHE-LES-BAINS.

LOUECHE-LES-BAINS, otherwise known as Leukerbad, is a village of about 700 German-Swiss, situated 4,700 feet above ocean-level in the Dala Valley, Canton Valais, Switzerland. The nearest railway station is at Loueche-Souste, on the Jura-Simplon route from Geneva and Lausanne to Viège (the junction for Zermatt) and Brigue, the railroad terminus in the upper Rhône Vailey. From Loueche-Souste station is a most picturesque drive through the old town of Loueche, of two and a half to three hours, to the bath village.

Passengers from Lyons and Southern France come to Loueche through Geneva. Those from Paris and the Channel ports through Dijon and Lausanne. From Holland and the North of Europe *viâ* Basle and Lausanne. A most attractive route is by the very fine Lake steamers from Geneva to Villeneuve, continuing up the Rhône valley by rail past Aigle-les Bains, Bex-les-Bains, St. Maurice, Martigny, Sion, and Sierre to Loueche-Souste. Express trains run from Villeneuve, and the line ascending the valley from the Lake is extremely picturesque, traversing scenes of ancient and historic interest.

Loueche-les-Bains lies near the foot of the celebrated Gemmi Pass into the Bernese Oberland, and is almost encircled by high mountains, as the Gemmi, 7,685 feet altitude; the Torrenthorn, 9,900 feet; and Balmhorn, 12,500 feet. The views in every direction are of unsurpassed beauty, the mountain air pure and light, dust absent, and, in summer, fogs absolutely unknown. Pine forests and rich flora enrich the atmosphere, which, from the sheltered position of Loueche-les-Bains, can be easily enjoyed by many who cannot elsewhere pleasantly and healthily bear such a high altitude. Apart from its valuable mineral springs, this fact makes Loueche a most desirable resort as a mountain "air-cure." The village lies on grassy slopes, well exposed to the southern sun. Excellent paths lead into the forests, where invalids can be readily wheeled, to benefit by the beautiful shade and salubrious surroundings.

As an Alpine climatic cure, Loueche can be stron recommended for certain chest diseases: nervous asthma, chronic catarrh, premonitions of bronchitis, tendency to and early stages of tuberculosis, pneumonia and influenza sequelæ; convalescence, anæmia, neurasthenia, and overwork of all kinds. The chief advantage of Loueche is, nevertheless, its unrivalled baths, which have been famous from time immemorial. More than a score of hot springs rise all over the village site, the most prominent being the St. Laurent, yielding 330 gallons per minute, of over 124° F. Its water is clear, limpid, without smell, and almost without special taste. It is used unmixed in the baths, being cooled to any temperature prescribed without any admixture of other water. By Lunge's analysis, the St. Laurent water contains to the gallon 30·4 grains of various salts, amongst them sulphate of lime, 22·6 grains; sulphate of magnesia, 4·2 grains; sulphate of soda, 1·3 grain; carbonate of lime, 1·5 grain; carbonate of magnesia, 0·3 grain; chlorides, sodium and potassium, 0·015 grain; salicylic acid, 0·3 grain.

The Loueche spring, therefore, closely resembles that of Bath, at a rather superior temperature. But Loueche far surpasses our justly-celebrated English resort in the clearness and purity of its mountain asmosphere, and as offering in addition to its beneficial waters all the advantages of an "Alpine cure" of high excellence.

At Loueche are four first-class bath-houses—the Bains des Alpes (adjoining the Grand Hôtel des Alpes, and specially reserved for its guests); the Grand Bain (connected with the Hôtel Maison Blanche and Hôtel Grand Bain); the Bain Werra (connected with the Hôtels Bellevue, France, and Union); the Bain Neuf (contiguous to Hôtel Frères Brunner). The St. Laurent Bath is a second-class establishment.

The mineral water is almost exclusively used externally in baths, varying from twenty minutes to *six hours'* duration. These long-duration baths (two to six hours) are the special feature of a "Loueche cure."

The baths can be taken, as preferred by each patient, in ordinary-sized *individual* bath-rooms; or in *family* baths for two, four, or six persons; or in combination, in common with many other bathers. In these large baths the ladies and gentlemen are in separate *piscines*, but in one room. Much variety of taste and style is manifested in the cut and fashion of the bathing costumes, and on the top of the constantly-running waters are floating small tables available for reading, writing, games, and meals. The "long-duration" treatment passes the more pleasantly in the combined baths, where the conversation, chiefly in French, is often agreeably animated (political and theological topics being rigidly tabooed), and occasionally interspersed by some competent vocalists acceding to unanimous requests for songs. As a rule, those patients who select the *individual* bath-rooms at the commencement of their "cure" of twenty-one or twenty-five days usually migrate to the social *piscines* before their terms of sojourn have finished.

The Loueche combined bathing and climatic treatment gives the best results in the following cases:—Chronic gout and rheumatism; stiff, deformed, and swollen joints; muscular pains and stiffness; articular contractions, traumatic and surgical; rheumatic neuralgia and paralysis; nervous excitement; overwork; chronic abdominal enlargements, chronic metritis; chronic uterine congestions; ovaritis; vaginismus; pruritus; dysmenorrhœa; eczemas, lichens, psoriasis, acne, &c.

During the summer season there are thoroughly competent physicians (some speaking English) resident at the Loueche baths who are well-experienced in the use of the waters. Eight good hotels (at various pension prices), belonging to the Loueche Company, are under admirable management. Large public hall for entertainments, kursaal with Italian orchestra, reading-rooms, concerts, balls, fetes, tennis, croquet, children's gymnasium, &c., &c.

For English and American visitors and for tourists, the Grand Hôtel des Alpes is the favourite house. It has all modern improvements, stands in its own grounds and possesses its own mineral spring and separate bath establishment.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, June 4th, 1904.

MASTOIDITIS.

PROF. KERMISSON, an authority on the subject, holds the opinion that otitis of the middle ear is very frequently divided into acute and chronic otitis. The former more particularly supervenes after infectious maladies (scarlatina, measles, grippe, or typhoid fever). Sometimes, however, the malady is of purely local origin, as, for instance, adenoid vegetations complicated with pharyngitis. In all these cases of infectious diseases or local lesions, inoculation is transmitted by the Eustachian tube into the middle ear.

Mastoiditis is a frequent complication of otitis. It generally accompanies a discharge from the ear, the result of acute or chronic otitis. But this discharge is not indispensable; it is sometimes absent. A painful swelling appears behind the auricle, tumefaction occurs, due to mastoiditis, although the ear may not have suppurated. At other times tthe ear suppurates, but this generally follows some acute disease. A chronic malady, as tuberculosis, can equally give rise to otitis, but in this case it is essentially chronic. Tuberculosis attacks the ear in two ways—either by

the mucous membrane in producing suppuration of the internal ear, or by the bone, creating a primary osteitis of the petrous portion.

Besides mastoiditis, other complications may succeed otitis. The conformation of the middle ear easily explains these accidents. Inflammation of the membranes of the brain, paralysis of the facial nerve, inflammation of the lateral sinus, phlebitis with ulceration and hæmorrhage of the sinus. Mastoiditis is the frequent link between the lesion of otitis and all these complications. However, the affection may be absent; cases of meningitis have been observed independent of any mastoiditis. General meningitis can follow inflammation of the ear without mastoiditis; in such cases surgical treatment gives no result. It succeeds better in local meningitis adjacent to a limited osseous lesion. Trephining can be useful in such a case.

Surgical interference is also attended with good results in other circumstances—when pus is collected between the sinus and the dura mater, or where the abscess is seated at a distance in the brain or the cerebellum. In these cases a puncture may effect a cure. Prof. Kermisson had seven successful cases of that kind. A child of two years, operated on for mastoiditis on the right side, presented shortly afterwards paralysis of the left arm. There was neither fever nor vomiting. Trephining was practised above the diseased mastoid bone, and a needle was pushed into the motor zone; pus flowed out and the child recovered.

Another case was that of a boy, æt. 13, who had shortly before suffered from mastoiditis and never completely recovered. He had no fever, but there existed partial paralysis of the opposite side of the face. A trepan was placed on the mastoid and an enormous abscess was evacuated. The patient got well. Grave complications have been, however, recorded—ulcerations of the carotid artery. In a child, some years ago, this accident took place. At first the hæmorrhage was abundant, but yielded to plugging. It returned, and the child succumbed.

The symptoms of mastoiditis are known—lancinating pain, redness, tumefaction which effaces the retro-auricular groove pushing forward the auricle. In children the tumefaction is in general more marked than in the adult, and this may be found in the existence of osteo-myelitis of the temporal region. When the swelling exists, it must not be confounded with adenitis of the retro-mastoidian ganglion. This latter is generally the consequence of impetigo of the scalp. Different signs clear up the diagnosis. Firstly, the existence of the impetigo, then the commencement of the tumefaction by a little hard mass rolling under the fingers, and, above all, its situation. The ganglion is situated rather behind, its inflammation does not efface the retro-auricular groove and does not project the auricle forward.

Treatment is simple enough. A superficial incision with the bistouri is not sufficient; it must be carried to the periosteum. Sometimes this simple operation suffices, but in general trephining ought to follow. A long incision is made through the retro-auricular groove to the bones. Abundant hæmorrhage will be the result, but can be controlled by plugging.

The mastoid apophysis is then denuded with a rugine, while the gouge and mallet attack the bone as high as possible in young children.

In children under five years of age the gouge and mallet are not necessary. Volkman's curette will open the bone sufficiently. The surgeon should, as a general rule, operate above and in front so as not to wound the facial nerve below and the lateral sinus behind.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 4th, 1904.

AT the Surgical Congress, Hr. Müksam spoke on

RÖNTGEN DERMATITIS.

He said that people who had to do with Röntgen rays were subject not only to the three degrees of burn, but to a chronic skin disease; the skin became brittle and cracked, the nails became unhealthy and fell out, rhagades formed and the whole affection was extremely painful. These symptoms appeared in a medical gentleman who had been working with Röntgen rays since 1897, after about three years. Although he ceased working with the rays the symptoms did not disappear. On the contrary, a panaritium appeared beneath the nail, which required its extraction. The wound formed did not heal, but formed a large painful ulcer that was still there two years later. At the urgent entreaty of the patient, the joint was amputated by Sonnenburg, but the wound left, although it did not suppurate, took ten weeks to heal. The speaker examined the amputated joint with the microscope, and found changes in the vessels near the ulcer (distinct softening of the intima and perivascular infiltration). The case showed the importance of prophylaxis, as recovery from the affection was so extremely difficult.

Hr. Bail related a case of supposed

CEREBRAL TUMOUR.

In September, 1903, a boy, æt. 9, was admitted into the Augusta Hospital. A year before he had fallen forwards, but no symptoms were immediately observed. A fortnight later a gradually progressing paralysis of the right arm appeared, soon after spasms of the right half of the body followed with disturbance of consciousness, lasting several minutes. These convulsive attacks repeated themselves several times a week, but once the left side was attacked, and the seizure lasted several hours.

The intellect of the boy was normally developed on admission. Percussion of the skull was painful where the left parietal, temporal, and occipital bones met. There was slight paresis of the right facial, flaccid paralysis of the arm, dragging of the left leg. Exaggerated reflexes on the right side, no ankle-clonus, no "Babinski," and no disturbance of sensibility.

Concluding that a cerebral tumour was present, a portion of the parietal bone was raised. The dura mater was tense, but there was no pulsation. After incision of it, the brain projected into the posterior part of the opening. The vessels of the pia mater were so highly developed that a bystander remarked that there was a commencing angioma of the part. The chief vessels were ligatured. The brain here was normal to the touch. Nothing was revealed by either puncture or incision, so the skull covering was replaced. The paralysis disappeared, the eye symptom also, and the convulsions did not return. After this, distinct improvement took place. There was no cerebral tumour in any case. More probably there was commencing angioma of the pia mater that had been checked in its advance by the ligature of the vessels.

NECROSIS OF FATTY TISSUE.

Hr. Selberg communicated a note on this subject. A patient with inoperable carcinoma of the pylorus had a lateral duodenostomy performed by Hr. Krause

at which some of the contents of the duodenum flowed into the peritoneal cavity. The patient died three days after the operation from "cardiac weakness."

At the autopsy necrosis of the fatty tissue of the omentum was present as far as this had come into contact with the duodenal contents at the operation. The pancreas itself was completely unchanged.

Austria.

[FROM OUR OWN CORRESPONENT.]

VIENNA, June 4th, 1904.

PHYSIOLOGICAL LABORATORY.

THIS week the Gesellschaft der Aerzte met by invitation in the lecture-room of the superb new Physiological Laboratory, under the presidency of Hofrath Exner, who conducted the members through the various departments. The most interesting part of the building, and where the members lingered longest, was the skiopical room, where a series of demonstrations were conducted.

Chrobak, speaking for the Gesellschaft, expressed perfect satisfaction with the complete arrangement for the teaching of this department of medicine, and congratulated the medical faculty of the University in their successful efforts in further adding to this another institution for clinical instruction.

PUERPERAL PARALYSIS.

At the meeting für innere Medizin, Zappart showed a six months' child with both arms paralysed from the effects of parturition. Both arms were so strongly rotated inwards that the palms of the hands were quite turned out; no atrophy was present. Massage and faradisation had greatly improved the condition within the last few months. The right arm can now be rotated inwards with slight movement in the shoulder. This was the result of a cross-birth affecting both arms, which is rare, although one arm is not uncommon.

MORBUS BARLOW.

Lehndorff next showed a case of morbus Barlow, a female, æt. 7 months, who had been fed two months at the breast, but after this time received one litre of milk and half a litre of "Kneipp" café daily. Up till ten days ago, the child was healthy and strong, when a swelling was observed to commence on the upper part of the tibia and fibula of the left leg. The skin was pale over the swelling and the soft parts œdematous. This swelling entirely surrounded the head of the bone, which was tender to pressure. In a few days this swelling extended along the whole shaft of the tibia. The gums were unaffected. An aspirating needle brought only a drop of blood. Two days later a similar swelling commenced on the distal end of the right humerus. The Röntgen rays showed no diminution or abnormal loss of lime in the bones, while the contour of the bone was well marked and no lamellar ossification.

BUTTER-MILK FOR INFANTS.

Knoepfelmacher continued the discussion on the success of feeding infants with butter-milk. He related the history of twenty children with chronic bowel trouble, who have quite recovered from the disease. His explanation is that this relatively rich albuminoid diet is poor in fat. Even watered, new milk is not nearly so easily digested according to the laboratory experiments, which is proved by the fine coagula found in the stomach and the rapidity with which the child improves.

Riether said that he quite agreed with the praise bestowed on butter-milk, but a little care was required in commencing the treatment, as in many of the cases it could not be easily borne for a few days. His method of commencing the treatment was to give a tablespoonful of the butter-milk once a day before a meal, then gradually to increase it after a few days until an entire meal could be borne. If there be difficulty in supplementing the diet the child can again be brought back to its former regimen without any perceptible danger. The age and condition of the infant must determine the quantity, both for commencing and full diet. Where there is great dystrophia in breast-fed children, teaspoonfuls of butter-milk added to its diet often greatly improved the child. The stools after commencing this diet become normal and the previous dyspepsia disappears. This treatment should be adopted where there is any atrophy, dyspepsia, or dystrophia present, particularly after acute visceral catarrh, cholera infantum, or other infantile dyspepsia.

Escherich thought the efficacy of butter-milk depended entirely on its acid reaction in the stomach.

The Operating Theatres.

NORTH-WEST LONDON HOSPITAL.

RADICAL CURE.—Mr. MAYO COLLIER operated on a man, æt. 40, for complete inguinal rupture on the left side. The man had never worn a truss, and had been content to go about with the rupture down until advised to apply for relief. Mr. Collier said this was a case in which undoubtedly an operation was advisable. The sac was large, and the hernia had been down more or less continuously for eighteen months, rendering the internal and external abdominal rings and the inguinal canal quite patulous. He commenced the operation by making an oblique incision externally over the canal from above the internal to below the external abdominal ring. The coverings of the sac were divided in the same direction as the external incision. The contents of the sac were reduced into the abdomen, and the neck of the sac isolated from its surroundings. The sac was not as much thickened as might have been expected. The neck of the sac was divided and the upper portion carefully separated as far as the internal ring. A stout silk ligature was adjusted round the sac at the internal abdominal opening, and tied so as to completely obliterate the depression of the sac. The two arms of the ligature were next threaded on curved needles; the lower was passed through the internal oblique and Poupart's ligament, and the upper through the margin of the conjoint tendon, and the two tied. Next the conjoint tendon was adjusted to Poupart's ligament by four separate interrupted sutures, the external abdominal ring was partly closed by two sutures at its upper angle. The external wound was closed in the usual way. Mr. Collier remarked that this was apparently a strong, healthy fellow, who came to the hospital with the most absolute belief and faith that some simple operation could be performed on what he says is a rupture in the left groin, so that he will never have to wear a truss again, and never be troubled with a return of his complaint. In short, he wanted the radical cure done in the belief that the radical cure will do all for him that he thinks. This is the general belief amongst the lay public on the subject of the operations for the relief of rupture. It need hardly be said that this view is incorrect. The first question to be answered is this: Why an operation at all? Why not a comfortable and well-fitting truss? This question, he thought, must be answered from several points of view, and, firstly, there are seven classes of cases where a truss cannot be relied upon, and an operation is most certainly

indicated :—(1) Cases of irreducible hernia ; (2) cases of strangulated hernia ; (3) cases where the hernia is not controlled by a truss ; (4) cases of hernia with ectopia testis ; (5) cases where rupture unfits for the public service ; (6) hernia in incompetent and ignorant people ; (7) very large hernia hampering the movements of the patient, and threatening the personal comfort seriously. In all these cases it would be the surgeon's duty to prefer and advise an operation in preference to outside mechanical support. In other cases it is quite certain that hundreds of thousands of persons pass through their lives with comfort and safety with the assistance of a well-fitting truss, but the surgeon most certainly should not refuse to perform the radical cure for a person who was anxious to be relieved of this truss, and who, from a sentimental point of view, objected to the mechanical support. A point of considerable importance, Mr. Collier said, in the after-care of patients who had undergone the radical cure had been completely overlooked as far as he knew by all writers on this subject. It is this : The method and position and preparation for the act of defæcation—straining at stool. How often have house surgeons, or those in large practices, heard this voluntary statement, attributed as a cause by the patient when afflicted with rupture in its various forms? The act of defæcation, as Nature intended us to perform the same, is in the natural position with the extremities and trunk all flexed to an acute angle, the thigh flexed on the abdomen so that the knee shall be in contact with the chest, the back of the leg touching the hams, and the arms folded round the knees. No pressure that was ever exerted in this attitude could affect the inguinal or femoral openings. They are completely shut up and supported. The modern artistic w.c. imposes the necessity of sitting with the body erect and the thighs at a right angle to the trunk. In this attitude the inguinal and femoral openings stand the whole pressure of the abdominal contents in straining during defæcation. Therefore after, if not before, the operation for radical cure direct the patient to return, so far as the act of defæcation is concerned, to a state of *fera natura*. There is no doubt that the civilised position in the act of defæcation is responsible for a large percentage of ruptures. He would most certainly advise all persons who have a tendency to hernia or weak abdominal walls to stand upon the seat of the w.c., not sit upon it. This, he thought, was a point of the utmost importance in the prevention and cure of hernia.

London Small-Pox.

Two cases of small-pox—from Southwark and Bethnal Green respectively—have been admitted to the metropolitan small-pox hospitals. On May 27th, 119 patients remained under treatment.

Metropolitan Asylums Board.

A LETTER was read from the Local Government Board approving of the adaptation of Belmont Asylum and authorising an expenditure of £15,900 on the works, the loan for that amount to be repayable in ten years. A letter was read from the Hampstead Guardians protesting against the managers' decision of April 30th, in the matter of experimental work in connection with the causation of small-pox. Mr. Beurle stated that so far fourteen of the metropolitan boards of guardians had sent in copies of resolutions against the Board's proposal, whilst only two boards of guardians had passed resolutions in favour of these experiments. It was decided that the Hampstead resolution should be acknowledged. From the usual statistical returns it appears that during the fortnight 57 fresh cases had been admitted, as against 32 in the previous fortnight, and 118 patients remained under treatment, as against 93 in the previous fortnight, and 60 in the corresponding fortnight of 1903.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 8, 1904.

WHAT IS BRANDY ?

THE recent decision of a London magistrate as to what should be the standard composition of brandy is of importance alike to the public and to the medical profession. What he has done is in effect to make a legal definition of the term "brandy," whereby in future public health authorities may be enabled to test, and thereby control, the purity of that particular spirit. The case originated in a summons taken out by the Islington Borough Council under Section 6 of the Food and Drugs Act of 1875. The defendant, a local wine and spirit dealer, was proceeded against for selling as brandy an article certified by the Public Analyst to contain 60 per cent. of spirit derived from a source other than the grape ; and, consequently, not of the nature, quality, and substance demanded by the purchaser. It was proved in evidence that a bottle of liquor labelled "Fine Old Pale Brandy" was sold by defendant to a customer for the sum of three shillings. On analysis the liquor was found to contain 60 per cent. of spirit not derived from the grape. The matter, therefore, hinged on the question whether the customer who was supplied with that particular admixture received what he had asked for, and might reasonably expect. Unfortunately, there is no standard whereby an answer might be given off-hand, and the peculiar value of the recent decision lies in the fact that it establishes a basis for future action. Little aid is to be derived from dictionaries and encyclopædias, inasmuch as although, on the one hand, they agree that brandy is an ardent spirit derived from the wine of the grape, yet, on the other hand, they modify that statement by adding that mixtures of grape and grain spirits are sold as brandy. A point that evidently influenced the magisterial decision was the "British Pharmacopœia's" definition of brandy, that it was derived exclusively from the

wine of the grape. That definition was important, it was remarked, because of the common knowledge among buyers, sellers and consumers that brandy was largely used as a medicine. It is precisely that aspect of the subject that renders the purity of brandy a matter of concern to members of the medical profession. The value and place of brandy as a therapeutic remedy, and the vital necessity of maintaining a high and unalterable standard was abundantly proved by the medical evidence tendered in the Islington case. Dr. Macnaughton Jones, the chief medical witness, showed that no artificial brandy can properly be regarded as medicinal. There can be little doubt that the confidence of the public, as well as of the medical profession, in brandy as a remedy has been to a great extent shaken by the deleterious practice of modern manufacturers, who produce a so-called brandy, of which 50 to 70 per cent. is derived from rice, grain, potato, or other extraneous spirit. In a word, the only official test hitherto adopted has been one that relates to the alcoholic strength of any given spirit, apart from its other qualities. Much useful information upon the whole subject may be found in a recently-issued brochure, namely, "The Analysis of Potable Spirits," By Mr. Archibald Vesey. (*a*) That writer has pointed out that it is quite obvious that under such a *régime* it matters little whether a given spirit be called brandy, whisky, rum or gin; the Public Analyst would record any single member of the series as genuine so long as it conformed to a certain alcoholic strength. Clearly that state of things is unsatisfactory, nor can it be in the public interest when we consider that, properly speaking, brandy should be the produce of distilled wine, whisky of malt, rum of sugar, and so on, each spirit possessing its own special characteristics. The motive of the distiller in substituting coarse spirit for wine spirit is obviously to reduce cost of production. It is to be hoped, however, that the Islington decision has put an end to that sort of commercial fraud. The magistrate in that case defined brandy as an alcoholic liquid, the spirit of which was obtained by the distillation of wine from the grape. The standard having been fixed, there was no difficulty in convicting the defendants, who were fined £5 and £20 costs. Some attempt was made by the defence to upset the analysis, but the evidence of the analyst for the prosecution was accepted by the magistrate. Fortunately, modern chemistry is able to estimate the constitutents of various spirits with sufficient accuracy to warrant an absolute statement as to the sources of ultimate origin. The Islington case, founded on that fortunate circumstance, has henceforth placed another obstacle in the path of drink adulteration. Henceforth it will be the duty of the medical man to insist that when he orders brandy for a patient the proper article is supplied, and, failing a standard, to call the attention of the local authorities to the matter.

(*a*) "Guide to the Analysis of Potable Spirits." S. A. Vesey. Bailliere. London. 1904.

THE LIFTING OF THE VEIL.

THE readers of Watts-Dunton's "Aylwin" will doubtless remember the celebrated picture by the mad Wilderspin representing the lifting of the veil of Isis, and the caricature of that picture drawn by Cyril Aylwin in which the lifted veil revealed not the face of the Egyptian goddess, but that of Mother Gudgeon. In our present issue, a somewhat similar picture is placed before our readers. It was drawn by Parliament, it was retouched by the Incorporated Midwives' Institute, the veil was placed in position by the Central Midwives' Board, reluctantly it was raised, and behind is found not the fair picture of the trained nurse, but the decrepit visage of Mother Gamp. We speak in metaphor, and yet there is no need, for truth is stranger than fiction. A Board is appointed by Parliament to secure the better training of midwives, and to regulate their practice, because in the past the office of midwife has been discharged by incompetent and untrained women to the detriment of the King's subjects. It is presumably a responsible and a dignified Board, that will discharge its duties without fear or favour, and whose well-considered procedures, governed by logical reasoning, will tend to the justification of its existence. If its members are not possessed of the necessary practical experience to constitute them at once a legislative and an executive body, they will doubtless be guided by experts who will prevent them from falling into the more obvious pitfalls. And even if its inexperience is at first too marked to prevent mistakes, it will at all events be sufficiently judicial in its action to maintain its apparent dignity in the eyes of the public. The veil is lifted, and what do we see? The dignified and logical Board vanishes, and instead we find a composite body, meeting for afternoon tea, discussing important questions with a partizan spirit, eagerly smoothing the path by which the untrained Gamp becomes the registered midwife, placing difficulties of an insurmountable nature in the way of the trained nurse, and wildly swaying from one ill-considered resolution to another. We cannot give sufficient credit to Dr. W. J. Sinclair, who, with characteristic courage and independence, has brought the precedure of the Board directly before the public. Space forbids us to recapitulate the various points he brings forward, they are patent to our readers in his letter. As we have said, the veil is lifted and Mother Gamp peers forth at her astonished spectators, and behind Mother Gamp stands another figure, the Incorporated Midwives' Institute. This surprising body, whose thinly-veiled interference appears behind each action of the Board, was up to the time of the passing of the Midwives Act but little known. It apparently was a society of women who met and discussed subjects, the relation of some, at least, of which to the practice of midwifery it would be difficult to determine. Of many subjects discussed one may be mentioned. It was, as we remember, in the form of a paper, and was entitled "Malthusianism, or Tired Ovaries." It is

strange that so learned a body should now appear as the sponsor of the uneducated woman, and the advocate of her claims to be constituted a member of a "profession." We learn from Dr. Sinclair's letter that an even more important question than tired ovaries is now perplexing the child of the Incorporated Midwives' Institute. It is apparently this, "Are we going to climb down," and recognise the claims of the Irish maternity hospitals? We do not know what answer the Board returned to this inquiry, but we fancy that the near future will answer the question in the affirmative. Already, part of the "climbing down" has occurred. A short time ago the Board informed the Royal Irish Academy of Medicine that it was impossible to reconsider its regulations. At its last meeting it decided to ask the permission of the Privy Council to alter the regulation requiring the pupil-midwife to nurse women for the ten days following labour. This, however, as Dr. Sinclair points out, is a very trivial point, although a necessary one. The main point at issue still remains unsettled. The Central Midwives' Board have decided to admit to examination the woman who has delivered twenty cases under the supervision of a midwife. It has refused to admit the trained nurse, who may not have personally delivered twenty women, but who has seen hundreds of properly conducted labours, who has been regularly taught, and has been under hospital supervision for six months or even more. The duty of the heads of the Irish maternity hospitals is plain. They must in the first place make it obvious to the Board that the so-called concession made at its last meeting is wholly insufficient, and they must not relax their previous efforts. We commend two points to the notice of both parties—first, that the Board was appointed to secure the better training of midwives, and, secondly, that up to this the discussions of the Board have been conducted in private. In future it will be interesting to learn how the Board reconciles its existence with its refusals to recognise nurses trained at the most important centre for obstetrical teaching in the United Kingdom.

Notes on Current Topics.

The Schoolboy's Beer.

THE influence of surroundings and early habits upon the future character and physical well-being of the young is a subject of the most vital interest alike to parents and to pedagogues. In the majority of instances the child is in the position of the tender sapling which needs to be suitably guided, bent, or pruned, if need be, in order that it may attain the highest degree of perfection. Here and there one may be found which will develop in the right way with little or no assistance from without, and, on the other hand, in spite of the most careful training, another will fall lamentably short of the grower's expectations, no matter how good the stock may be from which it is an offshoot. The school is nothing less than a vast habit-factory, in which the mental calibre and, to a great extent, the bodily shape are gradually formed, not by tools of iron, nor, happily, by a bundle of twigs, but by the subtle processes of imitation and repetition which, combined, will assuredly leave their mark upon the impressionable mould of the child's nature. In matters of diet much can be done to influence the physique of the young, and it is encouraging to note that scholastic authorities have paid far more attention to their catering departments than was formerly the case. The net result has been decidedly beneficial. Whether schoolboys should be allowed beer or other alcoholic beverages for supper or dinner is a question which is at present causing much heart-searching in certain quarters. The subject was brought up before the Parents' Educational Union at the annual conference held in Edinburgh on May 28th, in a paper read by Dr. Leslie Mackenzie. Considered from the point of view of its food-value, it would certainly compare unfavourably with milk or cocoa, both of which latter beverages are distinctly more suited to young and growing frames than malt-liquors. We cannot believe that alcohol in any shape or form is a daily necessity at any age, still less for growing children, who require special protection against the development of possible habits of intemperance in after-life.

A Welsh M.D.

IT was hardly to be expected when the University of Wales was instituted that the Principality would remain content with the powers then conferred with regard to degrees. The University movement has taken strong hold on people's imaginations, and with Liverpool, Birmingham, and Manchester possessing their own Universities and granting degrees in all the faculties, Wales is feeling itself left somewhat out in the cold. Their present arrangements enable them to provide instruction only in such preliminary sciences as chemistry, biology, anatomy, and physiology, so that their students have later to be wafted off to London, or some other large recognised centre, for clinical training. Moreover, when they have received this, their Alma Mater is unable to give them her hall-mark, by granting them a degree. The Cardiff people argue that they have their own University College, their own Infirmary, and their own auxiliary institutions—such as a fever-hospital and lunatic asylum, and that with such an equipment they should be able to organise a well-furnished and complete medical school. Why, therefore, should they be denied the privilege of doing so, and of turning out M.D.'s. and M.S.'s to uphold and perpetuate the traditions of their country? When the establishment of provincial universities has reached the point that it has already done, it is difficult to say that any place that so wishes should not have its own university, but it may nevertheless be doubted if this multiplication of teaching schools is really a good thing. The apparatus and staff required for the equipment

of a medical school are becoming more and more elaborate and expensive every day, and it is practically impossible to provide these at anything like self-supporting rates for schools with sixty or seventy students. It therefore behoves those who wish for fresh schools to consider very carefully if there is not more to be gained by amalgamating and extending present institutions than by forming fresh ones. The London medical schools have found that they cannot teach all the preliminary subjects at paying rates, and wish to establish a central institute of medical sciences. The patriotic aspirations of provincial centres seeking for universities of their own should be carefully balanced against the commercial prospects of such concerns.

Antiseptic Shaving.

DR. COLLINGRIDGE has signalised his tenure of office as medical officer of health to the City by much good work, and not the least admirable of his characteristics is his originality. He never fears to depart from the beaten track if he finds an abuse that can be remedied or a trade that stands in need of regulation. It is certainly none too soon that he has drawn the attention of the City Fathers to the desirability of instituting rules to be observed by barbers. Since surgery ceased to be a subordinate department of the hair-dressing business and came to rank as a science of equal importance to that of medicine, the barber has been left to pursue his calling as seemed best in his own eyes. But shaving and hair-cutting are really minor surgical operations, and though no one would be found to suggest that the F.R.C.S. of the present day should include proficiency in these crafts among his accomplishments, there is no reason why the barber should not observe the same principles of cleanliness that are found to be of such moment in the conduct of other surgical procedures. On the other hand, there is every reason why he should; for though the free use of hot water and soap in his work doubtless prevents the spread of skin diseases among his customers, there is still a great deal to be desired in the way of precaution. Tinea tonsurans and sycosis are common diseases, which in some cases can be traced to the practice of shaving with common razors, and it is exceedingly easy to convey the ova of vermin by the use of scissors from one head to another. On the Continent, Listerian principles have long been recognised as pertaining to the business of hair-dressing, and antiseptic solutions are in free use there. It surely is time that the country which gave birth to antisepticism and asepticism should enjoy the advantage of having these systems introduced into the practice of the barber. Dr. Collingridge perhaps asks rather too much when he suggests that every assistant should have a clean apron for each customer. It would be hardly reasonable to expect this unless a higher price were charged for shaving and hair-cutting, but that they should use a different packet of soap for each person and that the brushes should be sterilised are demands that do not err on the side of extravagance. It is to be hoped that the City will adopt his proposals, and that its example may be universally followed by other municipalities.

Mercer's Hospital, Dublin.

LAST week all Dublin was engaged in a huge bazaar and fancy fair in aid of Mercer's Hospital, from the results of which it is hoped to receive enough funds to re-open several wards, as well as to furnish a modern surgical theatre. Although one of the oldest of Dublin hospitals, Mercer's has never been rich. Founded in 1734, without any endowment except a free house, it has always been dependent on the charity of the public for its maintenance. At present, although situated centrally in the city, and with a great demand on its beds, it has many of the wards closed. Nevertheless, in spite of being continually hampered for want of funds, last year no fewer than 21,790 patients received advice and treatment. In order to carry on its work efficiently, and by the most modern methods, there is need not only for a new theatre and for repairs to many of the wards, but also for rooms fitted for the application of Röntgen rays and electricity for diagnostic and therapeutic purposes. We trust that a large enough sum has been realised to start Mercer's on its third century of beneficent work.

What is Seborrhœa?

THE precise nature and classification of those affections of the skin comprised under the term "seborrhœic" have long exercised the minds of dermatologists and physicians. Alterations in the secretion of the sebaceous glands are capable of giving rise to sundry and manifold cutaneous disorders, the clinical appearances of many of which are but little suggestive of their true origin, except to the expert. Two varieties of the disease are recognised, the first in which oiliness is the most marked feature, seborrhœa oleosa, and the second in which scale formation predominates, seborrhœa sicca, formerly known as pityriasis. Over-activity of the sebaceous glands plays the most important part in the process, though Unna states that the sweat-glands also secrete oily matter, and are, in fact, primarily involved. The pouring out of an increased amount of sebum remains, however, the essential feature of the malady, the cause of which is believed by Sabouraud to be a micro-bacillus, whose favourite *habitat* is the upper portion of the hair-follicle. The modern conception of the seborrhœic process has thus, according to Besnier, revolutionised the whole of dermatology. With regard to the clinical aspects of the disease, it not only assumes many different forms, but, as Dr. H. A. G. Brooke remarked in the course of the Annual Oration delivered before the Dermatological Society of Great Britain and Ireland, on May 25th, other cutaneous eruptions are often materially influenced by seborrhœa. The connection of alopecia areata with a scurfy condition of the scalp is believed by many to be more than accidental, while the association of seborrhœa oleosa with acne vulgaris

of the face or trunk is quite commonly observed. Could seborrhœa be wiped out from the category of skin diseases, the dermatologist would suffer the loss of half of his practice!

Foreign Bodies in the Brain.

THE tolerance of even the brain to foreign bodies, provided that these are aseptic, and do not interfere in any way with the vital centres, is remarkable. Living tissue of all kinds possesses more or less power to resist the effects of the intrusion of a foreign substance by surrounding it with an impermeable fibrous capsule. The white matter of the cerebrum or cerebellum may, when occasion requires, encyst a foreign body in this way, whether it be a deposit of tuberculous material, a bullet, or a parasite. Those portions of the brain which are not essential to animal existence, such as the frontal and parts of the temporal and parietal lobes, may harbour extraneous substances without doing much harm to the organism as a whole, as long as they do not introduce with them septic germs, or divide any large vessels in their entrance. Thus, in the recent stabbing case which occurred in the East End, three inches of knife-blade were found to be embedded in the anterior portion of the cerebrum, the weapon having penetrated the left temple. With this foreign body *in situ* the victim walked to a police-court, gave an account of his assault, and answered questions in an intelligent fashion. He also expressed his ability to walk to the London Hospital rather than be conveyed thither in the ambulance which was provided for him. To the physiologist who understands, though imperfectly, the functions of the several parts of the brain, such a sequence of events presents no special mystery, for many cases are recorded where the anterior part of the cerebrum has been destroyed by accident without detriment to the general health, and, in a few cases, without much impairment of general intelligence. Experimental removal of the same area of brain substance in animals is similarly followed by comparatively little bodily disturbance.

Vital Statistics in Ireland.

A VALUABLE return bearing on the vital statistics of Ireland has just made its appearance as a Parliamentary paper. It is a Supplement to the Registrar-General's Annual Report, and gives the figures of births, deaths and marriages for the ten years, 1891-1900. One hears so much of the decreasing population of Ireland, that it is well to be reminded that the decrease is due to one cause alone. The causes which are at work in France, America, Australia, and, to some extent, England, have no effect in Ireland. Were it not for the annual drain produced by emigration, the population would be increasing at a regular healthy rate. It is satisfactory to find that the number of emigrants is tending to diminish, though the rate in proportion to the entire population keeps pretty constant. Compared with the previous decade, the marriage-rate has slightly increased, while the death-rate remains constant. As in other countries, the average age of marriage in gradually going up, the number of minors married becoming very small. For instance, in 1900, only 1·50 per cent. of the males married were under age, being somewhat less than half what it was forty years ago. In 1864 nearly 20 per cent. of the women marrying were minors, while at present the number is about 8 per cent. As might be expected, there are more juvenile marriages in Ulster, which contains practically all the manufacturing districts, than elsewhere; while in Connaught marriage of minors is almost unknown.

Poisoning by Illuminating Gas.

THE narrow escape of a well-known footballer, who had to be admitted into the Chatham Hospital suffering from the effects of coal-gas intoxication, affords an illustration of the great danger which results from its inhalation, and also of the length of time that may elapse before the recovery of the patient. The stability of the compound which carbon monoxide, the chief toxic constituent of illuminating gas, forms with the hæmoglobin of the red blood corpuscles is a mechanico-chemical obstacle to rapid resuscitation. In a series of experiments made by Darrah some years ago upon the restoration of animals thus poisoned, it was found that in spite of saline infusions, many of them died owing to the slowness with which the poison was eliminated. At the recent annual meeting of the Association of American Physicians, held in Washington, May 10th, Dr. W. Gilman Thompson, of New York, read a paper upon the symptoms, complications, and treatment of poisoning by illuminating gas, ninety cases of which he had analysed. He finds that leucocytosis is invariably present, and when of a high degree the prognosis is unfavourably influenced. The temperature is elevated in nearly all cases, and the pulse is, as a rule, disproportionately rapid. Convulsions are stated to occur in about 7 per cent. of the cases, while coma is generally a marked feature, lasting sometimes several days. One case is reported by Dr. George Peabody as having recovered after being comatose for four weeks. In the greater number of fatal cases, death is caused through cerebral lesions, such as hæmorrhage or softening. Pneumonia is not often observed. Dr. Thompson considers that the most satisfactory mode of treatment is a combination of venesection with saline infusion, a procedure which is also efficacious in coma resulting from the absorption of other toxic agents into the blood. The inhalation of pure oxygen gas may also be of assistance in resuscitating the patient.

Voyages d'Etudes Medicales.

WE have pleasure in calling attention to the sixth annual medical excursion to French watering-places and health-resorts, organised by Dr. Carron de la Carrière, which will take place between September 3rd and 15th of this year. As heretofore, the scientific part of the programme

will be in the hands of Professor Landouzy. The trip will include visits to the stations of Central France and Auvergne, beginning with Néris, passing on to La Bourboule, Mont Doré, Royat, Vichy, Pouguès, &c. The special properties of the waters of each will be described by Professor Landouzy, and ample opportunities will be afforded for members to become acquainted with the resources of hydro-therapeutics as understood in France. The social side, however, has not been lost sight of, and arrangements will be made for the due entertainment of the visitors. Foreign medical men and their wives and medical students are eligible to participate in the advantages. They will be entitled to a 50 per cent. reduction in railway fares from the frontier to the place of meeting (Lamotte-Beuvron) and back, and the cost of the entire trip thence to Pouguès, inclusive of travelling, hotels, luggage, carriages, &c., has been fixed at 250 francs (£10) for the twelve days. Applications must be sent in at latest by August 15th, to Dr. Carron de la Carrière, 2 rue Lincoln, Paris. We have always thought very highly of the idea which underlies these annual excursions, and have more than once expressed our surprise that no concerted effort has so far been attempted in this country for the purpose of familiarising practitioners with our own watering-places, though the indifference of the public to native resources is complained of.

Practice by Companies.

THE recent judgments delivered in Dublin in the case of O'Duffy *v.* Jaffé, and the King (Rowell) *v.* The Registrar of Joint Stock Companies, were brought to the notice of the General Medical Council by Sir Charles Ball at the recent meeting of that body. The importance of these judgments for the purpose of preventing fraudulent imposition on the public cannot be over-estimated, and therefore we are glad to learn that the Council decided to forward copies of them to the Lord President of the Privy Council, with the request that the Government would take such steps as may be necessary to restrain the Registrar from registering any more such companies, and to prevent companies already registered from using titles which would lead the public to believe that they were composed of registered dentists. From the remarks made by Sir Charles Ball we learn that one of the Law Officers of the Crown has expressed the opinion that there would be no difficulty in putting an end, without fresh legislation, to the ingenious infringements of the Medical and Dental Acts which have occurred, and it is to be hoped that immediate steps will be taken in that direction. Any such steps will, however, be incomplete unless they succeed also in preventing the use of bogus titles by already registered companies.

A Sanitary Volunteer Force.

THAT boys will be boys is a maxim that may as well be accepted once and for all—for good or evil. It is no use trying to make boys anything else, and the wise man will be he who avails himself of the natural force thus ready to hand and uses it to his own purposes. Dr. Kohnke, the medical officer of New Orleans, is certainly one of these wise man. He knows that boys like to hunt and to destroy as surely as a duck takes to the water, and on those lines he has enlisted a corps of school children to help him exterminate the anopheles—that most pestilential mosquito which spreads malaria over the face of the earth. He has already succeeded in enrolling a large number of boys in neighbouring cities; and instead of marbles and robbers beguiling the Saturday afternoons of the youngsters, they now sally out to seek and destroy the larvæ of the mosquito. The idea is a capital one. The plan combines the fun of botanising and of bird-nesting with the ever-present joy of killing something, which is one of the most deeply rooted instincts not only in the heart of the school-boy, but also of mankind of maturer age. It is a pity that our own hygienic foes do not as readily lend themselves to extermination. If microbes were only of the size of butterflies bacteria-catching expeditions and collections of bacilli might be as popular as rabbiting and collecting stamps, and be pursued with the same zest. As it is, our warfare has to be carried on by medical officers of health and sanitary inspectors, who, however keen they may be on the duties, do not find them remarkably exhilarating.

The Association of Medical Diplomates of Scotland.

THE medical profession, by slow but steady steps, is approaching the goal of organisation. On all hands flourishing societies have been founded for the mutual advance or protection of professional interests. The most recently formed is that of the Medical Diplomates of Scotland, that is to say, of holders of the qualifications granted by the Royal Colleges of Surgeons of Edinburgh, and by the Faculty of Physicians and Surgeons of Glasgow. At a special meeting, held on May 19th, in London, the Association was formally started and rules drawn up for its future guidance. An excellent first President was chosen in the person of Mr. C. St. Aubyn-Farrer, of London. Nine Members of Council were elected, namely, Drs. David Walsh and H. FitzGerald Powell, Messrs. Sydney Stephenson, P. H. Parsons, F. E. Fenton, Alexander Ross, Robert Thomson, E. N. Féré, all of London, and Mr. F. B. Lewis, of St. Leonards-on-Sea. The aim of the Association is to bring together Scotch diplomates into close touch upon social and professional matters. More particularly there are certain disadvantages as regards the holding of public appointments and other things that a strong association of the diplomates might do much to remove. The Scotch diplomates are a large and powerful body, and a wide field of achievement lies before them if they can rally under one banner and summon the requisite amount of enthusiasm. So far, the scheme has awakened the keenest

sympathy amongst diplomates in all parts of the United Kingdom. It is obvious that under prudent management the interests of the Scotch diplomates, both collectively and individually, may be materially strengthened by such an association. All Licentiates, Members and Fellows of the Colleges concerned should join forthwith. Further particulars may be obtained from the Hon. Treasurer, W. Bell, Esq., 2 Grosvenor Gardens, Willesden Green, London, N.W., or of M. E. Leicester, Esq., Hon. Sec., 16 Kildare Terrace, Bayswater, London, W.

PERSONAL.

DR. E. WHITE, the Resident Physician and Superintendent of the City of London Asylum at Stone, a position he has held since 1887, has sent in his resignation to the City Corporation.

SIR WILLIAM COLLINS, M.D., Chairman of the Education Committee of the London County Council, opened a new Nature Study Museum in St. George's Recreation Ground on Friday last.

MAJOR BIRD, the Viceroy of India's Surgeon, who has been attending the Ameer, left Kabul on the 25th ult. It is stated that the Ameer is now convalescent, and the wound in his Highness' hand is practically healed.

DR. W. E. A. CUMMINGS, of Cork, has been authorised by the Local Government Board of England to give certificates of qualification in the practice of vaccination.

MR. FRANCIS HEUSTON, F.R.C.S., Surgeon to the Adelaide Hospital, has been appointed Consulting Surgeon to the Rotunda Hospital, in succession to the late Sir Philip Smyly.

PROFESSOR G. SIMS WOODHEAD will preside at the commemoration day proceedings of Livingstone College, Leyton, on June 9th, at 3.30 p.m., and will formally open the new laboratory which has been arranged in the College.

THE Bolingbroke lecture of the South-West London Medical Society will be delivered on Thursday, June 9th, by Dr. W. H. Allchin, on "Some Special Features of Diseases of the Colon," at the Municipal Buildings, Lavender Hill, at 8.45 p.m.

INSPECTOR-GENERAL H. MACKAY ELLIS has been selected for the appointment of Director-General of the Medical Department of the Royal Navy, in succession to Inspector-General Sir H. F. Norbury, who will shortly relinquish the post.

THE prize distribution at the medical school of St. Thomas's Hospital will be held in the Governors' Hall of the hospital on Friday, June 24th, at 3 p.m., when Sir Thomas Barlow, Bart., K.C.V.O., M.D.Lond., will give an address and a garden party will follow in the grounds.

PROFESSOR FERDINAND HUEPPE, M.D., Director of the Hygienic Institute of Prague, will deliver an address on tuberculosis (in English) at the Folkestone Congress of the Royal Institute of Public Health, to be held in Folkestone from July 21st to the 26th.

AT the same meeting Surgeon-General G. J. H. Evatt, C.B., M.D., will lecture upon "The Personal Health of the Citizen in Relation to National Efficiency."

MR. DENIS KENNEDY, F.R.C.S., Surgeon to the Children's Hospital, Temple Street, has been elected Visiting Surgeon to Jervis Street Hospital, Dublin, in succession to Mr. Conway Dwyer, appointed Visiting Surgeon to the Meath Hospital.

THE Duchess of Albany recently laid the memorial stone of the Walton, Hersham and Oatlands Cottage Hospital, which has been founded to commemorate the Coronation.

LORD ARMSTRONG last week presided at the Annual meeting of the Newcastle-upon-Tyne and Northumberland branch of the National Association for the Prevention of Consumption.

MR. A. C. SCOVELL has been appointed to succeed Sir R. M. Hensley as Chairman of the Metropolitan Asylums Board, while Mr. P. M. Martineau follows Mr. J. G. Talbot, M.P., in the vice-chair.

DR. JAMES MILWARD is the first Welshman to be elected President of the National Poor-law Officers' Association.

MR. HERBERT M. TURNBULL, M.A., M.B., Magdalen College, Oxford, has been elected to a Radcliffe travelling fellowship for three years.

WE regret to say that the distinguished surgeon, Sir P. Heron Watson, has been made the defendant in a trial for slander, an annoying incident that must be accepted now and then as inevitable to the career of medicine.

DR. EDWIN RICKARDS has resigned his post as Senior Physician of the Birmingham General Hospital.

DR. W. P. HERRINGHAM and Mr. Anthony Bowlby, C.M.G., have resigned their respective positions as Consulting Physician and Surgeon to the Wanstead Orphan Infant Asylum in consequence of their disapproval of the action of the management with regard to nursing and to isolation accommodation.

PROFESSOR VON MIKULICZ, of Breslau, will deliver the Cavendish Lecture before the West London Medico-Chirurgical Society at the Town Hall, Hammersmith, on Friday, the 24th inst., at 8.30 p.m. The annual *conversazione* will be held at the same time and place.

As soon as the Select Committee on the Tuberculosis (Animals) Compensation Bill has been appointed, Mr. Channing will move that it be an instruction to the Committee to consider under what conditions and from what sources compensation may be given to the owners of dairy and other stock condemned to be slaughtered on account of tuberculosis.

DAMAGES FOR SPONGE IN ABDOMEN.

AN action to recover damages against a lady doctor practising in London has resulted in a verdict for the plaintiff with £25 damages and costs. The defendant performed an abdominal operation upon plaintiff and a sponge was inadvertently left in the abdomen and removed by another surgeon some time after. The decision is of vital importance to the medical profession, as it upsets previously accepted views as to what constitutes "reasonable" care and skill.

Correspondence.

CENTRAL MIDWIVES' BOARD.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It will be satisfactory to many of your readers to learn that at the meeting of this Board on Thursday last a resolution was carried to the effect, "That reporters of the recognised medical and nursing journals be invited to attend the meetings of the Central Midwives' Board." But for the adoption of this resolution I should have felt compelled to raise the veil which has so long concealed proceedings affecting so many important interests, and to assume the duties of

descriptive writer until relieved by professional reporters from the self-imposed, but ungrateful task. Now that reporters are to be admitted, it seems to me to be sufficient to state, with your permission, my estimate of the existing position of affairs while explaining some facts and recent incidents which have produced the present situation. In future your readers interested in the administration of the Midwives Act will be able to follow events by the perusal of what they can confidently assume to be incontrovertibly accurate and unbiassed reports of proceedings.

The Midwives Act, 1902, was a sadly defective piece of legislative work. It incorporated in an Act of Parliament the policy of the Midwives' Institute as distinct from, and even in opposition to, the interests of the medical profession and, as I strongly believe, the interests of the working-class public of England and Wales. The amendments suggested by the medical profession in Great Britain could be ignored by the sponsors of the Bill, while for reasons transparently clear at the time of the final Parliamentary struggle, the opposition of the Irish members was weakened by illusory and temporary concessions to the Irish schools of midwifery.

One of the most obvious defects in the Act, which at the same time clearly revealed the influences at work, was the constitution of the Central Midwives' Board, created to administer the Act. The Board proposed in the Bill of 1900 would have been representative, strong and efficient; the most zealous partizan supporter of the Act of 1902 could hardly say the same of the now existing Board. This Board, created to control purely medical affairs, was so constituted that three at least of its members must be non-medical women, and of the total of nine members five might not belong to the medical profession. For purposes of representation, the Incorporated Midwives' Institute was placed on a footing of equality with the Royal College of Physicians.

The Act contains provisions which imply the most tender solicitude for the midwife; it is ominously silent where the interests of the medical profession are concerned. The midwife, having made her own arrangements with her client, is required to send for medical assistance under certain contingencies, but there is not a word about the remuneration of the medical practitioner who responds to the summons, and comes to the rescue. Contrast this with the explicit enactment with regard to legal expenses incurred in the administration of the Act (Clause 15).

Again, the authors and sponsors of the Bill obviously contemplated that the Central Midwives' Board should consist of merely a London coterie, for there is no provision for the payment of expenses incurred by members, as in the case of the General Medical Council; and no regulations with regard to meetings of the Board are even hinted at. Consequently, the two country members must submit to mere harassment or fail to perform the duties which they have undertaken. They are required to attend once a month, or oftener, meetings of the drawing-room type, with afternoon tea, for a short time after lunch, to sacrifice a day's work when called upon, and pay all the contingent expenses. It may be objected that these are paltry domestic details, any reference to which should be beneath the notice of a member of the Board. I hold a different opinion, else I would not mention them. They seem to me to be of the essence of the efficiency of a Board created to administer an Act of Parliament affecting the whole of England and Wales; and I maintain that the proceedings of a statutory Board ought to be arranged for and conducted in a manner adequate to the dignity of its origin.

When the Board thus constituted commenced to frame rules and regulations for midwives the policy underlying the Act soon became evident. The fee for the enrolment of certain classes of midwives was fixed at the paltry sum of ten shillings, the fee for examination at one guinea. This decision was certainly in the spirit, and partly in compliance with the letter, of the Act; but it should be remembered in judging Act or Rules that these sums included the total expense of obtaining a privileged position which was to secure special advantages for earning a professional income. Let us now look for some of the evidence of a policy in certain Rules which were framed by the majority of the Board, even if some of them had to be greatly modified or abandoned before the completed Rules were forwarded to the Privy Council for approval. They refused to sanction any rule requiring pupil-midwives to prove the possession of some definite standard of common school education; fixing any minimum period of training; specifying the minimum number of lectures or lessons comprised in a course of systematic instruction; giving clear and exact instructions with regard to the contingencies which would demand an appeal for medical assistance during parturition or in the course of the puerperium. On this last head, the matter was to be left to the judgment of the midwife; she was to send for a medical practitioner only when in her opinion the progress of the woman or child was "not satisfactory." Under such loosely-framed regulations it would have been next to impossible to make even the most ignorant and negligent midwife answerable for her conduct. On the other hand, some regulations originally framed to magnify the office of midwife were definite enough. She was, for example, required to baptise feeble babies in certain events, and she was always to produce conjunctivitis by irritants, introduced even before complete birth, as a prophylaxis against gonorrhœal ophthalmia.

Several of the worst defects in the Rules were remedied owing to the acceptance by the Privy Council of suggestions embodied in a "Minority Report" signed exclusively by medical members of the Board. But still the Rules are permeated by the spirit of the Bills which have orginated from time to time in the same quarter; they are stamped with the policy of the Midwives' Institute; it is to be made cheap and easy for a humble and illiterate class of female persons to become midwives, when so disposed; and they are to be relieved, as far as a sympathetic and benevolent interpretation of the Act will permit, from irksome restrictions inserted in the interests of mere child-bearing women of the working classes.

Owing to an accidental interruption at this stage of my letter, I have had the timely opportunity of reading in the *Lancet* of to-day (May 28th, p. 1,543) a concise report of the proceedings of the "Association for Promoting the Training and Supply of Midwives." Kindly permit me the liberty of making some short quotations from this instructive report: "The chair was taken by Miss Wilson, president of the Midwives' Institute, and member of the Central Midwives' Board. . . . Free or assisted training was given by the Association. . . . Reference was made to the Training Home at East Ham in connection with the Plaistow Maternity Charity started by the Association last year. . . . The sum of £1,000 would train fifty midwives." This report is to me a curious revelation of fact, explaining the antagonism of principles in the Central Midwives' Board which has hitherto been only a distressing phenomenon—on the one hand, the benevolence of a certain largely non-medical contingent towards illiteracy and inefficiency generally; on the other, the futile struggle of a medical minority to raise the standard of education so as to secure a better *quality* of midwife in the future. During the long agitation to obtain an Act of Parliament for the education, registration, and medical supervision of midwives, who ever heard a complaint about the lack of women ready to assume the name and functions of a midwife? Every argument in favour of every Bill was founded tacitly or explicitly on a promise to eradicate for ever the ignorance and consequent incompetence which were the roots of all the worst scandals arising from the practice of midwives. But the policy and methods of the Midwives' Institute do not possess even the germs of progress. What good to the community can come from encouraging a class of women who develop a thoughtful turn of mind only owing to their inability to read? We may well despair if the midwife of the future is to be turned out in fourteen weeks at the average cost of £20 a head!

Coming now to the present situation, as far as the actual proceedings of the Central Midwives' Board are concerned it appears to me that the first question demanding attention and solution is the dispute between the Dublin lying-in hospitals and the Central Midwives' Board. There are two points at issue: (1) The efficiency of the practical teaching of pupil-midwives, narrowed down to a question as to the number of patients to be personally and exclusively delivered by the individual pupil before she can receive certain certificates; and (2) the number of days after labour during which the pupil must have the patient under observation, so as to gain sufficient knowledge of the puerperium.

(1) For a clear understanding of this difficulty the wording of the Rules of the Central Midwives' Board must be kept in mind. One of the certificates which the candidate must put in before admission to the examination is to the effect that she has, under approved supervision, "attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour, and personally delivering the patient." (RULES, Form III.) Such a rule as this, applied, as it has been, to the exclusion of the Dublin schools of midwifery, is, in my opinion, impracticable and even mischievous. It has been interpreted literally to imply that each individual pupil has attended at least twenty cases, no one of which has been reckoned for the certification of any other pupil. It is not conceivable that this rule could ever have been so framed and interpreted and enforced by a Board consisting of medical men or women experienced in the details of the training in obstetrics of students of medicine and midwife-pupils, and capable, from professional experience, of appreciating the reasons for some rule. Such a rule, interpreted literally, is not in force in any school of midwifery in Europe or America; it almost compels evasion, or at least interpretation according to the dictates of practical common sense. Everyone engaged in the actual clinical teaching of midwifery must know that two or even three pupils learn more individually from a single case than the solitary student; they sharpen one another's wits by conversation about the case, and by comparison of observations; and there is, consequently, constant exact sustained attention, and no shirking or apathy. The training of midwives at the Dublin lying-in hospitals is notoriously the best in the United Kingdom. The pupils "reside for a period of six months in the hospital," and receive systematic instruction during the whole term of residence far superior to the requirements of the Central Midwives' Board. Probably in the consciousness of this superiority, the Master of the Rotunda Hospital replied to interrogatories in a frankly truthful fashion; and the consequence is, that on this narrow technical point in a rule recently formulated the Dublin hospitals are declared by a majority of the Central Midwives' Board to be disqualified from granting to their pupils the certificates necessary to enable them to enter for examination. The unfitness of the Board as at present constituted to exercise judicial functions is well illustrated by the somewhat irrelevant but suggestive remark of one of the members during the discussion of the question, to the effect that the Dublin people send out too many midwives; and by the rhetorical question in the course of a formal speech by another member: "Are we going to climb down?"

(2) The second point to which I wish to call attention in the difficulty with the Dublin institutions is a very attenuated difference indeed. The Central Midwives' Board, in drafting its rules, thought that ten days was a reasonable time for a pupil-midwife to be required to nurse her twenty patients in the puerperium. As medical practitioners know, there is no special scientific sanction for *ten* days. The period finally fixed was the result of a compromise. Accordingly, the candidate before admission to the examination must send in a certificate that she has "nursed twenty lying-in women during the ten days following labour." (RULES, Form IV.) Now, this rule was framed in blank ignorance of an important fact with which the Board became acquainted for the first time only on hearing a letter read from the Master of the Rotunda Hospital, writing in his official capacity. He stated, *inter alia*, "It would be impossible for our resident nurses to follow the course of the puerperium for ten days, as Irishwomen will not remain in the hospital for more than eight days." I cannot believe that a single medical member of the Central Midwives' Board would have voted in favour of fixing ten days as the minimum period of nursing in the puerperium, if it had been known at the time of framing the Rules that the Dublin lying-in hospitals would have been excluded in consequence. But now, "are we going to climb down?"

The Dublin grievances were discussed after the reading of a letter from the President of the Royal Academy of Medicine in Ireland at a meeting of the Board held on Februrary 25th, when eight of the nine members were present. To a mere *non-possumus* resolution to the effect that "the Rules . . . having been approved by the Privy Council it is impossible for the Board to alter them," one of the usual minority proposed, and another seconded, an amendment, regretting that the Board was not made aware of the circumstances of the midwifery training schools in Ireland before the Rules were sent to the Privy Council for approval, and stating "that this Board sympathises with the Irish institutions in their difficulties, and will give every assistance in order to obtain a revision of the Rules by the Privy Council." For this amendment only the proposer and seconder voted; against it five members. For the "it-is-impossible" resolution then put substantively there voted six; against it, the same two.

Owing to the persistence of the authorities of the Dublin lying-in hospitals, the question came up again on April 28th, and although an excellent way out of the difficulty was proposed in a resolution by one of the lay members, the result was practically the same. The subject was again under consideration on Thursday last (May 26th), on a motion which appeared to indicate a weakening of the opposition, but in reality offering no practical help to the Irish institutions. For an amendment, once more offering sympathy and assistance, there voted only the same old two; all the rest were opposed. That is how this question stands at the present moment.

Yet the Central Midwives' Board is not always so pedantically exact in guiding its conduct by its own Rules. In the printed minutes of the meeting of March 24th, which I was unable to attend, I read the following record: "Mrs. H—— stated that she had not undertaken cases without doctors, but had been advised by a medical man that she need not be afraid to do so, and added that she herself did not feel in any way afraid of so acting." Curious and by no means lucid as the diction is, the Board appears to have grasped the intention of the applicant, and "resolved that in the opinion of the Board it is desirable that Mrs. H—— should be certified, as it appears from her letter that she is quite prepared to take a case alone"—an example of the proverbially fatal mistake of assigning the reason for a judgment! What untrained midwife was there ever yet who was not "quite prepared" to undertake a case, and preferably "alone"?

This episode appears to have taken its origin and reached its remarkable conclusion under the item "Correspondence" on the Agenda paper received by the members. "A letter was read from the deputy clerk" of a County Council enclosing an inquiry from this Mrs. H——, and the resolution quoted above was put without more ado. The printed minutes received a month later afforded me the first and only information regarding this almost incredible violation of the Rules. One of the certificates which such an applicant for admission to the Midwives' Roll is required by the Rules to supply with her application is, according to Form VIII: "I hereby claim to be certified under Section 2 of the Midwives Act, on the ground that I have been in *bonâ fide* practice as a midwife since

. . . " (one year at least before July 31st, 1902); and the application must be supported by a certificate in Form IX, that she " has, to my personal knowledge, been in *bonâ fide* practice as a midwife since . . ." (one year at least before July 31st, 1902), " and that she is trustworthy, sober, and of good moral character." But this applicant appears to have produced no evidence whatever except a statement as to her own mental condition, that of self-confidence, and a second-hand opinion from an anonymous medical man; moreover, she testified to the Board against herself to the effect that she was practising as a monthly nurse, and had not been at any time in *bonâ fide* practice as a midwife. Contrast the levity and inconsistency of the resolution of the Board in this case with its persistently correct and severe attitude towards the Dublin lying-in hospitals. The resolution of the Board to dispense with certificates when the applicant is avowedly a monthly nurse, " quite prepared to undertake a case alone," is a breach of its own Rules; it contravenes or evades the intention of the Act, and but for the imbecility of the definition of a " midwife " contained in the Midwives Act, it would have been, without question, in direct contravention of the Statute.

To another grave decision of the Central Midwives' Board I desire to call the attention of the medical profession without further delay. At the meeting of the Board, held on April 28th, a resolution was introduced by a lay member to the effect that the Board consider it desirable " to appoint an inspector to visit institutions applying for recognition, and to report thereon." The proposer of this resolution explained that by the term inspector she meant " a trained woman." It is fair to assume that the intention was to appoint a midwife. A few months ago it was proposed from the same quarter that midwives be authorised to give the courses of systematic instruction to pupil-midwives. The proposal was not carried; and, consequently, no one can be authorised to give the systematic instruction in midwifery who is not a registered member of the medical profession, but, by the recent resolution, the " trained woman " who is to be appointed and sent to inspect will have, no doubt, to report on the efficiency of the teaching of those qualified men and women who are engaged in giving systematic instruction to midwives in our lying-in hospitals, on the character of the equipment and organisation for systematic and clinical teaching, the sufficiency of the staffs, the sanitary arrangements of the hospitals, including the air space per bed and other cognate matters. It was strongly objected by one of the minority that such an appointment was not likely to result in efficient inspection and reliable reporting, that it would be a slight to the medical profession generally, and an insult to the individual lecturer to have an inferior order of non-professional person thrust upon him or her as a reporter. It was also pointed out, in opposition to the resolution, that the County Councils and County Borough Councils have almost universally appointed their medical officers of health as executive officers for the administration of the Midwives Act, and, considering the local knowledge and the independent position of such medical officers, confidential reports from them concerning institutions within their areas could be entirely relied upon by the Central Midwives' Board as unbiassed, accurate, and trustworthy.

On the other hand, the irresponsible report of the " trained woman " could not be relied upon unless it was intended for publication, and probably not even then. On a vote being taken, with seven members present, three voted for the resolution, two of them being non-medical members, and one voted against it. Three members—two of them medical men—declined to vote. So the resolution was carried. None of the proceedings of the last eighteen months more thoroughly demonstrates the defective composition, and the consequent bias and sort of moral incompetence of the Central Midwives' Board. On an important question of principle like this, involving a kind of degradation of the medical profession and magnifying the midwife's office, three men out of five present, not taken at unawares, because the motion had been repeatedly on the Agenda paper, refused to vote, and so this serious decision was carried by the votes of one-third of the whole Board, only one of the four medical members present recording his vote against it.

But there appears to be even a worse thing in store for us. Probably at the next meeting in June, the report of the Standing Committee on the Examinations to be instituted by the Board will come up finally for consideration. The meeting of the Standing Committee which sent its unanimous recommendations to the ordinary meeting of the Board consisted of four London members, two of them being medical men. There are still two non-medical members in reserve, so at a full meeting a majority supporting the Standing Committee will be almost certainly secured. *Inter alia*, they recommend, under the head of " examinations," that " one or more women who hold, or have held, the post of matron of a lying-in hospital, or midwife, if otherwise qualified, may be appointed examiners." The only reason for this decision that I have heard stated in the Board is that it will be necessary to include " bed-making " among the subjects of examination! So at the beginning of the administration of an Act of Parliament, which was brought into existence because of the notorious ignorance and incompetence of English midwives, it is seriously proposed to grant to the Midwives' Institute the privilege of nominating as Examiners its own *protegees*, women with untrained intellects, and equipped with only midwife—*Scottice* "howdy"—knowledge and experience. to set the standard of examinations, and take their places on examining boards on equal terms with qualified practitioners and teachers of midwifery. Surely the examining boards and reporters on examinations ought, in the early stages, at least, to be exclusively composed of medical men and women. The professors of bed-making might gracefully postpone the assertion of their claims, and wait a bit until the system of examinations in mere midwifery has been set on its legs and had a fair start.

The medical profession should keep a critical eye on the recognition by the Central Midwives' Board of institutions as training schools, and of individuals as teachers of midwife-pupils. An abuse of considerable magnitude appears to be in course of creation. To the credit of the Board it may be recorded that there is some hesitation with regard to workhouse infirmaries, but on the other hand it seems that hardly any one of the " ladies' charity " type of institution is too ill-organised, inefficient, or untried and paltry to escape recognition as a School for the Training of Midwives.

As to the professional instructors or lecturers on midwifery I have so far failed to discover any principle guiding the decisions of the Board either in the recognition or rejection of applicants. As matters are shaping at present, there must be at no very distant time a teacher of midwifery in every township.

The only satisfaction in contemplating extravagant proceedings is the rather remote prospect opening out behind them that a reconstituted Board must act on diametrically opposite principles, and reverse the policy of their predecessors by compelling aspirants for privileges which will secure most of them a professional income for life or good conduct to seek their professional training within efficiently equipped institutions in the great centres of population and of intellectual activity. There is, however, still some room for the hope that wiser counsels may yet prevail under the enlightened and benevolent criticism of the medical profession. now at last enabled to watch events, and by unofficial advice and assistance minimise the injury to the public interests by the inadequate representation of their profession on the Central Midwives' Board.

I am, Sir, yours truly,

W. J. SINCLAIR, M.D.

Manchester, May 28, 1904.

HOSPITAL SUNDAY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Hospital Sunday is this year fixed for June 12th, and I venture to hope that the advanced copy of the Hospital Sunday Supplement of the *Hospital* which I enclose will prove interesting and useful to you editorially.

The splendid munificence of Mr. George Herring, who has already contributed £53,000 to the Hospital Sunday Fund, has been emphasised this year by his offer to add one quarter to the amount collected in places of worship on June 12th, limiting this to a collection not exceeding £100,000. The *Hospital* in co-operation with the London newspaper press, desires to co-operate with Mr. George Herring by the issue of this special supplement and so to show the clergy and ministers of all denominations that they have behind them the hearty support of the laity in their efforts on Hospital Sunday. The Hospital Sunday Supplement contains an excellent portrait of Mr. George Herring, which must have a great interest for everybody.

I hope that you may be willing to devote a little space in furtherance of this effort. As a resident in the metropolis of the Empire, too, I am confident you will do your utmost very cheerfully to make this necessary work for all classes a complete success.

I am, Sir, yours truly,
HENRY C. BURDETT.

Medical News.

Royal College of Surgeons, Ireland.

THE annual meeting of Fellows was held on Saturday last, June 4th, the President, Sir Lambert H. Ormsby in the chair. The Report of the Council was submitted and adopted; it was explained by the President that the receipts were, with two exceptions, the best for the past ten years. The college had recently expended over £1,200 in painting, &c.; this was paid off, and at the date of the Report the college was entirely free from debt, and had a bank credit of nearly £1,400. The Investment account stood at £10,407 7s. 11d., and the Trust Fund, £4,917 2s. 3d., making a total of £55,324 10s. 2d. During the year ten candidates, having passed the examination, were admitted Fellows, 15 received the diplomas in surgery and midwifery; 24 the conjoint diploma in public health; 8 the licence in dental surgery, and 43 passed the preliminary entrance examination. There are at present living 435 Fellows, 2,834 Licentiates, 181 diplomates in public health, and 515 licentiates in dental surgery.

The annual election of officers took place on Monday last with the following results:—

President; Arthur Chance. *Vice-President;* Henry R. Swanzy. *Secretary of the College;* Sir Charles A. Cameron, C.B. *Council;* Edward Hallaran Bennett, William Stoker, Sir Charles Alexander Cameron, C.B., John B. Story, Sir William Thomson, C.B., Sir Charles B. Ball, Sir Thomas Myles, John Lentaigne, Richard D. Purefoy, Sir Lambert Ormsby, Henry G. Sherlock, R. Bolton M'Causland, John S. McArdle, Robert H. Woods, Thomas Donnelly, William Taylor, Edward H. Taylor, G. Jameson Johnston, R. Charles B. Maunsell.

Central Midwives' Board.

AT a meeting of the Board on May 26th, the following business was transacted:—

Present.—The Chairman (Dr. F. H. Champneys), Mr. J. Ward Cousins, Dr. Cullingworth, Miss Oldham, Miss Paget, Dr. Sinclair, Miss Wilson, Mr. E. Parker Young.

1. The further consideration was resumed of letters from the Royal Academy of Medicine in Ireland, the Rotunda Hospital, Dublin, the Coombe Hospital Dublin, and the Belfast Maternity Hospital, asking for a modification of the Board's rules so as to facilitate the admission of Irish trained pupil-midwives to the Board's examinations.

After discussion it was resolved that the Privy Council be asked to sanction the appending of the following Note to Rule C. I. (2):—

NOTE.—"A certificate to the effect that the candidate has nursed twenty lying-in women during the *eight* days following labour will be accepted in place of the above in cases (1) where the course of special training in a hospital has extended over a period of six months, or (2) where a course of three months' special training in a hospital has been preceded by a full course of training in general nursing."

It was also resolved that the Privy Council be asked to sanction an alternative form of certificate under Form IV. in the Schedule, to meet the modification contemplated by the above Note.

2. Resolved, that reporters of the recognised medical and nursing journals be invited to attend the meetings of the Board.

3. The Chester Benevolent Institution was approved for the training of midwives.

4. The following were approved as teachers: P. E. Barber, M.R.C.S., Robert Boxall, M.D., H. Spencer Browne, M.R.C.S., H. Caudwell, L.R.C.P., Francis Chown, M.B., F. W. S. Culhane, M.R.C.S., J. W. Fordham, sen., M.R.C.S., G. R. Harcourt, M.B., David Charles Rayner, F.R.C.S., William Shaw, L.R.C.P., A. L. Hall Smith, M.R.C.S.

5. After consideration of applications for certificates the names of 878 women were passed under Section 2 of the Act, and ordered for entry on the Roll.

The following table shows the separate numbers of the various qualifications at present appearing on the Roll:—

Royal College of Physicians of Ireland ..	1
Obstetrical Society of London	1,434
Rotunda Hospital	64
Coombe Hospital	28
Queen Charlotte's Hospital	99
Liverpool Lying-in Hospital	57
British Lying-in Hospital	4
Glasgow Maternity Hospital	49
St. Mary's Hospital, Manchester	85
Manchester Maternity Hospital	1
City of London Lying-in Hospita ..	10
Royal Maternity Hospital, Edinburgh ..	11
Salvation Army Maternity Hospital ..	5
National Maternity Hospital, Dublin ..	2
Women in *bonâ fide* practice, July, 1901 ..	3,480
Total enrolled — ..	5,330

University of Aberdeen.

AT a recent meeting of the University of Aberdeen Anatomical and Anthropological Society, Professor R. W. Reid being in the chair, Dr. G. Stoddart read a paper entitled "Statistics Obtained from Observations of the Eyes of 400 Students." The observations had been made in the anthropometrical laboratory at Marischal College for the most part by Dr. C. H. Usher, and with his assistance Dr. Stoddart has made a compilation which is unique in the history of British anthropometry. Dr. Stoddart reviewed the subject under several heads. As regards acuteness of vision the statistics compared favourably with those obtained by other observers. The proportion of Aberdeen students with short sight was shown to be much smaller than that found by similar observations in German and American universities—namely, 18·7 per cent., as compared with 28 per cent. in some American universities, and 59 per cent. at the University of Breslau. Another interesting point brought out by the observations was that short sight was much more frequently found in students coming from towns than in those from country districts. The prevalent idea that in short-sighted eyes the pupil was usually larger than in eyes with normal vision was contradicted by these observations, which showed a larger average pupil in long sight than in short sight. With regard to the colour of the eye, it was shown that dark eyes predominated in persons having dark hair and skin. In the group of those with red hair a larger proportion of the eyes were of a grey colour than in the other groups. Acuteness of vision was found to depend little, if at all, on the size of the pupil or the colour of the eye. Light-coloured eyes were found to have a slightly larger pupil than dark or grey-coloured eyes. Three per cent. of the students were found to be colour-blind.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive Signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber,' 'Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

A GOVERNMENT ATTACK ON PATENT MEDICINES.

We understand the Post Office Department of the United States has decided to establish a censorship over newspaper advertisements in an endeavour to prevent the publication of those of an offensive or fraudulent character. Newspapers printing such advertisements will be barred from the post. The advertisements aimed at are chiefly those of the lowest class of patent medicines, about twenty of which are being examined by the Bureau of Chemistry to see if they correspond with the claims of their proprietors. This censorship has been for some time in existence in Germany, and it is one long since advocated in these columns as a public necessity.

DR. CUSACK.—Your letter was late for the last Poor-Law Supplement, and will be dealt with in our next issue.

LETTERS to Editor from Mr. Sewill, Dr. Robert Lee, Dr. Hamilton, and Dr. Rentoul have been held over owing to pressure of space.

K. S. S. (Rutlands) writes us pointing out the pertinent fact that, although Professor Koch was the actual discoverer of the tubercle bacillus, he nevertheless advanced claims for the powers of tuberculin that were incapable of support. The latter attitude was hardly that of a consistently strong scientific mind, and it appears to have been followed by a somewhat similar *lapsus* in the case of the thunderbolt launched last year in London to the effect that human and comparative tuberculosis were two absolutely distinct maladies.

LINCOLN'S INN.—We can imagine no better authority for your purpose than the book you mention—Martindale's Extra Pharmacopœia, which deals fully with all or nearly all reputable proprietary preparations of known formulæ.

KENWICK.—Sodium cinnamate (otherwise Hetol) has been advocated as a remedy in phthisis. It is injected intravenously in a sterilised solution of 1 in 20 of distilled water or of normal saline fluid. Private patients are not likely to adopt this plan.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JUNE 8th.

DERMATOLOGICAL SOCIETY OF LONDON (11 Chandos Street, Cavendish Square, W.).—5.15 p.m. Demonstration of Cases of Interest.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. R. Harrison: Clinique. (Surgical.) 5.15 p.m. Mr. T. Collins: On Affections of the Lyelids.

THURSDAY, JUNE 9th.

SOUTH-WEST LONDON MEDICAL SOCIETY (Municipal Buildings, Lavender Hill, Clapham Junction). 8.45 p.m. Dr. W. H. Allchin: Some Special Features of Diseases of the Colon. (Bolingbroke Lecture.)

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM (11 Chandos Street, Cavendish Square, W.).—8 p.m. Specimens will be shown by Dr. L. Werner, Mr. E. E Henderson, and Mr. G. W. Roll. 8.30 p.m. Papers: Mr. S. Snell: Brief Notes on (1) Optic Atrophy in a Youth (file cutter) from lead; (2) Optic Atrophy after Uterine Hæmorrhage: (3) Glioma, Two Cases in One Family—One in each Eye: and (4) Glioma in each Eye, both Enucleated.—Mr. S. Mayou: On Microphthalmos (Three Eyes).

BRITISH GYNÆCOLOGICAL SOCIETY (20 Hanover Square, W.). 8 p.m. Specimens will be shown by Mr. B. Jessett. Paper:—Mr. S. Bishop: On the Prevention of Post Operative Ventral Hernia.

ROYAL COLLEGE OF PHYSICIANS OF LONDON (Pall Mall East).—5 p.m. Dr. J. R. Bradford: Bright's Disease and its Varieties. (Croonian Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Mr. M. Gunn: Glaucoma.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.)—5 p.m. Dr. G. Johnston: Nervous Affections of the Heart. (Post-Graduate Course.)

FRIDAY, JUNE 10th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Dr. St. Clair Thomson: Clinique. (Throat.)

TUESDAY, JUNE 14th.

MEDICO-LEGAL SOCIETY (20 Hanover Square, W.).—8.15 p.m. Mr. R. Henslowe Wellington will read a paper on "Suicide whilst temporarily insane"—a fallacy. Dr. W. McCallin: A note on legal procedure in Lunacy. Earl Russell: The limitations of Medical Evidence. Medical visitors are specially invited.

Vacancies.

Atkinson-Morley's Convalescent Hospital, Copse Hill, Wimbledon. Resident Medical Officer. Salary £100 per annum. Applications to the Secretary of St. George's Hospital, London.

Brighton, Hove, and Preston Dispensary.—House Surgeon. Salary £160 per annum, with furnished rooms, coals, gas, and attendance. Applications to C Somers Clarke, Hon. Secretary, 113 Queen's Road, Brighton.

City Asylum, Birmingham.—Junior Assistant Resident Medical Officer. Salary £150 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

Cumberland and Westmorland Asylum, Garlands, Carlisle.—Junior Assistant Medical Officer. Salary £130 per annum, with board lodging, and washing. Applications to the Medical Superintendent.

Liverpool Dispensaries.—Assistant Surgeon. Salary £100 per annum, with board and apartments. Applications to Sam. B. Leicester, Secretary.

Liverpool Infirmary for Children.—House Surgeon. Salary £100 per annum, with board and lodging. Applications to the Hon. Secretary.

Parish of Birmingham.—Workhouse Infirmary.—Assistant Resident Medical Officer. Salary £104 per annum, with furnished apartments, rations, coal, gas, laundry, and attendance. Applications to Charles Fletcher, Clerk to the Guardians, Parish Offices, Edmund Street.

Royal Free Hospital, Gray's Inn Road, W.C.—Senior Resident Medical Officer. Salary £100 per annum, with board, residence and washing. Applications to the Conrad W. Thies. Secretary,

Stamford, Rutland and General Infirmary.—House Surgeon. Salary £100 per annum, with board, lodging and washing. Applications to V. G. Stapleton, Secretary, The Infirmary, Stamford.

University of Birmingham.—Second Demonstratorship in Anatomy Salary £150 per annum. Applications to Geo. H. Morley, Secretary.

West Herts Infirmary, Hemel. Hempstead.—House Surgeon. Salary £100 per annum, with furnished rooms, board, fire, lights, attendance, and washing. Applications to Percy Hall, Hon. Sec.

West Riding Asylum, Wadsley, near Sheffield.—Fifth Assistant Medical Officer.—Salary £140 per annum, with board, &c. Applications to the Medical Superintendent.

Appointments.

CARSON, HERBERT W., F.R.C.S.Eng., Surgeon to the Tottenham Hospital.

CUSACK, R., Certifying Surgeon under the Factory Act for the Cashel District of the county of Tipperary.

ELLIS, L. ERASMUS, M.D.Brux., M.R.C.S., L.R.C.P.Lond., L.S.A., Clinical Assistant to the National Hospital for Diseases of the Heart, Soho Square, London, W.

GREEN, T. A., M.D., C.M.Edin., Surgeon to the Out-patients at the Bristol Royal Hospital for Sick Children and Women.

KEOGH, S., Certifying Surgeon under the Factory Act for the Dundrum District of the county of Tipperary

MITCHELL, G., Certifying Surgeon under the Factory Act for the Templemore District of the county of Tipperary.

MITCHELL, M., Certifying Surgeon under the Factory Act for the Tullaroan District of the county of Kilkenny.

Births.

BROWN.—On May 31st, at Carlton House, Gloucester, the wife of Walter Brown, M.B., of a daughter.

CORNER.—On June 2nd, at Harley House, the wife of Edred M. Corner, F.R.C.S., of a daughter.

WIGGLESWORTH.—On June 3rd, at Kirkham, Lancashire, the wife of Sidney Wigglesworth, L.R.C.P., M.R.C.S., of a daughter.

Marriages.

BELL—PRINGLE.—On June 2nd, at St. John's Church, Blackheath, George Bell, son of George Bell, Esq., 15 Vanbrugh Park Road, Blackheath, to Madeline (Maud) Charlotte Pringle, daughter of the late Lieut.-Colonel Robert Pringle, M.D., and Mrs. Pringle, of Lewisham.

HOWLETT—SMITH.—On June 2nd, at Holy Trinity Church, Nottingham, Bernard F. Howlett, M.R.C.S., L.R.C.P., of Kingston-on-Thames, to Stella Isabel, youngest daughter of John E. Smith, of Southport.

PUCKLE—HARRIS.—On June 4th, at St. Ethelburga's, Bishopsgate Street Within, London, Raymond Aufrere, youngest son of the late Robert Arthur Puckle, Esq., Duppas Hill, Croydon, to Emily Eleanor, elder daughter of the late Henry Harris, M.R.C.S.Eng., of Denmark Hill, and of Mrs. Ada Harris, of 19 De Crespigny Park, S.E.

ROBERTS—BARRY.—On June 2nd, at St. Luke's Ramsgate, Rev. David Roberts, senior curate of St. Peter's, Islington, to Elizabeth, daughter of the late Surgeon Major D. Paterson Barry, M.D., and Mrs. Barry, Danecote, Ramsgate.

SCOTT—GEORGE.—On June 1st, at St. Michael's Church, Bournemouth, Maitland Bodley Scott, F.R.C.S., son of Mr. T. B. Scott. Aldington, West Bournemouth, to Hilda Durance, only daughter of Mr. and Mrs. Durance George, of Alderholt, West Bournemouth.

Deaths.

ANDREW.—On May 31st, at 2 Atholl Crescent, Edinburgh, Fanny, wife of James Andrew, M.D., and eldest daughter of the late John Haigh, of Scarborough.

OWEN.—On June 2nd, R. E. Owen, L.M., M.R.C.S., L.S.A., at Valetta House, Beaumaris, in his 62nd year.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

Vol. CXXVIII. WEDNESDAY, JUNE 15, 1904. No. 24.

Original Communications.

CANCER AND URIC ACID; OR, URIC ACID AS A CAUSE OF THE IRRITATION WHICH PREDISPOSES TO CANCER.

By ALEXANDER HAIG, M.A. and M.D.Oxon., F.R.C.P.,

Physician to the Metropolitan Hospital and the Royal Hospital for Children and Women.

Mr. Henry Morris, in his recent Bradshaw Lecture (*Brit. Med. Journ.*, 1903, vol. ii, p. 1511), says: "But in any case we can reasonably hope and expect that the organised researches now commenced by the Colleges will in time yield much information as to how to prevent cancer, by teaching us what are the real agencies which stimulate it into existence." My object in this paper is to do what lies in my power to draw attention to the claims of uric acid to be one of these agencies. The possibility of this I have for some years been mentioning in succeeding editions of my work, "Uric Acid as a Factor in the Causation of Disease," and in the sixth edition I brought forward a further series of facts and arguments to support it. The evidence that uric acid causes local irritation is so abundant I need hardly devote much space to it. No one can inject it either in solution or suspension under the skin without having ample evidence of its irritant effects, and the common association of eczema with gout is alone strong evidence of its irritant effects on the skin, just as the frequent association of fibrous irritation and fibromata with gout and rheumatism is evidence of its effects on all fibrous tissues, and over and over again I have seen such fibrous thickenings and tumours diminish and disappear as the result of the treatment of uric acid arthritis by uric-acid-free diet; then the effects on the fibrous tissues of nerves, muscles, intestines, &c., are mentioned again and again in many parts of my book (previous reference), and are almost equally well known, so that we see that uric acid is an irritant of the body, from the skin outside, to the fibrous tissues of the viscera, and the bones and cartilages within. That uric acid is the cause of very chronic irritation is again well known, for patients often suffer from eczema and arthritis for twenty, thirty or even forty years, and during all this time the increase and thickening of many neighbouring fibrous tissues may be obviously going on. The substances that increase the local irritant action of uric acid are, for the most part, those that precipitate it into the tissues, as acids, mineral acids and their salts, substances such as lime and most metals which form insoluble compounds with uric acid. The effect of all these substances is to hold it back in the body, and also to precipitate it into the tissues, where it remains partly in solution, partly in suspension, and partly deposited as the biurate. In suspension, and most of all in solution (see "Uric Acid," previous reference), it is a powerful local irritant. Each of these little separate deposits in the tissues forms what I have called a uric acid filter, and, consequently, either attracts further uric acid to itself, or gives out uric acid to the circulating and tissue fluids, according to the more or less alkaline reaction of these latter and the amount of uric acid they already hold in solution. The result is that in these little tissue deposits the effect of the uric acid is never the same from day to day, or even from hour to hour. There is a constant going and coming of uric acid, and a corresponding change in the amount of local irritation (see "Uric Acid," previous reference). Then we must add on to those substances that increase the irritant action of uric acid exposure to cold, as that both directly and by its action in diminishing the alkalinity of the blood is also a precipitant of uric acid. The substances that tend to diminish the local irritation produced by uric acid are those that dissolve uric acid or form soluble compounds or combinations with it, and among these we need only mention alkalies and salicylates and heat, which last has the reverse action to cold, and increases the alkalinity of the blood. The effect of these substances is to diminish the local deposits as more and more uric acid is given up from the deposits to the blood and tissue fluids, and while uric acid is in solution in these fluids it is constantly being passed quite freely from the kidneys, and thus the uric acid in the body is constantly being diminished by the action of these solvent substances and of heat, which acts as a solvent, and this is the reason of the well-known fact that gout is a disease of winter and of cold climates, and not of summer and of warm climates. And I must add one more, the most important factor, to those that diminish local irritation, and that is diet—a uric-acid-free diet, which, by diminishing the intake of uric acid diminishes the amount the blood has to hold in solution, and, consequently, the blood and circulation fluids come at once into a condition to take up uric acid from local deposits and to diminish these and the amount in the body by passing it out in the urine. Now, if this local irritant action of uric acid is to any important extent a cause which stimulates cancer into

existence, we should expect that the precipitant group of drugs, along with cold, will be found in action where cancer incidence is greatest, and the solvent group of drugs, along with heat, where it is least, and that the uric-acid-free diet would act like the solvent group, only more so, as it is not only a solvent, but also withholds uric acid from the body. Another point I may as well mention here is the very wide expanse of the field of modern life in which one is liable to come into contact with retentive substances. But a few instances must here suffice, such as lead and lime in drinking and cooking water, lead, mercury, copper, zinc, and tin in many preserved foods; and several of these metals are used in contact more or less directly with preserved foods, as in tinned foods, and in the cooking and preserving of foods, and lastly, the use of many of these metals in medicine, as of zinc, copper, silver and gold in nerve diseases, of lead as a styptic, and of iron as a treatment for anæmia. In those people who are full of uric acid in every tissue there is almost no end to the local precipitation that these substances may produce, and, as I said before, each small local deposit acts as a uric acid filter until all has been completely redissolved and removed, and in certain not uncommon conditions, *e.g.*, those of high feeding and high acidity, years may elapse before this removal is complete. As I shall have presently to point out, it is in the well-fed and highly nourished (query overfed) that the greatest liability to cancer is found.

My attention was first directed to this point by reading an interesting article written by Mr. D'Arcy Power (*Brit. Med. Journ.*, 1893, vol. ii, p. 830), and a further article of his in the same journal (1895, vol. i, p. 910), and about this time I discussed with him an instance in which a heavy cancer mortality seemed to have fallen on a small number of houses in a district which I knew well.

In this case I may say that what appeared to us to be a very high cancer mortality, raising questions in our minds of cancer houses and of infection, was found in association with a very hard drinking water containing excess of lime, and also with high feeding and free indulgence in rich food and wine, that is to say, both with free introduction of uric acid and with conditions tending to precipitate it. I also point out ("Uric Acid," previous reference, p. 462) that Sir W. M. Banks has noticed the relation between an increasing cancer death-rate and richer and more abundant food, which, of course, means a larger uric acid intake and less uric acid solubility in the body, with increase of local precipitation of uric acid, and so an increase in the number of foci of local irritation. I also refer to a record by Sir W. Macgregor that natives of some vegetable feeding nations get cancer when they begin to eat meat like Europeans, and this without any apparent possibility of cancer infection; he also shows that only those who eat meat get cancer. I also point out that Dr. Braithwaite has suggested that excess of salt in the diet is a factor in the causation of cancer; and here again we are dealing with the salt of a powerful mineral acid which is introduced into the body, and no doubt hinders the solution and favours the precipitation of uric acid. The same author attributes cancer among the natives of India to this cause, but quite leaves out of account the enormous introduction of uric acid in the pulse which they consume. But here again I would point out that in the case of the high-feeding and well-nourished contingent of this country we get both a large introduction of uric acid, and its deficient solubility in the blood and tissue fluids, associated in the records of several observers with a large and increasing tendency to cancer. One would expect, then, that under just the opposite conditions, small intake of uric acid and a good supply of solvents preventing its precipitation in, and favouring its elimination from, the body, we should find a low cancer death-rate; and this also is the case, for the death-rate in Kerry on a diet of butter-milk, Indian meal, and potatoes is less than one-fourth of that in Armagh on a mixed and animal diet; and the point about the potato is that it contains much alkali, and thus is a solvent of uric acid, and, consequently, aids its removal from the body and prevents its precipitation. (*a*) Then Mr. Roger Williams points out in the *Brit. Med. Journ.*, 1902, vol. ii, p. 917, that a low cancer death-rate in Egypt goes with a low consumption of uric-acid-containing foods, and what I myself observed when in Egypt for a few weeks in 1902 led me to believe that the diet of the natives is largely free from uric-acid-containing food, and that both their blood decimal and their circulation, as well as their development and physical power, are greatly superior to those of the uric acid consumers of this country. The natives appeared to be all strong and healthy, and could walk or run all day without fatigue, while the miserable, pale Europeans who passed them on the steps of the Cairo hotels were walking museums of pathology, and appeared by contrast to suffer from almost constant fatigue and lethargy.

Some points of great interest are also mentioned by Dr. R. Kirk, *Brit. Med. Journ.*, 1903, vol. ii, p. 1528, where in a short article on Paraffin Cancer, he shows that contact of the skin with naphtha mixture causes first of all intractable eczema, second, small pimples which tend to become boils and then ulcers, and third, that of the ulcers so formed "a considerable proportion took on malignant characters." He concludes his paper as follows:—"These tumours were all epitheliomata, and the conclusion one must come to is that long-continued irritation certainly does predispose to the production of malignant disease."

Here, then, we have one more instance of chronic irritation assisting in the production of cancer, and after what has been said above about the causation of eczema by uric acid, is it to be doubted that a gouty man, or one whose blood is most heavily charged with uric acid, would suffer most from the paraffin, and that the local lesion once produced would be in him also least ready to heal (see "Uric Acid," previous reference), for uric acid not only produces local irritation, but adds itself on to and so increases and prolongs any local irritation otherwise produced? It also interferes with the nutrition of the skin, and so hinders the healing of wounds of all kinds. The mention of boils also is interesting, for these are often contagious, and are probably due to the inoculation of the irritated skin, and it is at least possible that the cancer which develops later on is also due to an inoculation of the ulcers, which remain open and exposed to all kinds of dirt for so long a time. Then in "Uric Acid" (previous

(*a*) It is only right to say that the general average death-rate of Kerry bears about the same ratio to that of Armagh as the cancer death-rate does; but this may merely show that the inhabitants of Kerry gain in many directions from their natural diet.

reference), I have pointed out that there is at least one contagious disease, namely, a common cold, which effects an easy lodgment in the mucous membranes of those whose circulation is loaded with uric acid, but which often does quite fail to affect those who are relatively free from this substance. Further, if acute rheumatism were to prove to be in any way connected with a microbe it would be a parallel instance of the same thing, that is, the microbe could not affect those who were free from uric acid, and we already know that acute rheumatism, or, as I prefer to call it, "acute uratic arthritis," can be produced or precipitated by several different kinds of microbes, *e.g.*, those of scarlet or enteric fever or of influenza, and when cases of infectious acute rheumatism are described it probably means that one of these microbes has passed from person to person and produced prominent arthritic symptoms in each. In each case it affected the excess of uric acid in their body, and my point is that those whose blood and tissues are free from excess of uric acid are not so affected by microbes. If this is so we can at once see how an excess of uric acid in the body may, by favouring chronic local irritation and ulceration, pave the way for the incidence of cancer. I do not wish to assert that cancer is due to a parasite, and the facts mentioned above as being recorded by Sir W. Macgregor are against this causation to some extent, but I do desire to suggest that the facts which I have mentioned above in mere outline should not be entirely neglected in any investigations that have for their object the clearing up of the causation of cancer.

I would sum up these points as follows:—(1) Cancer tends to affect seats of local irritation or ulceration. (2) That uric acid is responsible for more widespread and chronic local irritation in all the tissues of the body than any other known substance. (3) That insurance statistics seem to show that cancer is increasing side by side with many other diseases which are no doubt due to uric acid, as more and more uric acid is poured into the body in flesh, soup, meat extracts, tea and coffee, all of which are consumed much more largely at the present day than they were thirty years ago. (4) Countries where the diet is, to a considerable extent, uric-acid-free, suffer but little from cancer, while there is some evidence tending to show that when uric acid is present in excess, first in the diet, and as a result in the blood, the incidence of cancer is increased by substances which tend to precipitate uric acid in the tissues and is diminished by substances which aid its solution and removal from the body. (5) Lastly, I would point out that if further statistics support those I have mentioned above in showing that there is a definite relation between cancer incidence and the amount of uric acid in the body, we need not wait till heaven and earth have been microscoped to find a possible parasite, but can at once diminish the destructive power of cancer by cutting off supplies of uric acid and giving solvents, just as is already being done with success in many other disease conditions which are more clearly and obviously due to uric acid.

THE Royal Commission of Inquiry into the mortality-rate of the Cornish miners have reported that the main cause is a form of phthisis which could be prevented by the prohibition of hard-rock drilling without the use of water.

THE POSITION OF THE MEDICAL ATTENDANT IN CRIMINAL CASES. (*a*)

By W. DUNCAN, M.B.

THE criminal cases that appear from time to time in the courts where the crux of the charge rests on the evidence of the medical attendant seldom fail to bring into prominence the unsatisfactory state of things at present prevailing in regard to medical attendants coming forward with suspicions of foul play which they may entertain.

If, as in the Maud Marsh trial, the Judge or the jury comment adversely on the fact of the medical attendant not having given information earlier, the publicity given to such comments brands the practitioner as incompetent in the eyes of quite a number of the public and of his patients. If, on the other hand, he does communicate his suspicions to the police as soon as they are aroused (and while the patient in, say, a supposed poisoning case, is still alive), the suspicions expressed will almost certainly reach the ears of the party concerned. Should they be well founded, a crime may be frustrated; but, should the symptoms be capable of an innocent explanation, the medical man finds himself in an awkward fix indeed; and even if no legal proceedings are taken against him, he is bound to alienate a large number of his patients, and may have to leave the district altogether.

The knowledge of the above may well make a man put off saying anything from day to day, in the hope that each day will bring clearer evidence, till perhaps the patient dies; and, while still discussing with himself the pros and cons, and unable to be certain that the symptoms are *not* capable of a natural explanation, he signs a death certificate bearing the most prominent symptom, and his unspoken suspicions remain unsolved.

This is not as it should be. In the interests of justice it is essential that a medical attendant's suspicions should be voiced at once; in the interests of the practitioner it is also essential that while those suspicions are being weighed and sifted there should be no possibility of anything leaking out till the suspicions become practical certainties; while, in the event of their proving unfounded, they would remain as if they had been unspoken.

Such a state of things can be easily attained by the appointment of "Crown Consultants," selected and paid by the Home Office, not by the local authorities. They would be in every centre, and would be drawn from the ranks of medical men who have made themselves specially proficient in forensic medicine. It would be open to the perplexed practitioner to discuss his case with one of these Consultants, and be guided by expert advice. If the suspicious symptoms cleared up, or could be explained away by the Consultant, there would be an end of the matter. If, on the other hand, the Consultant saw grounds for supposing criminal intent, he would, as soon as his suspicions were confirmed, inform the police, and take the responsibility for doing so.

The foregoing will make it clear in what cases it would be intended for the practitioner to make use

(*a*) Paper discussed at the Chesterfield Branch of the Midland Medical Union, February 9th, 1904. See also correspondence, p. 647.

of the services of the Crown Consultant, *viz.*, in those cases where a crime is being committed under his nose, and in which an attempt is being made to use him as a covering instrument. In other cases where he is consulted openly and straightforwardly, and where no attempt is being made to interfere with the medical man's first duty—the cure of the sick or injured—any information gleaned in a professional capacity would be under the seal of professional secrecy, as at present.

THE IRISH POOR-LAW MEDICAL SERVICE. (a)

By R. F. TOBIN, F.R.C.S.,
Surgeon to St. Vincent's Hospital, Dublin.

My first utterance on rising from this chair must be words of thanks to you for having conferred on me a position essentially honourable in itself, and one made still more honourable, first, by the unanimous and unsolicited manner in which you have called me to it; secondly, by the ability and high standing of those who have gone before, and by the difficult and critical nature of the problems which we are at this time called upon to solve. Happily, we are not responsible for the question which will chiefly concern us to-day, *i.e.*, the present position of the Poor-law Medical Service in Ireland. Happily also, we are, by our mode of life, peculiarly fitted to consider it. What we desire for the Irish Poor-Law Medical Service is to put it in its true position—the first service in the land. That is how it should stand. That is where it will stand when more enlightened views prevail. What is the first asset of a state and its inhabitants? If they are great, it is great. A country is what its people make it. What is the first asset of an individual? His health, and by his health I mean the condition of being, and remaining for as long as possible, in the highest state of development. What is a medical doctor? He is a minister of health. These statements may sound to you truisms, but they are not. A truism is a truth that is widely accepted; these are only received in a partial and half-hearted way, which robs them of general efficiency. The value of health is grasped by cultured persons individually, but in their public capacity they put it on one side. An educated and well-to-do man considers for his own immediate circle health before everything—before education, before worldly advancement. He says: I would rather see my children well developed and sound than with any other endowment, and he acts accordingly; but when he comes to deal, in his public capacity, with a question of general health and the medical treatment of the poor, he looks at things and behaves in a totally different fashion.. Health is put last. There is no public purse-opening force in his programme, and what should be one of the great questions of the State is dealt with by means of bazaars and other eleemosynary methods. If this were not so, the position of the medical officers of the State—such as are the Poor-law medical officers—would to-day be very different from what it is. Contrast it with that of the officers of the Church—I mean the Established Church—in England, with its endowments, its social and legislative prestige. Contrast it with that of the officers of the law, bearing in mind the appointments open to barristers and the honours bestowed upon them. While they and their descendants are crowding one another in the House of Lords, in the Privy Council, and other offices of State, the unhappy officer of health wearies through life at an impossible task, and if in his department you look for the trappings of success, you see them worn by the diseases that walk jubilant over the land. When we are quarrelling with Poor-law guardians as to our status we should bear these facts in mind. The all-embracing nature of our work no doubt accounts to some extent for this estimation. There is no service, however menial, which a fellow-creature in distress cannot claim at our hands, or which we consider ourselves as above giving. We surrender ourselves in a most complete way to the service of humanity, and for us there is no high or low in what we do. Surgeon Tobin then dealt with the views of certain men on questions of reform. One was the "Report on the Poor-law Medical System in Ireland," by Surgeon-General Evatt. Continuing, Surgeon Tobin said: If Sir Horace Plunkett is wise he will, with Surgeon-General Evatt's leave, which I know will be readily granted, include this excellent report in the next edition of his work. He owes some such reparation to what will be, before the new century is old, the most important service in the State. Gentlemen, had I time to continue the study of the lay mind I would make plain to you two lessons. First, the necessity of educating the educated public; second, that if we are to play in life the part it behoves us to do in the interests of ourselves and the public, we must not calmly accept any position assigned to us, but we must formulate, as I am now trying to do, what our true position is, and by every means in our power try and attain that position, and having attained it, worthily live up to it. When a body of men are about to move in any effort, the question of organisation should first claim attention. For this purpose the Irish Medical Association exists; and our first act at every meeting should be to number our ranks till we find that they include every registered practitioner in Ireland. To do this effectually we should, I think, be better acquainted than we are with the names of those who are in the Association and of those who are not. Surgeon Tobin dealt at length with the grievances of the Poor-law Service. He advocated that the members should recognise the democratic spirit of the age, and continued: The position of an officer of health, like that of a priest, must be founded in the respect and estimation of the people. You cannot improve a man's body, any more than his soul, against his will. The first condition in carrying out our work is that the people believe in us. Which of us ever forced our views, even on a friend whom we sought to benefit, with satisfactory results? The position of our profession must stand on the broad basis of the people's goodwill. As things are now in Ireland that is not compatible with a Civil Service; I do not consider why, but I state a fact. It may not be always so. A time may come when the policeman will be honoured in the streets of every village. I pray for that time, and also for that when the peasant will think so highly of the blessing of health that the getting of it will weigh down all other considerations. He may then turn round and say—This thing may

(a) An Address delivered at the Annual Meeting of the Irish Medical Association.

better be worked as a State service than as it now is. An ideal state of things, in my mind, would be one in which there was no more a question of a fee for the doctor from the sick man than there is for a fee for the policeman from the malefactor. In that good time the doctor paid by the State will rule the district, and every case of illness not due to age will be an offence for which somebody will be called to account; but these days are not yet, and so we have to make our way into the minds of the people, and centre ourselves on their good judgment.

A doctor living in the country—I can't see if he is here present, but he is a member of our Association — was awakened one night by a knock at his door. He went down and found two men standing outside, one of whom said to him: "I want you to come to see my son." "All right," said my friend, "I'll be with you in a minute." "But you must come for the same fee as Dr. So-and-So," mentioning the name of a new arrival who had started a low scale of fees, and who happened not to have been very successful with his first few cases. "No, thank you," said my friend, and having shut the door, he turned into his study to get a book. The window was open, and he could hear the two men talking outside. "What would you do?" said one. "Faith," said the other, "I'd give him what he asks. Shure the funeral 'ud cost ye more than the differ." With this they came back, knocked again, and the difficulty was at an end. This is the lesson in a nutshell—the costliness of funerals, the blessings of health, the progress of medicine, the interest of the people in this progress, the facts that sanitary science is now exact and that most diseases are preventable—teach it to them, and, believe me, there will soon be a change in the new economy—undertakings that, although flavoured by philanthropy, are after all but ventures, will be relegated to "Gigas" bazaars and such wind-raising methods, and an efficient medical service for the poor, and an efficient public health service for all, will become a first charge on the public purse. In the meantime rest assured that you will have the teachers in every school in the Three Kingdoms with you. Don't be afraid of beginning with small demands, and that these being granted there will be an end. You do not think the men assembled in this room have come together to wring a few pounds out of the ratepayers, and that we are organising the whole profession for such a paltry end. No! Our end is a position in which we can efficiently and honourably do the work to which our lives are devoted. When that is attained we shall rest, but not till then. Let it not be thought, however, that because we are making these efforts for our efficiency we are not grateful to our fellow-countrymen for what they have done for us in the past, and for what many of them are still doing. Things are out of shape, but that is due to the fact that medical science has grown fast of late, and society has not yet adjusted itself to the new condition. "The old order changeth, giving place to new, and God fulfils Himself in many ways." We have suddenly come in for a great inheritance. Our claims are undoubted, and we are a little irritated because there is some hesitation in these claims being allowed. However, if we only press forward temperately and firmly all will come right, because although we may differ as to details, we are all animated by the same spirit and striving for the same end; because hearts are hearts, and Irishmen are Irishmen, and because we belong to a profession which, while it recognises neither North nor South, nor upper class nor lower class, should make us at one and the same time the servants and the masters of all.

French Clinical Lectures.

THE DIFFERENT KINDS OF TYPHOID FEVER RELAPSE.

By DR. MAURICE COSTE,
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[SPECIALLY REPORTED FOR "THE MEDICAL PRESS AND CIRCULAR."]

HUTINEL in his thesis divides the relapses of typhoid fever into four different classes—simple and pyretic on the one hand, anomalous relapses and relapses associated with wide oscillations of temperature on the other.

The simple relapse recalls in its course an ordinary attack of enteric fever, but the symptoms are generally less severe and less marked. This so-called simple form presents several varieties in respect of temperature, which may rise suddenly to its maximum (103·5° to 104° F.), or it may rise rapidly, but "staircase fashion," and attain its maximum in about thirty-six or forty-eight hours. Sometimes the rise is slower and the maximum is not reached till the fifth or the seventh day, or it may be suddenly manifested by rigors and sweating.

The fastigium may also present several types, the oscillations being regular, as in an ordinary attack of typhoid fever—a comparatively rare form—or it may be of the irregular remittent or regular remittent type. Jaccoud called attention to the fact that the maximum temperature of the relapse is always less than that of the original attack, but that it may rise to 104° or 105·5° F., which is usually reached about the sixth day, though sometimes earlier. The period of defervescence shows the least variation. In a large proportion of cases it takes place by lysis within from twenty-four to thirty-six hours, although in some it may take several days.

Some observers base their prognosis on these variations in the temperature. Wunderlich concludes that if the rise be sudden and rapid, the relapse is usually of short duration, and that, on the contrary, the relapse is often of protracted duration when the rise has been slow. Jaccoud holds that the mildness of the relapse is dependent on the maximum being attained early, and that it is quite unaffected by the maximum *quâ* maximum. The eruption in cases of relapse appears earlier than in the original attack, generally, indeed, between the second and fifth days. The duration of the regular type of relapse is from three to four weeks.

The pyretic relapse differs from the form just described in the absence both of typhoid symptoms and complications. It is manifested by a rapid rise of temperature during convalescence—103·5° to 104° F.—the chart being very similar to that of simple relapse. The temperature can only be accounted for by the action of the typhoid poison on the system. These relapses might easily be mistaken for cases of typho-bacillosis, by which we understand a typhoid condition caused by a tuberculous infection preceding the phase of localisation, which only occurs a good deal later.

In the *anomalous relapses*, the temperature curve may present still greater oscillations of temperature, and it contrasts in many important respects with those observed in an ordinary attack of typhoid fever. In this variety of relapse, which is by far the commonest, the temperature rises continuously and attains its maximum about the fifth day, between which and the eighth day it remains steady; but on the ninth day it suddenly drops several degrees and may even become subnormal, though it subsequently rises again to its previous level. The temperature remains slightly

raised until the fifteenth day, when it again falls suddenly, and oscillates slightly till the twenty-first day, when convalescence sets in. The temperature, however, does not always follow this course, and examination of the charts shows how very variable may be the curves. There may, for instance, be a sudden rise followed by many falls, and it may be by persistently low readings both in fastigium and during defervescence. In this kind of relapse the temperature may rise to 104° F., and whatever the duration of the relapse the maximum is reached during the first ew days. This contradicts Jaccoud's law, according to which the relapse is usually of short duration when the maximum temperature is attained early. Wunderlich's theory that a rapid and sudden rise precedes a short relapse is also invalidated by our charts.

The characteristic feature of this form of relapse is, therefore, an anomalous, *i.e.*, an irregular, course of the temperature and the late appearance of the eruption (tenth day). The pulse may be 120, though it usually oscillates between 60 and 80 per minute. It is especially in this type that shivering, vomiting, and constipation are present from the onset. The average duration is from three to five weeks.

In the *relapses associated with wide oscillations*, the difference between the morning and the evening temperatures may amount to from 4° to 6° F. The temperature during convalescence rises to 103·5° or 104° F., in about three days, and then by wide oscillations returns to normal in from eight to ten. The rise, the fastigium, and the decline may all show these oscillations.

After the temperature has reached its maximum it may be followed by a fastigium of ten days' duration, showing marked regular oscillations just as during the rise, and this is followed by a crisis, or the oscillations present during the period of decline of the primary attack may continue, but less pronounced; or the temperature takes about four days to reach its maximum, this is succeeded by a fastigium of twenty days, in which a few irregular oscillations occur. The period of decline may be prolonged for ten to twelve days more, and the temperature then comes down by oscillations, some of which are large and others small, and the normal is reached in ten to twelve days. The maximum temperature in this relapse may be 104° F., or even higher. It will be seen that the date at which the maximum is reached and the form of the thermometric curve have no influence on the duration of the relapse.

The pulse rarely exceeds 100, and more often than not it ranges between 70 and 90. The spots are occasionally absent, sometimes they appear only on the seventh day; in fact, apart from the high temperature, the symptoms are ill-defined.

Devic thinks this kind of relapse is not observed in patients who have been treated by baths, but I do not agree with him on this point, because it happened in just such a case that I witnessed this form of relapse. The duration is frequently three weeks and sometimes longer, indeed, it may be as long as thirty days.

Yet another variety is that known as an abortive relapse, which derives its name from its short duration. This variety is frequent in epidemics. The temperature chart varies with every patient, the rise may take place by regular oscillations in three or four days, and then, without any transition, defervescence sets in and the normal is reached in about four days by regular descending oscillations.

The oscillations of the rising temperature may be rregular, but the duration is very much the same as in the previous case. This is succeeded by a fastigium of twelve hours, which in its turn is followed by a fall by irregular oscillations lasting four days; or, again, the maximum is reached slowly on the seventh day, and the fall is by crisis; or the rise is sudden and the fall by lysis, the normal being attained in a week.

These are the main types of abortive relapse, and it will be seen that they differ a good deal from one another n their evolution, and appear to have practically nothing in common except their duration, which in all cases is short. The maximum temperature in this kind of relapse is about 103·5° F., but the pulse may be 120, though usually about 90. The spots are sometimes seen as early as the first day, usually not till the eighth, although this date may coincide with the end of the period of defervescence. In one of my cases the spots appeared on the ninth day, twenty-four hours after the temperature had reached normal.

In the majority of cases the typhoid symptoms are unimportant, but they are occasionally of extreme severity. In a case of this kind under my own observation, the relapse was preceded by sudden pain in the spleen followed by a rapid rise of temperature, tenderness in the right iliac fossa, diarrhœa and epistaxis.

After forty-eight hours the symptoms subsided in great measure, the attack abated and convalescence set in on the seventh day. These relapses seldom last longer than a week, and from their short duration and the course of the temperature one is rather inclined to look upon them as recrudescences. This, however, is not the case, because a period varying from three to twenty-three days elapses between the actual attack and the fresh rise of temperature. They are consequently genuine relapses. This is further proved by the reappearance of the spots.

Other forms, called abnormal relapses, exist, besides those mentioned, and these may be easily overlooked and so give rise to errors in diagnosis. In the previous varieties the relapse was fairly easy of diagnosis by reason of the persistence of a high temperature, but in these abnormal cases the rise of temperature does not obtain. The temperature may go up for a short time and be followed by fairly long periods of apyrexia, but in some cases even this fugitive rise does not take place, and the point on which we must rely for the diagnosis is the appearance of the spots. This class of relapses has not hitherto been described, yet it is comparatively frequent. There are two varieties thereof. In one the typhoid symptoms are ill-defined, and the relapse is characterised by an occasional nocturnal rise of temperature, with long apyretic intervals. In two of my cases it simulated a quartan fever, in a third case there were two apyretic intervals separating the rises in temperature, one of nine days', and the other of three days', duration, and in the fourth case the relapse comprised an initial and a final rise of temperature separated by a period of normal temperature.

In only one case was the initial rise followed immediately by another similar rise, this phenomenon recurring at the end of the relapse. The maximum temperature never exceeded 99° to 103° F., and this was sometimes attained in the first instance, while in others only with the final rise.

The lenticular spots, which are the only characteristic symptom of this kind of relapse, usually appear between the first and fourth days, and coincide more or less with the rise of temperature. In one case a second eruption appeared after the final rise of temperature, showing that the relapse is not absolutely limited to these two elevations of temperature. The typhoid symptoms were generally slight and consisted mainly of diarrhœa and redness of the tip of the tongue.

In three cases these relapses followed an attack of typhoid fever of from fifteen to thirty days' duration; in one the relapse of thirteen days followed an attack of forty-nine days. The interval of apyrexia separating the attack from the relapse varied from five to seven or fourteen days, and the relapse itself lasted from six to seventeen days. The second variety of the abnormal type is the apyretic form, and this has been seen to follow an apyretic form of typhoid fever, but the two are by no means always associated, for the relapse may follow a typical attack, in which the maximum has been 104° F. The relapse in this case began with a trifling rise of temperature to 99° F., which subsequently fell to normal and remained there. The lenticular spots varied in the time of their appearance; in one case they appeared three days, and in another thirteen days, after the initial rise. In the latter patient, a second series of spots appeared nine

days later. In the remaining three patients, after the subsidence of the original attack the temperature remained at 98° F. Yet spots appeared from seven to eight days after the temperature had returned to normal, the original attack having lasted from eighteen to thirty days. In each of these cases there was only one eruption. In this variety the only typhoid symptoms were diarrhœa and redness of the tongue. The pulse never exceeded 72. It is rather difficult to state the duration of the relapse, inasmuch as there is no temperature to guide us, but reckoning from the time at which the spots appeared it is thought to have been from one to three weeks.

In these abnormal types, the typhoid symptoms and the temperature chart do not help us in the least in arriving at a diagnosis, but there is no doubt that we were dealing with a genuine relapse, as shown by the spots. The latent relapses are therefore very easily overlooked, and from a practical point of view they deserve to be made known.

We see, therefore, that the relapses do not reproduce the typical typhoid chart, and, moreover, considerable differences exist between the relapses themselves first in respect of their course, duration, severit , and even of their symptomatology. The temperature after an attack of typhoid may be caused either by a relapse of the complications, such as bronchitis or pneumonia.

The relapses showing wide oscillations must not be confounded with the oscillations of temperature, lasting two to four days, accompanied by shivering and sweating due to septicæmia, secondary to, for instance, otitis media, to furunculosis, or to erythema, nor must they be confused with oscillations of temperature due to pyæmia. In pyæmia, the oscillations are more irregular, and the patient has rigors, loses flesh, and soon acquires a jaundiced tint of the skin. In this case one must look for the source of the mischief, which may be due to the formation of an abscess, frequently in the muscles, and especially those of the buttock. Again, the rise may be due to periostitis of one of the long bones or to a patch of pneumonia, which may become the seat of an abscess. The urine should be examined daily for evidence of pyonephritis. The temperature, again, might be attributed to a typho-bacillosis or to a tuberculous infection, but in these cases the typhoid symptoms are absent and the chart is different. The temperature is not very noticeable during the day but begins to rise at night, and is accompanied by cold sweats, cough, expectoration, and other symptoms of tuberculosis, together with a history of wasting. Examination of the chest will then reveal dry forms of tuberculous mischief, but if one be not on the look out for this the temperature may be taken to represent an irregular or abortive relapse.

Rises of temperature due to an abscess or to erysipelas may simulate an abortive relapse. Constipation may simulate a relapse by producing a rise of temperature, diarrhœa from irritation of fæcal masses to gurgling in iliac fossa, and in some cases it may be accompanied by distension and so come to resemble closely an ordinary attack of typhoid fever, from which it may be distinguished by the pain noticed along the course of the large intestine. During convalescence the temperature may rise and remain from 2° to 6° F. higher than normal. This is called by the Germans "secondary fever," and it cannot be accounted for. It is of rare occurrence, but it may resemble an intermittent or a remittent fever. It may resemble the abnormal relapse, but is unaccompanied by an eruption of lenticular spots. And if, when convalescence seems to have set in, diarrhœa still persists and the tongue remains slightly red at the tip, one must wait a week or two to be sure that it is not an apyretic relapse.

This subject has been but little studied, and from the small number of observations at my disposal, it would be premature to say what influence the attack of typhoid exercises on the relapse. Jaccoud calls a relapse *precocious*, when the apyretic interval is only three days, and *delayed* if this interval exceeds ten days, reserving the name of ordinary relapse for relapses occurring between three and ten days. From the consideration of cases under my care, 53 per cent. were late in appearing, 32 per cent. appeared at the usual time, and 15 per cent. were early, leading me to conclude that "abortive relapse" supervenes after the tenth day. An abortive relapse generally indicates the finality of the attack.

The treatment of the relapse does not differ from that of the original attack; cold baths or sponging may be necessary if the temperature is high, otherwise mere dieting will be sufficient.

Transactions of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD JUNE 1ST, 1904.

PROFESSOR CHIENE, C.B., in the Chair.

DR. NORMAN WALKER showed (1) three cases of lupus complicated by epithelioma. In one case the malignant growth had developed before, and in the other two after, treatment of the lupus by X-rays. In the first case the rays had been used in the treatment of the epithelioma with good results. (2) A case of psoriasis treated by the X-rays, in which, after fourteen exposures, the disease had practically disappeared.

Mr. GEO. CHIENE showed (1) a man after operation for rupture of the middle meningeal artery and laceration of the temporal lobe. Two days after receiving an injury he was admitted to the infirmary on account of difficulty in walking. Hemiplegia and aphasia then developed. At the operation the bleeding was found to come from a point low down, being evidently due to intra-dural rupture of the vessel. The artery was ligatured, and recovery gradually took place, though some mental instability still remained. (2) An infant who had been operated on for acute intussusception when forty days old. (3) A child in whom two operations for acute intussusception had been performed successfully—the first at 4½ months, the second at 22 months. The patient still suffered from constipation, which had probably caused the strangulation.

Dr. ALLAN JAMIESON showed a woman, æt. 26, suffering from keloid in the scar resulting from an ulcer, due to the application of acetic acid as a counter-irritant to the breast. Forty-four exposures of five minutes' duration to the X-rays had brought about an almost complete recovery. (2) A case of nævus pilosus.

Dr. JOHN STEVENS showed a case of extensive atrophy of the muscles of the arms, resulting from old poliomyelitis acuta.

Dr. EDWIN BRAMWELL showed a case of lesion of the eighth cervical and first dorsal roots (Klumpke's paralysis), due to a fall on the shoulder. There was a band of anæsthesia down the inner side of the arm, little finger, and ulnar half of the ring finger, with paralysis of the interossei muscles of the thenar and hypothenar eminences and the two long flexors and flexor carpi ulnaris.

Dr. GEO. GIBSON showed a case of hypertrophic pulmonary arthropathy in a man suffering from emphysema; the skin over the finger-tips was sodden, moist and hairless. Skiagrams of the case were also shown.

Dr. J. M. COTTERILL showed a patient after operation for extensive lipoma nasi.

Mr. SCOT SKIRVING showed a prostate removed from a man, æt. 86, by Freyer's method.

Dr. COTTERILL showed (1) tuberculous testicle from a child, æt. 2; (2) amputation at the shoulder-joint for malignant disease of humerus.

Dr. DAVID WATERSTON read a paper on—

SOME POINTS IN THE ANATOMY OF THE PELVIC FASCIA IN THE MALE IN RELATION TO THE SURGERY OF THAT REGION.

Recent methods, both of section and dissection, gave a clearer idea of the relations of the parts on the floor of the pelvis than was formerly attainable; the paper was, in the main, a demonstration of lantern slides

of formalin preparations, the chief points considered being access to the prostate, the musculature of the perineum, and the relation of the urethra to the prostate gland. The superficial layer of the triangular ligament was not intimately related to the urethra, being attached round the margin of the bulb, to the deep aspect of which Cowper's glands are in close relation, not separated from it by a strong membrane. These facts explained the course of extravasated urine in rupture of the membranous urethra. The musculature of the part, which had been thoroughly investigated about a century ago, was of extreme complexity, and very difficult to demonstrate; it was therefore often omitted from text-books. Owing to recent advances in operative surgery, however, renewed attention had been directed to this region, and the surgical importance of the muscle passing from the anal canal to the membranous urethra, of the thick anterior portions of the levator ani, and of the strength of the deep layer of the triangular ligament, had been pointed out. The last-named structure was pierced by the urethra, and supported the prostate. The sheath of the prostate derived from the vesical pelvic fascia, from which the gland could be shelled out in the manner first described by Dr. Stoney, was also demonstrated. In some cases of even moderate enlargement of the gland, the urethra, covered with a layer of prostatic tissue, could be torn out, and in the same way it was possible to enucleate a considerable amount of gland tissue, leaving the urethra uninjured.

Mr. ALEXIS THOMSON read a paper on—

THE ANATOMY OF THE ENLARGED PROSTATE SO FAR AS IT BEARS ON THE OPERATION OF PROSTATECTOMY.

Enlargement of the gland was due to diffuse hyperplasia of the gland tissue in the form of a new growth of buds of epithelium from the acini into the surrounding stroma. There was also dilatation of the old glandular spaces from accumulation of retained and altered secretion, *débris*, corpora amylacea and even calcareous concretions. Hyperplasia of the fibro-muscular stroma was unusual, and occurred only to a limited degree; the stroma usually underwent rarefaction and absorption from the predominance of the glandular elements. In examining forty prostates he had never found encapsulated tumours, and doubted whether they ever occurred; he did not, therefore, agree with those who spoke of shelling out independent tumours. The prostate had a capsule, least developed at its vesical surface, composed chiefly of non-striped muscular fibres, and which arose from a condensation of the fibro-muscular stroma of the organ. Under normal circumstances this capsule was so firmly united to the gland as only to be removable by cutting, while in ordinary hyperplasia the gland could easily be shelled away from the thinned-out capsule by the finger. In cancer of the prostate this enucleation could not be effected any more than under normal circumstances. In enucleating an ordinary hypertrophied prostate the line of separation was within the capsule, either between its layers or in the peripheral part of the gland; a variable amount of prostatic tissue was therefore left behind. In intra-capsular enucleation the minimum of force was needed: the periprostatic plexus of veins and the seminal vesicles ran no risk of injury, as the finger never came in contact with them or with the pelvic fascia. Owing to the intimate connection of the prostatic urethra with the stroma of the organ, hyperplasia of the glandular elements led to a thinning-out of the urethral wall until it was represented only by a delicate mucous membrane. Enucleation *en masse* meant that the urethra also was removed, while if the organ could be enucleated in two halves separated by the mesial plane, the urethral wall remained more or less uninjured. By the suprapubic route the finger-nail tore through the mucous membrane covering the vesical aspect of the organ, and in the perineal method that of the prostatic urethra.

The PRESIDENT suggested that the term prostate "sheath" should refer only to the fascial covering of the gland, and the term "capsule" to the fibro-muscular coat.

Professor CUNNINGHAM agreed with the President's suggestion.

Mr. Nichol, Mr. Wallace, and Mr. Stiles also spoke.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

MEETING HELD JUNE 3RD, 1904.

The President, DR. SEYMOUR TAYLOR in, the Chair.

A PAPER was read by Mr. J. JACKSON CLARKE on—

PARALYTIC DEFORMITIES: THEIR MODERN TREATMENT.

A wide range of nerve-lesions, whether cerebral, spinal or peripheral, led to disabilities and deformities that required surgical treatment. The range and scope of surgery had of late years been so markedly increased that it had become necessary to consider very carefully what were the aims, and, as far as possible, what were the limits, of such surgical treatment. Infantile paralysis and cerebral spastic paralysis provided the two largest groups of paralytic deformities:—(1) Infantile paralysis. The chief point in the natural history of this malady was its tendency to improve. After about nine months this improvement ceased, and therefore medical treatment should not be prolonged beyond that period. Some surgeons had recently stated that the medical stage of infantile paralysis should be limited to the first few days; and it would be wise for the medical man to secure the loyal co-operation of a competent surgeon early in any case where deformity threatened, as the judicious use of simple apparatus often assisted recovery and prevented deformity and the need for future surgical interference. The danger of inefficient surgery in these cases was alluded to. In paralytic equinus, for example, a simple tenotomy of the tendo Achillis was apt to be followed, from lengthening of the scar tissues, by a worse deformity, talipes calcaneus, which required further operative measures for its correction. In some cases of infantile paralysis a talipes equinus was an advantage, and should not be interfered with; in these cases there was a fair amount of power in the muscles of both sides of the leg, and the equinus compensated for the shortening. Tendon transplantation should be limited to cases in which there was a fair residuum of muscular power, and in which the deformity could be corrected at the time the transplantations were made. Lange's artificial tendons of silk were of great assistance in some case of tendon transplantation. The case of a young man, æt. 27, who had been deformed for twenty years was quoted. A good result was obtained by transplanting the long head of the biceps and the semi-tendinosus to the front of the joint, after section of all the hamstrings and of the fascia in the popliteal space. Arthrodesis was of most use in the case of the ankle joint. (2) Cerebral spastic paralysis offered a gratifying field to the surgeon, the aim being to obtain an equalisation of power in the opposed groups of muscles. In the slighter cases suitable instrumentation following muscle stretching under anæsthesia was sufficient; but in the more pronounced grades tendon-lengthening, tenotomy, tenectomy or myectomy were necessary. The Erbe-Duchenne type of paralysis, Friedreich's disease, some forms of progressive muscular paralysis, as well as other nerve affections, offered scope for surgery if careful selection of cases were made.

The PRESIDENT deprecated any active treatment in infantile paralysis, so long as pyrexia existed, as this indicated that active cell injury, and possible destruction, was still present, and the full extent of the resulting injury unknown. After the temperature had subsided, active measures—electricity, massage, and the like—should be commenced, and if no improvement ensued surgical procedure should be resorted to without undue delay.

Mr. E. PERCY PATON agreed with Mr. Jackson Clarke that it would be well if the surgeon had an opportunity of seeing infantile palsy at an earlier date than was usual, so that deformity might be prevented, as it often could be, by early splinting. No operation should

however, be done until all pyrexia had subsided for some time. It was a most important point, as noted in the paper, not to perform arthrodesis on both hip and knee in cases of flail-like lower limb; but rather to fix the ankle and rectify the trouble in the knee by some such means as tendon-grafting, and give the increased support that might be necessary by means of a well-devised instrument.

Mr. LAMING EVANS considered that the cases of tendon-contraction might still be divided into (*a*) simple, and (*b*) severe In the former, simple tenotomy might be employed with excellent results, at the same time avoiding the more severe operation, and the necessity of in-patient treatment; in the latter, tendon elongation was necessary. He had recently corrected a case of severe equinus by lengthening the tendo Achillis 2¼ inches. The uniting medium was firm and massive in four weeks. This operation in pronounced cases saved time to the patient, ensured a more certain correction, and avoided the risk of a weak aponeurotic union. He agreed with Mr. Jackson Clarke that in cases requiring tendon transplantation the deformity should be corrected first. Unless this were done it was impossible to estimate the part played by the transplanted muscle in increasing the power of a partially paralysed muscular group, by reason of the resistance offered by a contracted tendon or tendons of the opposing group. In the great majority of cases of spastic paraplegia he preferred exsection of the adductor tendons to simple tenotomy, but in spastic equinus lengthening of the tendo Achillis gave the best results. He had lately performed arthrodesis of the shoulder-joint in a case in which all the muscles between the shoulder girdle and the humerus were completely paralysed, the trapezius and serratus magnus being active. Three months after the operation satisfactory movement of the arm was obtained.

Mr. JACKSON CLARKE replied.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XL.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

DUNSTONE PARK SANATORIUM, PAIGNTON.

SOUTH DEVON has long been favoured as a district suitable for pulmonary disease, and although the results of a well-directed treatment in accordance with modern methods have conclusively shown that consumption may be arrested in all sorts and conditions of climate provided hygienic necessities be provided, it is nevertheless clear that certain parts of Devon can offer many advantages peculiarly welcome to the phthisical. At the present time there are two private sanatoria in Devonshire.

The so-called Dunstone Park Sanatorium, of which Dr. T. Carson Fisher is the proprietor and resident physician, is situated at an elevation of 550 ft. above sea level, on Marldon Hill, about a mile and a half behind the rapidly growing sea-side town of Paignton. It is on elevated ground, with extensive and attractive views over sea and land. Torbay lies open to the south, while inland the Dartmoor uplands can be seen across a wide reach of fertile and undulating country. The position is somewhat exposed, and although many opportunities for good walks can be obtained, there is somewhat of a lack of suitable shelter. The situation, however, undoubtedly presents many advantages. The aspect is sunny and cheerful, and delightful panoramic views are presented. The subsoil is of gravel and red sandstone, and rapidly dries after rain. The grounds in connection with the sanatorium are limited and the shelters available are not of the most modern construction.

The main building is a modified ordinary residence, and although in many ways suitable for its present purpose cannot claim the conveniences of a specially constructed sanatorium. Some of the rooms have verandahs, and efforts have been made to make the various apartments suitable for the class of patient occupying them.

Dr. Fisher informed us that he had enjoyed wide general experience both at home and abroad, and had also devoted several years to the practical study of open-air treatment in various sanatoria. Both he and his wife share the life of the patients. The lady superintendent is a duly certificated nurse. The terms are from three to four guineas a week. "The only extras are stimulants and medicines (rarely required), and personal laundry. Also, if any patient has to be kept in bed for more than a week at a time, half a guinea per week extra is charged."

The nearest railway station is Paignton, which is the next station west of Torquay. Paignton is on the Newton Abbott to Dartmouth branch of the Great Western Railway, and can be reached from London in about five hours.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, June 12th, 1904.

TREATMENT OF TERMINAL URÆMIA.

FREQUENTLY in cases of cardio-renal affections the practitioner, after religiously applying the usual treatment—rest, milk diet, diuretics (theobromin), sudorifics, blood-letting, drastic purgatives—with more or less success for a time, is appealed to by the patient to relieve sudden attacks of dyspnœa which threaten to speedily terminate life. In such uræmic seizures, morphia, says Dr. Huchard, is the best remedy at hand. However, before administering it, it would be well to prescribe the *régime* recommended by M. Renon: two or three quarts of water or diuretic infusion in twenty-four hours. By this means diuresis sets in, and the danger is warded off. In cardiac insufficiency with dilatation of the heart, the quantity of liquid injected must be less, three pints in the twenty-four hours. This reduction of liquid is often sufficient to produce the desired result, as has been already pointed out by M. Huchard. On the other hand, cardiac tonics may be employed according to his method: one-tenth of a milligramme of digitalin during ten consecutive days, then convallaria majalis with spartein for five days, followed by strophanthus for five days more, when the digitalin may be recommenced.

The formula employed by M. Huchard is as follows:

Ex. of convallaria, ℥j;
Sulph. of spartein, gr. v;
Syrup, ℥j;
Water, ℥v.

Four tablespoonfuls daily for five days, after which extract of strophanthus in granules of 1 milligramme, two or three daily, for another five days.

In spite of all this treatment, the heart remains dilated, diuresis is insufficient, œdema reappears, and with it the syndroma usually called uræmia. In this syndroma, as proved by the researches of Widal and Javal, the physical element plays a large part; retention of chlorides exists, and their presence in the tissues attracts the water of the blood, and thus œdema is formed. The signs of uræmia are imputed to deep seated œdema of brain or lungs, resulting from the retention of the chlorides. The patient is in manifest danger, and claims immediate assistance; an injection of morphia or heroin may be made without fear, to the great relief of the alarming symptoms. But the dose must be small: one-tenth of a grain of morphia or one-thirtieth of a grain of heroin, to be repeated in

a few hours if necessary. Dr. Huchard prefers employing heroin as the name is less known to the public, and if the patient succumbed after an injection of morphia the relatives might accuse the medical attendant of hastening his death.

The following is the formula of the injection :—

Heroin, gr. j ;
Water, ℥j ;
Alcohol, ℥j ;
Sulphuric ether, ℥iss.

Inject half a syringe.

It must be remembered that the continuation of the remedy is not without danger, as under its influence the diuresis diminishes and the œdema increases ; if the patient is naturally nervous and the œdema occupies the brain, the danger is manifest. The patient experiences a feeling of anguish, is afraid of the coming night, is agitated, implores his end, is restless, gets up, lies down, groans continually, and is finally prostrated.

What is to be done ? He is too weak for a warm bath ; the initial doses of heroin are no longer sufficient to produce sleep. As soon as he closes his eyes, he is suddenly awakened by want of air ; he either wants to sleep or stop awake, and the doses of heroin or morphine are no longer able to bring on sleep, and yet hinder the patient from remaining fully awake. The situation is very painful. Inhalations of ether can produce an improvement, and may be repeated during two or three days, but require the constant presence of the attendant.

Lemoine, of Lille, recommends the internal administration of ether, two or three teaspoonfuls in the twenty-four hours in water. At this terminal period of the malady the ingenuity of the physician is put to the test. The remedies must be varied more to respond to the appeals of the patient rather than to any confidence he possesses in their efficacy. Among these agents may be mentioned chloral, trional, camphorated oil, caffein (5 grs. three times a day), occasional wet-cupping over the cardiac region once or twice a week, purgatives, inhalations of oxygen, &c. But superior to any of these remedies is the hydric *régime*, and if the patient's heart is dilated, reduction of liquids (three pints daily) will excite diuresis. However, the patient cannot be kept indefinitely on this water diet—at most three or four days, and that by the aid of a little tea, after which milk will take its place. Such are the lines laid down by Dr. Huchard in the treatment or uræmia, acute or chronic.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 11th, 1904.

AT the Surgical Congress, Hr. Küster, Marburg, read a paper on

THE SYSTEMATIC PRONE POSITION IN THE AFTER-TREATMENT OF SEPTIC PERITONITIS.

He said that among the mechanical aids in the treatment of septic inflammations of the peritoneum, that of the prone position (bauchlage), already recommended by himself, had been unjustifiably neglected by surgeons. According to the experience of many it had been very efficacious, especially as regarded the outflow of secreted fluid material. The chief thing was that the opening in the abdomen should always be the lowest point. If there should be any fear of prolapse of intestine, this could be avoided by reducing the opening to a mere slit, and fitting in a tampon. The speaker had treated six cases in this way, of which two had died. In one of the fatal cases, however, the cause of death was pneumonia, and at the autopsy it was found that the peritonitis had nearly all disappeared, and in the second fatal case the operation was not performed until four days after perforation of the bowels, and even then the patient lived several days. He had an impression of the immediate efficacy of the position, as in a case of rupture that came under treatment thirteen hours after receipt of the injury, and when peritonitis was already set up, the patient was laid on his abdomen, and distinct improvement was noted at once. Naturally the opening must be small and a drain should be inserted. The position should be maintained even when the dressings were changed. The abdomen should be swung as much as possible ; a thick roller should be placed under the chest, and the pillows should be arranged so that the patient's head should rest comfortably, and if necessary a roller should also be placed under the pelvis. Many patients would keep in that position a long time ; others soon complained of it. In this latter case they would have to be allowed to turn to the dorsal position for a time, but the prone position should be at once reverted to if the symptoms got worse. Washing out the abdomen could well be associated with the prone position.

SUBCUTANEOUS NOURISHMENT IN PERITONITIS AND GASTRIC OPERATIONS.

Hr. Friedrich, who introduced this subject, believed that many cases of intestinal operations and peritonitis died from inanition. For the avoidance of this the surgeon must make use of some of the means of the physician. The cases he had in mind were those in which food could not be given either by the mouth, the rectum, or by means of fistulæ (gastric or intestinal). Two years ago he spoke on this subject, and recommended the use of subcutaneous injections of water. But actual food, as a matter of fact, could be introduced in the same way ; 60 to 70 grammes of sugar could be introduced into the system daily by this method. None of it would be found in the urine, so it was burnt up. Further, fat could be given in the form of olive oil up to 80 to 100 grammes daily, and the two would make up a total of 1,300 calorics. As carbohydrates alone, however, were not sufficient to maintain life he had added albumen, a peptone free from albumose, and a pepsine-peptone. Experiments performed on animals had been successful, but not more than 20 grammes of pepsine-peptone could be given, whilst the daily requirement was 80. In very bad cases he had fed patients in this way twelve to fourteen days, and had so carried them over the critical period. The part should not be massaged after an injection of oil. The pepsine-peptone was very soluble up to 40 per cent., but it was not necessary to go higher than 8 per cent. He recommended the following solution : 0·2 sod. chloride, 3·5 grape sugar, 6·7 peptone, water to 100.

Hr. Kader observed that two and a half years ago his assistant, V. Magenski, had gone into the subject of raising the resistant power of the peritoneum. He had assumed the possibility of avoiding an operative peritonitis by injecting a serum. A serum was injected into rabbits, and twenty-four hours later they were given a virulent dose of streptococcus culture. These animals survived, all the control animals died. These operations were performed on the stomach and intestines, the contents of both being allowed to escape into the abdominal cavity ten hours after injection of the serum, and the animals survived. If the serum was injected less than ten hours before the operation some of the animals died and some recovered. In consequence of this the serum had been in regular use

in the hospital for two and a half years, and especially in commencing peritonitis. Thus a gangrenous hernia with peritonitis already commencing was pulled through by injection of streptococcus serum, and free infusion of bouillon and salt. Probably the appearance of phagocytes, of which there were two kinds, acted beneficially. The first kind appeared after ten hours and disappeared a few hours later. The other kind appeared after twenty-four hours and these remained and performed their functions up to seventy-two hours.

Various serums from mixed streptococci had been made use of in general infection. The temperature could be reduced with certainty by these means, and if the infection had not reached too high a pitch, recovery might be brought about. Possibly by means of a preliminary inoculation individuals who were likely to be exposed to infection, such as soldiers previous to battle, might be protected from subsequent infection of their wounds.

Austria.

[FROM OUR OWN CORRESPONENT.]

VIENNA, June 11th, 1904.

AT the Gesellschaft der Aerzte, Lotheissen exhibited a patient who suddenly developed an abscess in the lung, which soon localised itself, and was opened at the fifth rib in front, leaving a hole about the size of a man's fist in connection with the large bronchus.

After washing and tamponing with iodoform, the lung healed rapidly, contrary to expectation, as the mortality in such cases was 20 per cent. He thinks the relationship of lung and pleura has a great influence on the recovery in such cases. The clinical diagnosis of one cavity, or many, must also be a potent factor in the future of these cases. Where adhesion of the pleura with the parietes exists, simple opening and evisceration of the morbid accumulation is all that is necessary.

Schlesinger said these abscesses in the lung were more frequent than was generally acknowledged in our text-books. He questioned very much if every one of these protracted pneumonic cases, particularly where the fever lingered longer than usual, were not due to abscess formation. Many of them ejected large quantities of purulent matter, rising often to three-quarters of a litre of sputum in a day. In the clinical diagnosis, however, neither the fever nor the amount of sputum can be relied upon as pathognomonic of an abscess, although it goes a long way to confirm suspicion. Vigilance, repeated auscultation, and percussion are indispensable for a correct diagnosis.

PENHOLDER IN THE SIGMOID FLEXURE.

Exner presented a youth, æt. 19, from whom he recovered a penholder, 18 centimetres long, from the sigmoid flexure. The diagnosis leading to the discovery was an attack of perityphlitis, which, when operated on, was found to have originated from this foreign body. He showed other things that had been removed from the bowel at other times, such as long pieces of wood, matches, &c.

SYCOSIS PARASITARIA.

Ullmann recorded the history of a patient with a hard, infiltrated swelling on the cheek and chin, which apparently had been the result of infection conveyed in a barber's shop. The induration was immovable and knotty to the touch. In the hair sheaths were pustular elements and trichophyton.

Prophylaxis should be rigidly enforced in these shops, and more care taken by washing everything in hot soda and water, using paper serviettes, and finally giving the customer plenty of clean cold water to wash himself. This patient is treated with a constant heat at 40° C.

VITILIGO AND LICHEN.

Ehrmann showed a case of vitiligo in common with lichen simplex chronicus. No nervous changes could account for the production of either of the diseases, as is usually the case, but there were extensive inflammatory disturbances along the course of the vessels, evidently arising from visceral auto-intoxication in the bowel.

CARCINOMA AND STRUMECTOMY.

Eiselsberg brought forward a man, æt. 44, who had been operated on for carcinoma in the neck, which had eaten into the trachea. After the operation, which necessitated a resection of a large piece of the trachea, the wound could not be induced to heal. An effort was made to draw the ends of the trachea together with stitches, but in vain. A hole that would admit the thumb still persisted; this was finally closed by a flap of periosteum from the sternum.

Grossmann thought this operation would have succeeded at first if the rings of the trachea had been entirely removed, as he had frequently done in dogs, and never had the slightest trouble, as the two ends of the tube can be brought accurately together and firmly co-apted. He had performed the same operation many times on sheep and goats with perfect success. He was not prepared, however, to be dogmatic with the human operation, as this commonly set up severe bronchitis, associated with cough that would inevitably tear the stitches and produce deliquescence.

REFLEX FACIAL PARALYSIS.

At the Gesellschaft für innere Medizin, Stejskal presented a patient with facial paralysis, who was admitted to hospital on November 27th, 1902. The patient was a joiner, æt. 21, who received a wound from a chisel above the left ear. There were no symptoms of shock at the time, but from this onward the hearing was very bad. In February, 1903, the patient became very giddy, and continued in this state for four weeks. In November of the same year this giddy condition was renewed with headache, and continued for three weeks. On all these occasions there was no vomiting. After a short time the patient felt well again, and went to his work till February 29th, when he was again suddenly attacked during the night with the same intensified giddiness with severe pain in the head as before. On March 4th, double vision set in, and on the 8th, or four days later, while reading a letter he discovered that he could not move his eyes laterally. No history of alcoholism or syphilis could be discovered.

When he was received into hospital he complained of severe headache, giddiness, and inability to stand; both bulbi stood prominently out without power to move them, and a distinct horizontal nystagmus. Convergence was slow, while external vision was free. Pupillary reaction was good, and dilation normal. The following day there was no double vision, and no lesion could be discovered by subsequent examinations in either the cerebral or peripheral nerves. On March 16th this disturbed vision continued, although the internal rectus was more aggravated than the external, and it was then discovered that the reflex action was abolished. Now, it must be remembered that bilateral paralysis of vision may be produced by paralysis of both cortical centres for the movement of both eyes, by the supra-nuclear paralysis of both dorsal columns in the pons varolii, and lastly by a direct paralysis of the bilateral centre. The etiology of the present case appears to be due to encephalitis, multiple sclerosis, or possibly syphilis. By exclusive reasoning

all these were negatived, and a strong assumption entertained that a labyrinth disturbance was the sole cause of the existing paralysis.

The Operating Theatres.

ST. THOMAS'S HOSPITAL.

OPERATION FOR PYO-NEPHROSIS SECONDARY TO RENAL CALCULUS.—Mr. BATTLE operated on a woman, æt. 27, who had been re-admitted for pyo-nephrosis on the right side. She had previously been under his care in October, 1903, and he had operated and removed a small oxalate calculus from the pelvis of the kidney. She then gave a history of lumbar pain, without characteristic signs of renal colic, spread over a period of three years, and in the summer of that year had been in another London hospital for pyelitis and acute cystitis. At the time of the operation in October, the kidney could be felt to be enlarged and was rather tender, whilst the urine contained a large quantity of pus, but was acid in reaction. At that operation, although the pelvis of the kidney was dilated, it was thought that it might possibly recover, so nephrectomy was not performed, but the kidney was drained for a time through the loin and the patient was kept in for five weeks after the operation. At that time it appeared as if the treatment was successful, for the amount of pus diminished, and then ceased entirely. However, a few weeks afterwards pus was again present in the urine, and she had a certain amount of aching pain in the kidney. She was re-admitted to the hospital, and again improved, so that operation was postponed, but after her return home her condition again caused anxiety, so she again was re-admitted. Nephrectomy was done by the lumbar method, and the incision made along the line of the previous wound. When the capsule of the kidney was reached it was widely opened, and the enlarged kidney removed from within it. There was some escape of pus during this part of the operation from tearing of the thin cortex of the kidney, but the organ shelled out with comparative ease and was removed after section of the pedicle; in this pedicle the ureter was not visible, and the main artery was comparatively small. The kidney when examined was, as usual, irregularly dilated, and the cortex irregularly thinned, but nowhere was there any evidence of renal calculus. The entrance to the ureter was greatly contracted. The nephrectomy was unusual, insomuch that only one vessel required ligature during the whole operation. A drainage-tube was inserted after the wound had been washed out with saline solution, and the incision was closed with interrupted sutures both superficial and deep. Mr. Battle said that the case was a very good example of the evils attending procrastination in the treatment of renal calculus; this was probably owing, in the case of this patient, to the comparatively slight amount of pain that the woman had suffered from, but it was not uncommon to find many cases in which typical symptoms of renal calculus had been endured repeatedly without a recommendation of operation having been made. Had the first operation been done some months earlier, the kidney might have been saved. He considered that in most of these cases of renal calculus in which pyo-nephrosis had been produced, the removal of the stone did not cure the pyo-nephrosis, and a later operation was required. The diagnosis in this instance was between renal calculus and tubercle, and the decision was given in favour of calculus because the pain appeared to have been greater than is usually the case in tuberculous disease. The patient, although thin, exhibited no signs of disease of the lungs or of tubercle elsewhere.

For a few days after the operation the patient had bronchitis with expectoration of thick yellow tenacious mucus, as seen in cases of bronchitis due to ether inhalation. Otherwise she made a rapid and uneventful recovery.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 15, 1904.

THE "SPONGE" CASE AND MEDICAL RESPONSIBILITY.

THE recent decision awarding damages against a lady doctor for inadvertently leaving a sponge in the abdomen raises issues of vital importance to all members of the medical profession. Following closely a somewhat similar accident whereby a pair of forceps left in the abdominal cavity proved fatal, the interest of the public has naturally been excited to a somewhat abnormal degree, that is to say, beyond the extent warranted by the facts of the case. Happily, the sponge was detected and removed in time to avert serious consequences. In spite of the fact that the lady doctor in question performed an arduous uterine operation gratuitously, she was nevertheless mulcted in costs and damages on the ground that she had not exercised reasonable care. Henceforth, if that verdict stands, no medical man will be safe in carrying out his daily work. At every and any moment he will be liable to an action for damages on account of this, that, or the other failure in the treatment of his patients, be they gratuitous or otherwise. Were members of the medical profession influenced by the rules that guide the man in the street they would at once cut off all free treatment. It is a little too much to expect a medical man to give his skilled services to the poor without fee or reward when he knows that his kindness may be at any time repaid by a costly and perhaps ruinous law-suit. Hitherto the legal attitude with regard to medical malpraxis has been reasonable and just, and on the whole has worked in practice with satisfactory results. The law has declined to punish, at the request of a patient, any medical man who could show that he had exercised a reasonable amount of

care and skill. In this way he was still liable at law for acts of gross negligence or for lack of ordinary professional knowledge. By the legal decision as to the sponge this wise attitude has been upset, and the surgeon or the physician may henceforth be held responsible for every accident that may occur in his professional relationship to patients. The position thus indicated is impossible. It places every medical practitioner at the mercy of any litigious client who imagines himself to have been wrongly treated. The medical man, if we interpret the situation correctly, who in all good faith makes a mistaken diagnosis will no longer be shielded by the law, for it is clearly no less pardonable for him, say, to take appendicitis for enteric fever than to leave a sponge in an abdomen. To demand infallibility from a medical man is to seek for a thing that can never be. While human nature is constituted on its present lines, so long will there be an inseparable margin of error. That fact has hitherto met with a gracious recognition at the hands of the law. If the recent decision be allowed to stand the results to the public are likely to be somewhat disastrous. Medical men will be compelled to a great extent to abandon their independent individual attitude, and will become the slaves of convention. Should the personal responsibility of the medical man for every trivial error be once accepted as a legal principle, the Medical Defence Union and its associate societies are likely to need a large extension of income wherewith to carry on their work. From the sentimental point of view, the action brought against the lady doctor was stamped with gross ingratitude and with narrow and churlish intolerance, but sentiment is no factor in a legal judgment. In view of the importance of the case, it is to be hoped that an appeal will be made to the Higher Courts on the point of law. Should the Medical Defence Union see its way to help an appeal it would add substantially to the debt of gratitude already owing it by the profession. The sympathy of all medical men must be with the defendant in that action, who, in fighting for her own defence, has fought for one of the most wise and salutary legal principles that have hitherto safeguarded the complex and the delicate relationships that must necessarily exist between members of the medical profession and their clients.

HOSPITALS AND THEIR SCHOOLS.

THINGS have changed much during the past fifty years in the relations that once existed between hospitals and the students who were at work in them. In the days of Abernethy, Astley Cooper, and later of Brodie and Lawrence, the schools were like the great school of the Hunters. They were under the personal control of physicians and surgeons, and were independent of the hospitals. At St. George's there were two schools, the Lane and the Brodie, and that led to the former leaving Hyde Park Corner and starting the Hospital of St. Mary's. The schools were not incorporated with the hospitals, and the relations between them now are very different from what they once were. How to make a school attractive to students is a matter of interest to many who are surgeons or physicians to hospitals that have schools attached. Hospitals, like colleges at our Universities, vary much in the number of students they may have; and this depends greatly, if not entirely, on the personal character of those who are engaged in the direction of the teaching of students. One man in a school may make or mar it. It seems now as if the Prize Day at our hospitals were beginning to take precedence of the Introductory Lecture, and as if the attractions of a school were going to take a different form from the serious ceremonial of the gathering of the old and the novitiates on October 1st. The prize-giving day is to be the attraction, and friends are to be invited, speeches to be made, and tea and coffee and refreshments provided; a garden party, in fact, is to take the place of the old autumnal gathering in the dreary lecture room. It may be well that this change is coming, and that our young students are introduced to the profession in a cheerful and happy way. The ceremony at St. Thomas's ought to be a success, for the position of the hospital lends itself well to a garden party. Ladies are invited, and that is of some weight where medical students are concerned; and to have the prizes presented by a Court physician is, of course, a further assistance. To some extent, we think, however, that the character of a school depends to-day, as it did in the time of the Hunters, on the way in which the education of the students is conducted. If the teaching is poor, the student will go elsewhere; and there can be little reasonable doubt but that the teaching generally in our schools is open to improvement. Why it is so we will not consider; but it may be noticed that in this country somehow there is no encouragement given to good education, and our students in many lines of work have to go abroad to get what they want. Garden parties may be very well, but it is rather sad to see their attempted achievement by different methods if the question of education and the true character of our medical schools is regarded seriously.

THE GENERAL MEDICAL COUNCIL.

THE late session of the General Medical Council brings once again into prominence the defects and disabilities of the governing body of the profession. There are those who maintain that nothing much can be done to reform the Council till its constitution is altered in such a way as to make it fairly representative of the profession. No one can say that it is representative at present, and the sooner it becomes so the sooner can radical operations be put in hand for setting the administration of the affairs of the profession on a business-like and satisfactory footing. However, that day is not yet, and the question uppermost at the present moment is whether the Council, as it is, is doing its work in an independent

and efficient manner, and if not, whether some words of advice cannot be given to it by those whose business it transacts. Now the first source of complaint against the Council is that it lives beyond its income. This year it spent more than two thousand pounds over income, and there seems every prospect that it will continue to do so unless it can find some fresh source of revenue. This it hopes to do by charging a fee of £1 for every student registered—a perfectly fair proposal—but is there any guarantee that it will not be found exceeding its revenue again in the course of a few years' time? At the same time we think a yearly registration fee from medical men would prove a more satisfactory source of income, provided they were given in return adequate representation on the Council, and adequate protection of their professional interests. What strikes one about the proceedings of the Council is that they are becoming more and more like those of the House of Commons, which is another way of saying less and less business-like. A display of energy on the part of members is naturally commendable, but if this energy were displayed unostentatiously in committee instead of ostentatiously in the Council meetings, much time would be saved. At present there is a growing tendency to debate at great length proposals that have a certain interest, direct or indirect, for the profession, but as to which all members of the Council have made up their minds long before they enter the Council chamber. One cannot say that the time is absolutely wasted, as the reports of the debates convey to practitioners all over the country the various aspects of the questions at stake, but, on the other hand, it cannot be maintained that the time of the Council is spent to the best advantage in discussing them so fully. Each day means a large expense, and the coffers of the Council do not, or should not, allow of luxuries. Dr. Payne is to bring forward a motion at the next session to the effect that it is desirable that a time-limit should be placed on speeches, and it is greatly to be hoped that it will be accepted. If another motion limiting the number of speeches on any particular question were also passed, it would also be a great advantage. Then, too, much of the discussion is interrupted and many of the debates prolonged by members rising to points of order, a proceeding which gives everyone a chance of dilating at great length on side issues of subordinate importance. If the Council consisted of wealthy men who worked from motives of public spirit, and whose time was their own, little objection could be taken to proceedings of this kind, but, unfortunately, this is not so, and it would be a great satisfaction to the profession to see the debates easily and rapidly disposed of, and the sittings of the Council occupying fewer days than they do now. It is, and must be, annoying to registered practitioners in general to see the funds they furnish frittered away in providing for discussions between their representatives and the representatives of rich corporations, who pay nothing towards the Council's expenses, on such subjects as to whether the antiquated charters of these corporations are being encroached upon. For good or for evil, the Council is the supreme authority in matters of medical education, and it would be well to see it enforce its views of what is right without being deterred by selfish objections from the English Colleges of Physicians and Surgeons, who fear that their province will be invaded. The Colleges have been superseded as the chief authorities in medical education, partly by the efflux of time, and partly, perhaps, by their own dilatoriness, and it causes them much chagrin to find a superior authority to whose wishes they must conform if they want their diploma to be registrable. But in these matters the Council is timid, and afraid of asserting its own authority, with the consequence that days of valuable time are spent every year in trying to persuade the Royal Colleges that its views are not unreasonable; when, as a matter of fact, it has only to lay down the law for the Colleges to submit, or cease to make their huge annual profits out of examination fees. It is little enough that the Colleges do for their licentiates and members, after they are qualified, and the general practitioner may well grumble at seeing his money wasted on giving them the opportunity of opposing the majority of the Council. If reforms are to be carried out in the profession, it is only through the Council that they can come, and it is only by the Council reforming itself that it can hope to start reforming the profession. There are far too many representatives of educational corporations on the Council, and far too few of general practitioners—a state of things that will have to be altered some day; but in the meantime if the Council were less talkative, more business-like, and more sure of itself, it would be better able to execute the wishes of the profession, it would save a good deal of money, and it would command greater respect.

Notes on Current Topics.

The Importation of Chinese Labourers.

IT is satisfactory to note that the strong opposition raised in many quarters against the importation of Chinese labourers into the Transvaal has had the effect of making the Governments concerned alive to the dangers to health involved in the traffic, and that strict precautions and regulations are being employed by them to avoid disease being taken to South Africa by the coolies. The plan that was recommended in these columns, namely, that the labourers should be kept under supervision in isolated quarters before shipment, has been adopted, and though at present native quarters are being hired in Kowloon for the purpose, a large permanent depot is being built four miles out from the town. At this depot the coolies will be detained under medical supervision after arrival, and before embarkation, so that the danger of epidemic disease breaking out on the transports will be greatly minimised. The length of the voyage itself is such that the incubation period of any of the infectious maladies will be exceeded by it, and there is therefore good reason to hope

that no person suffering from any contagious or infectious disease will be able to land in Natal. Of course, in this business, as in every other, much depends on the men appointed to supervise and administer the arrangements, and it is much to be hoped that individuals are being chosen who are independent of the commercial side of the undertaking, as it is notoriously difficult for officers to work in opposition to those who pay their salaries. The disadvantages at which medical officers of health in provincial districts are placed when their duty clashes with the interests of local councillors is well recognised, and the decision to hold up a transport containing many hundreds of coolies because of a case of plague or cholera might not be very acceptable to the mine-owners, who would lose heavily by it. The regulations and arrangements as projected seem to be conceived in an enlightened and liberal spirit; one can only hope that the principles governing the selection of the staff, and the positions accorded to the medical officers, will be laid down on similar lines.

Intra-spinal Antisepsis in Cerebro-spinal Meningitis.

CEREBRO-SPINAL meningitis is a disease which justifies heroic measures. It is hard to fix on any trustworthy mortality-rate, for the figures given in different epidemics vary from 25 to 70 per cent., and in no disease do we feel greater therapeutic poverty. Impressed by this fact, Osler some years ago practised laminectomy with washing-out of the spinal canal, but his success was not encouraging. More recently, repeated lumbar puncture has been practised, and some good results were noted. A year or more ago, however, Seager published a method which he practised with considerable success in epidemics at Lisbon, and his results have been confirmed by others. His treatment consisted in lumbar puncture and withdrawal of a considerable quantity (up to 50 cc.) of spinal fluid, injection of artificial serum, and lastly injection of from 9 to 12 cc. of a 1 per cent. solution of lysol. Comparing the cases so treated with those treated on ordinary lines, the recoveries were more numerous, and, what is of equal importance, were complete. Dr. Manges, of New York, has tested the treatment recently in a small number of cases, with excellent results, and thinks very highly of its future success, while no ill-results have, at any time, followed the injections. In view of the desperate character of the disease, and the lack of trustworthy therapeusis at present, a method promising so well deserves very thorough trial.

Rapid Detection of Ankylostomiasis.

MR. AKERS-DOUGLAS has shown himself a wise and benevolent Home Secretary in all that pertains to the health and well-being of those whose conditions of life are supervised by his department. The scare of ankylostomiasis that threatened to deal a grave blow to the mining industry he has done his best to soothe by prompt investigation into its cause and method of prevention. An interesting report was made to him by Mr. A. E. Boycott, M.B., on a plan that was devised by himself for discovering which of the miners were actually infected by ankylostomiasis, and this has been recently published as a Parliamentary paper. The diagnosis of the condition is difficult in the early stages, and examination of the fæces is a long, tedious, and not very satisfactory business. But Mr. Boycott noticed that the eosinophile leucocytes in the blood are greatly increased in ankylostoma infection, and he has adopted this as a criterion for determining which are the infected units in a man. Mr. Boycott's plan was to assemble the miners and to take a drop of blood from each on a slide, stain the blood at his leisure, and notice if there was any relative increase in the eosinophile leucocytes. In normal blood these vary from a half to 4 or 5 per cent. of the white cells, but in ankylostomiasis this percentage increases. Anything over 5 per cent. he regards as suspicious, whilst 8 per cent. and upwards he considers to establish infection to a practical certainty. The report describes the various steps to be taken in collecting, preserving, and staining the films, and in conducting the microscopical examination. Mr. Boycott himself is able to perform these operations so quickly that he regards his method as by far the easiest and most practical for arriving at a diagnosis when numbers of men have to be examined. It certainly deserves the greatest publicity in order that the hands of those dealing with this plague in every country may be strengthened.

Vaccination Marks.

IT is a pity that vaccination marks cannot in themselves convey definite information as to their age, for patients' statements are untrustworthy, even when they endeavour to tell the truth to the best of their recollection. It is often of importance to make out if an individual has been vaccinated recently, and if the operation was successful. It often happens, however, that the scars are so much mixed up together, and the patient's memory is so faulty, that no definite decision can be arrived at. A sensible proposal has lately been put forward that a uniform system should be adopted in the arrangement of the punctures when the operation is being performed, so that each quinquennial period of life should have its scars disposed on a regular pattern. Thus a triangle with the apex downwards would indicate that the vaccination had been performed between one and five years of age; a triangle, apex upwards, between five and ten years; the scars arranged in a horizontal line, between ten and fifteen; in a vertical line, between fifteen and twenty; and so on. This plan has been submitted to the Local Government Board, and it may be hoped that, as it would add nothing to the duties of the public vaccinators, and would convey valuable information in after years, it will receive its favourable consideration. For such a suggestion to be of value it would have to be universally known and accepted, and if the public vaccinators lead the way, there would be good reason

to expect that the profession would follow. The plan is so simple, and yet so helpful, that it is well worthy of being brought to the notice of all those whom it affects, with a view to gaining their support.

The Modern Treatment of Paralytic Deformities.

BODILY deformities resulting from disease of the cerebro-spinal nervous system have not offered much encouragement to the surgeon in the past. The limitations of surgery have, perhaps, been more obvious in this than in almost any other department of practice. It is just here, also, that the surgically unskilled mechanic of the quack type has stepped in, and, in many instances, has built up quite a reputation among the public for the treatment of deformities. In a valuable paper upon the subject read before the West London Medico-Chirurgical Society on June 3rd, by Mr. Jackson Clarke, it was conclusively shown that the progress of surgery has been as marked in the sphere of orthopædics as in most other branches of the art during the last twenty years. The results of division of the tendo Achillis in cases of infantile paralysis have not, certainly, always been productive of as much good as was expected, but this is often owing to the fact that the after-treatment is neglected. Whether the surgeon should be called in earlier than has hitherto been the custom in infantile palsy is a point to consider. Most clinical observers are agreed that as long as the temperature is high nothing should be done in a surgical direction. On the other hand, timely bandaging or splinting of the affected feet may do much to prevent serious deformity, while this simple procedure could not in any way affect the nervous system injuriously. The transplantation of tendons or the introduction, in suitable cases, of an artificial tendon, as adopted by Langer, is sometimes of great value. In the spastic paralyses of childhood, the so-called cerebral palsies, the aid of surgery in correcting deformities of the limbs has also been invoked with signal benefit. All hope of restoring the functions of a limb deformed through paralysis need not now, happily, be entirely abandoned.

The Treatment of Paralysis Agitans.

OF all hopeless diseases, perhaps there is none that taxes the physician's resources more severely, and yields him less satisfaction in treatment, than paralysis agitans. This is all the more depressing to him and to the patient in that the disease is not one that in itself affects longevity, and there would seem to be no reason why useful and happy life should not be restored to the patient if the symptoms could be brought under control. Hitherto the only drug that has been found to effect any amelioration of the tremor, namely, hyoscin, has only been capable of giving temporary relief, and it is not without danger on account of its depressing action on the circulation. Whilst the pathology of the affection is shrouded in so much obscurity, it is impossible to devise a mode of treatment that will instantly commend itself to the profession, but Friedländer, (*a*) acting on the more modern view that the lesion of the disease is peripheral and not central, has been attempting to relieve the muscular tremor and rigidity by graduated exercises and passive movements. To obtain any result it is necessary to persevere for a long time, especially in cases in which the disease is of long standing, but he has found immediate though fleeting relief follow the early application of his methods. Starting with a few passive movements and light massage, he continues to lengthen the sittings from week to week till some benefit is apparent. When this is so, he enlists the patient's powers of will and finds that he is gradually able to establish an amount of voluntary control that gradually increases as it is exercised more and more fully. Faulty positions are corrected by holding the limbs in their normal positions for longer periods each time, and when the tremor and muscular rigidity are in abeyance he devotes himself to the gait and practises the patient in walking forwards and backwards. Friedländer does not claim more for the treatment than that the symptoms gradually improve, and that the further progress of the disease is arrested. If others are able to confirm his observations, it may be that some avenue of hope will be opened up to sufferers from this terrible malady.

The Intercostal Muscles in Thoracic Disease.

THE extension of an inflammatory process to adjacent structures is a very common pathological phenomenon. In some cases the secondary effects so produced are more conspicuous, and give rise to greater pain and discomfort, than the primary trouble itself, as, for instance, the difficulty in micturition sometimes seen in the early stages of appendicitis from extension of the inflammation to the peritoneum. The acute pain of pleurisy is, of course, due to the irritation of the pleural nerves by the inflammatory exudation, and it is naturally intensified by the pulmonary movements. The question of the involvement of the intercostal muscles in disease of the thoracic viscera has, curiously enough, received but scant attention on the part of clinical observers. It is quite reasonable to suppose that muscles engaged in constant work, especially when they are contiguous to an inflamed part, may themselves be affected. Yet pain or tenderness to pressure of the fleshy chest wall is not a prominent symptom in acute pleuro-pneumonia. Dr. W. M. L. Coplin, (*b*) Professor of Pathology at the Jefferson Medical College, Philadelphia, has examined the intercostal muscles in seven cases of acute thoracic disorders, including pneumonia, pleurisy, and empyema. The earliest sign of pathological involvement which could be distinguished under the microscope was some cloudy swelling of the

(*a*) *Zeit. f. diat. und phys. Therap.*
(*b*) *Amer. Journ. Med. Sci.*, May, 1904.

muscular fibres accompanied by a poor staining reaction. These changes are considered to be, however, common to other parts of the muscular system as the result of an infective process. The hyaline degeneration described by Zenker, and well known as occurring in the abdominal muscles in typhoid fever, was observed in some cases. In the later stages, actual dissociation of muscular fibres with fragmentation and necrosis was seen. A chronic or sclerosing myositis may ultimately become established. The author is inclined to the view that the muscles became affected through the lymphatic channels, in the same way as the diaphragm is known to suffer.

Iron as a Drug.

THERE is, perhaps, no drug in the Pharmacopœia which can claim seniority over iron. As far back as anything is known of the use of drugs, iron has been employed for much the same purposes as at present. It would seem, indeed, that the original ground for administering iron was the conception of it as possessing strength, some of which it was able to give up to the weakly. It was long after this that iron was discovered to be a regular constituent of the tissues, and this discovery seemed to offer a rationale for its use which has only been recently discredited. Whatever be its mode of action, it is certainly not employed in directly supplying the hæmoglobin which is deficient in cases where it is most of use. Many observers believe that the main action of iron in anæmia is by its stimulating effect on the digestive and absorptive processes in the intestines, while it has recently been remarked that iron has no more effect than one of the other heavy metals, for instance, cobalt or mercury. Just as in the days of Pliny, iron is still an empirical, not a rational remedy.

The Way to Prolong Life.

THE desire to enjoy long life and to "see many days" is one of the primitive instincts of man. It is considered unnatural, or possibly even morbid, to wish to "shuffle off this mortal coil" before one's allotted time. Except for the suffering and afflicted, life consists, in the vast majority of cases, of one incessant struggle to ward off the approach of old age. The state of senility, though absolutely inevitable, is still regarded by those who lead a butterfly existence as the one thing above all others against which to fight. Could some rejuvenating essence be found—and this has long been the dream of philosophers in every age—which would postpone the fearful event, its discoverer would become rich beyond all imagination, Science has something to say, however, with regard to the means of prolonging life, for while she does not look upon old age as a disease, she holds out some prospect of staving off its onset if her dicta are obeyed. Premature senility is a natural consequence of living at high pressure, which, in modern times, many are compelled to do. The plea for a simpler mode of living has many times been put forward by social and medical reformers, but the rules which these enthusiasts have laid down for the guidance of their would-be followers have generally been quite impracticable and ill-suited to the physical and mental requirements of their contemporaries. A wider knowledge among all classes of society of the principles of hygiene, rudimentary and insufficient as they are, has not been without a favourable reaction upon the mean duration of human life. The influence of diet, occupation and worry upon the span of human existence was not long ago pointed out by Sir Hermann Weber in a lecture before the Royal College of Physicians. Professor Metchnikoff has recently thrown out the idea that, after all, the whole process of senility may be microbic in origin, the large intestine being the chief stronghold of these organisms. The comparative longevity of birds is instanced as being possibly due to the fact that this portion of the alimentary canal in them is either absent or functionless.

Sewage in Drink.

SOME months ago considerable sensation was caused by a medical paper publishing an article with the title "Pus as a Beverage," commenting on an outbreak of sore throat due to suppurative mammitis in cows. A workhouse master in Ireland, however, seems to have some original tastes in the matter of drinks, if we are to judge by his recent exploits. It appears that the Naas guardians are in the habit of buying spirits for use in the house considerably over proof, so that it is necessary for an Inland Revenue officer to attend periodically to perform the necessary dilutions. After his last visit it was discovered that the water used for the purpose had been taken from a stream flowing through the grounds, into which the baths and lavatories of the institution discharge. On examination of the diluted whisky it was found to contain about 1 per cent. of chlorine, and to be swarming with bacteria. The master of the workhouse is reported to have stated that he thought the stream the proper water to use, and that he did not know that sewage discharged into it, although one of the guardians stated that it was a common sewer. It would be interesting to learn what is the ordinary water supply of the institution.

The Drug Treatment of Trypanosomiasis.

SEEING that it is such a short time since trypanosomes were first discovered as human parasites, it is natural enough that but little attention has been paid to the therapeutics of trypanosomiasis. Bearing in mind, however, the great probability that trypanosomes are of importance in African sleeping sickness, it is right some researches should be made on the subject. The example of quinine in malaria is so encouraging that inquiries have, naturally enough, been made along similar lines. Thus Laveran and Mesnil reported success in the treatment with sodium arseniate of mice suffering from nagana, but the effect was only temporary. Ehrlich, however,

seems to have hit on a more promising remedy. Using a dye of the benzo-purpurin series, to which he has given the name "trypan-red," he has been able to protect mice against infection with blood containing the trypanosomes of the South American horse-sickness known as *mal de caderas*. The good results occurred whether the dye were injected or administered by the mouth. Outside the body the trypan-red had no effect on the parasites, so that Ehrlich explains its action as due to its exciting the production of antiparasitic bodies. If this is so, the bodies soon disappear, for the good result only lasts while the dye is circulating in the body.

Protozoa and Disease.

ALTHOUGH the connection of certain protozoa with particular diseases has now been known for a considerable time, there has not been at all the same progress in protozoan as there has been in bacterial pathology. The cause of this is obvious enough, since for many reasons the study of protozoa is by no means so easy as that of bacteria. The impossibility of growing them on culture media makes Koch's requirements of proof of causation impracticable, while their delicate structure and variability towards stains make their manipulation difficult. More important than any of these points, however, is the multiplicity of forms adopted by one organism in its life-cycle, rendering it impossible in the early stages of inquiry to discover whether one individual or several be under observation. And, again, it is probable that the protozoa are much more limited in the variety of their hosts than are bacteria. At the present time, however, and particularly in America, there appears to be a tendency to introduce protozoal causation for those diseases where bacterial inquiry has proved negative. The conclusions of Councilman in regard to small-pox seem to have received a fuller acceptance there than in Europe, and his supposed success has acted as a stimulus to research on similar lines in other diseases. For instance, Mallory has described certain structures found in the skin in scarlet fever, which he believes to be protozoa, and of causal importance. Similarly, Wilson and Chowning maintain that they have discovered a protozoon which is the specific parasite of spotted fever, and the protozoal theory of cancer seems to hold the field. A real advance, indeed, in the methods of the study of disease is the success of Novy and McNeal in cultivating the trypanosome.

The Tragedy of Child-Workers.

THE conditions of child-labour in our crowded cities, and the influence which such work must have upon the physique of the coming generation, has more than once been alluded to in the columns of THE MEDICAL PRESS AND CIRCULAR. We revert to it again not because we wish to work upon anybody's feelings, nor is it our intention in the least to exaggerate facts, but it will be acknowledged that an acquaintance of more than a passing character with the real tragedies and hardships of the children from among the poorer classes of society is one of the best ways of becoming familiar with those present-day tendencies which make for the deterioration of the national physique. The recent disclosures at a Battersea inquest upon the death of a little girl of nine from burns, inflicted while she was working about the house for her mother, who was lying in bed recovering from a bout of alcoholism, reveal a state of things which is, unfortunately, only too prevalent. Habits of laziness and self-indulgence on the part of parents, brought on in the first place from physical incapacity caused by drink, are apt to become chronic, leading to a gradual shifting of household work, with some of its responsibilities in addition, on to the shoulders of their helpless offspring. Children of tender age are set to "mind" others but little younger than themselves, while those who are somewhat older are put to some arduous, fatiguing task, such as selling papers or going round with milk, and this in addition to ordinary school work. Stage-children are, perhaps, more jealously guarded, but only because the public eye is upon them. In a similar way restrictions are rightly placed upon the hours of duty and nature of the work performed by children in factories, an age-limit being also prescribed. But it is far more difficult to put any check upon the improper bringing-up of the young, or upon their employment for unsuitable or laborious domestic work. This can be accomplished only by a wider dissemination of the knowledge of hygiene.

The Monotony of Convalescence.

THE period of recovery after a long illness often proves more irksome to the patient himself than the original disease, while it often causes no small anxiety to the medical attendant. It is difficult for the convalescent to realise that he has been far removed from a condition of health and it is hard for him, especially when young, to understand why he should be deprived of this, that, or the other thing to which he was accustomed before his illness. And yet the proper management of the convalescent state is of supreme importance if a sound recovery is to be made. Ignorance of the dangers that may be incurred during this period by want of caution in such matters as diet and exercise is the chief cause of trouble. The ill-timed gift of a bun to a convalescent typhoid fever patient has proved fatal before now. It is true that only those who have had enteric fever know fully what is meant by the necessary semi-starvation for some time after the temperature has become normal, and they alone can truly sympathise with the agonising craving for solid food which is experienced by those who are recovering from this disease. There are always restrictions during convalescence, and, in the patient's own interests, it is right that there should be, but the degree in which they are felt depends largely upon the individual's own

particular temperament. Thus, the literary man complains most of the curtailment of his time for reading and of the paucity of his books and papers, while the music-lover bewails his inability to handle the keys of his much-loved instrument. The clockwork appearance of meals, however delicately prepared, the sounds in the house or the hospital ward, even the doctor's visit, be he never so cheerful, are events repeated with almost mathematical periodicity, and tend unavoidably to the monotony which to some natures is quite unendurable. Mr. George Back, in a recent lecture upon the subject, has suggested that, in suitable cases, the narrating or reading of interesting stories to the convalescent would greatly assist in relieving this monotony, by diverting the patient's thoughts into different channels. The style of the narrative would have, of course, to be adjusted with some discrimination to his mental habit and tastes.

The Position of the Medical Man in Criminal Cases.

THE interests of the medical practitioner demand constant and vigilant protection. They are often assailed, for instance, in courts of law, where it might be expected that persons not present would be safe from innuendo. Experience shows, however, that the reputation of many a medical man is seriously damaged by cowardly and irresponsible statements made in coroners' or in criminal courts. Under these circumstances, it is with pleasure that we draw the attention of our readers to a short paper on the subject from a Chesterfield medical man, Mr. W. Duncan, M.B., which we publish elsewhere in our columns, page 629. The subject is well worthy the attention of all bodies engaged in the maintenance or defence of the dignity and the material interests of the profession.

PERSONAL.

HIS MAJESTY THE KING has graciously consented to lay the foundation-stone of the new buildings of St. Bartholomew's Hospital during the course of next month.

ON June 8th, the Prince and Princess of Wales, Grand President and Lady Grand President of the League of Mercy, gave a garden party at Marlborough House to which a large number of the presidents, vice-presidents, and members of the League of Mercy were invited.

THE Cavendish Lecture of the West London Medico-Chirurgical Society will be delivered by Professor von Mikulicz, of Breslau, on Friday, June 24th, at 8.30 p.m., in the Town Hall, Hammersmith, on "The Immunisation of Operation Wounds."

AT the annual meeting of the Incorporated Medical Practitioners' Association, Mr. Robert Ambrose, Member of Parliament for the Western Division of County Mayo, was elected President for the ensuing year.

AT a meeting of the Senate of the University of London on June 8th, Dr. Philip Henry Pye-Smith, F.R.S., was re-elected Vice-Chancellor for the year 1904-05.

DR. W. T. CONNELL, of Kingston, has been appointed Assistant Bacteriologist for Ontario.

LIEUT.-COLONEL MACPHERSON, R.A.M.C., the Medical Attaché appointed by the English War Office, is at Tokyo.

DR. JOSEPH FRANK PAYNE has been re-elected a Representative of the University of Oxford upon the General Medical Council. Sir Arthur V. Macan has been appointed an Examiner in Midwifery, Dr. William Williams an Examiner in Preventive Medicine, and Dr. Marcus Seymour Pembrey in Physiology in the first B.M. examination *pro hac vice*.

SIR GEORGE NEWNES formally opened the new water supply for Lynton and Lynmouth on May 28th. The water is brought from West Lyn, about one and a half miles from Lynton. The polarite system of filtration is used. The cost of the undertaking has been about £2,500.

DR. W. I. DE C. WHEELER has been elected a Visiting Surgeon to Mercer's Charitable Hospital.

DR. TREVOR N. SMITH, late Assistant-Master of the Coombe Hospital, has been selected by the committee appointed to recommend a Secretary to the Conjoint Board of Management of the Royal Colleges of Physicians and Surgeons of Ireland, in succession to Mr. Greenwood Pim, who has been compelled to retire owing to ill-health.

Mr. W. MCADAM ECCLES, M.S.Lond., F.R.C.S.Eng., has been appointed Examiner in Anatomy for the Fellowship of the Royal College of Surgeons of England.

MR. F. J. DONNAN, Ph.D., M.A., who was recently appointed to the Chair of Physical Chemistry at the University of Liverpool, lately founded by Sir John Brunner, Bart., is a graduate of the Royal University of Ireland and was trained in the laboratories of Leipsic and Berlin. He was afterwards associated with Sir William Ramsay, of University College, London, and is now Lecturer at the Royal College of Science, Dublin.

DURING the recent stay of the Lord Lieutenant of Ireland in Belfast he visited, on June 3rd, the Royal Victoria Hospital, where the following members of the medical staff were presented to him: Mr. J. W. Browne, Sir W. Whitla, Professor J. W. Byers, Dr. H. L. McKisack, Dr. W. Calwell, Mr. A. Fullerton, and Dr. W. Rankin. His Excellency also visited the Mater Infirmorum Hospital, where Dr. A. Dempsey, Dr. P. O'Connell, Dr. J. B. Moore, Dr. J. W. Killen, Dr. W. J. Maguire, Mr. P. J. H. Mulholland, and Mr. W. McLorinan, members of the visiting medical staff, were presented to him. In both institutions he made a careful inspection and expressed himself as much pleased with all that he saw.

DR. CLIFFORD ALLBUTT, Regius Professor of Physic, University of Cambridge, will present the prizes at the London (Royal Free Hospital) School of Medicine for Women on Thursday, the 23rd inst., at 4 p.m.

HIS GRACE THE DUKE OF ARGYLL, P.C., K.T., G.C.M.G., G.C.V.O., will preside at the festival dinner of the Royal Waterloo Hospital for Children and Women, to be held on the Monday after Ascot (June 20th) at 8 p.m., in the new rooms at the Savoy Hotel.

DR. SHERRINGTON, Professor of Physiology in the University of Liverpool, has been elected a Member of the Imperial Academy of Medicine, Vienna.

MR. MAYO ROBSON will be a guest of the Canadian Association as well as Mr. J. W. Mayo, of Rochester (Minn.), and probably Professor Marmorek, who is to be in Montreal during the summer.

THE Duchess of Sutherland, who presided last week at the conference organised by the Invalid Children's Aid Association, read an interesting paper on "The Work of the Potteries' Cripples Guild."

WE regret to learn that Sir Henry Burdett has met with a serious carriage accident in the country. His horse took fright at a motor-car and overturned the carriage, and in the upset he sustained several fractures about the shoulder. His progress has been most satisfactory.

MR. JAMES C. MCWALTER, M.A., M.D., D.P.H., of Dublin, has been appointed delegate to the Folkestone Congress of the Royal Institute of Public Health by the Faculty of Physicians and Surgeons, Glasgow.

Special Correspondence.

[FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

INTERNATIONAL HOME RELIEF CONFERENCE (ASSISTANCE FAMILIALE).—Thanks in no small degree to the efforts of Sir John Sibbald, M.D., F.R.C.P., the fourth annual congress of workers to discuss methods "by which" (in the words of the President, Lord Balfour of Burleigh) "help can best be given to our weaker and less fortunate brethren, without relegating them to special institutions where recipients of relief are congregated together," held its sittings in Edinburgh during the past week. The idea of the Congress was originated by Dr. Marie, Villejuif Asylum, Paris, who was present at the Edinburgh meeting, along with many other English and foreign delegates. The work of the Congress was conducted in general and sectional meetings. Of the former, there were three—an address by the President, on June 7th; a discussion on labour colonies and farm colonies *v.* workhouses, on the 8th; and a discussion on the home care of mentally defective and backward children on the 10th. Section I dealt with children, II with old age, III with iable-bodied adults, IV with sick adults, V with insane and epileptics, the subjects discussed being the feeding of infants and school children, the prevention of cruelty to children, boarding-out of pauper children, the organisation of home relief for cripples, old-age pensions, Danish and German systems of relieving the aged, Scottish experience of boarding-out paupers, hereditary paupers, crime and criminals, model lodging-houses, inebriate retreats, attendance on parturient women in large towns, home treatment of phthisis, relation between hospital relief and the sick poor, home care of the insane, after care of asylum patients, and epileptic colonies. The conference was in every way a great success, and we hope in a future issue to give a synopsis of some of the questions of more specially medical interest under discussion by the members.

ROYAL EDINBURGH HOSPITAL FOR INCURABLES.—By receiving a bequest of £20,000 for that object, the managers of the Longmore Hospital now are in a position to proceed with the erection of a hospital for incurable cases of phthisis. The building, which will accommodate about thirty-four patients, is now in process of erection in Liberton, a suburb of Edinburgh.

UNIVERSITY NEWS.—Sir John Jackson, LL.D., has generously endowed the Physical Laboratory of the University of Edinburgh with an income of £250 per annum, to be applied to promoting practical physical research. The donation is to be a permanent memorial of the late Professor Tait.—In reply to the petition of the medical women of Glasgow and the students of Queen Margaret College to open all University classes to women, the Senate of the Glasgow University state that while the present was an unfavourable time for any general pronouncement on mixed classes, the question might be considered in any department in which a change might be specially desired on present arrangements.

BELFAST.

MEDICAL WITNESSES IN COURTS OF LAW.—At a meeting of the Belfast Division of the British Medical Association, recently held, an interesting discussion took place on the question of the desirability or otherwise of medical witnesses meeting in consultation. All the speakers were agreed that the present plan, where medical men so constantly express diametrically opposed views, even on matters of fact, is little less than a scandal, but much difference of opinion arose as to how it could be avoided. Dr. Dempsey said that in his experience talking over a case might only lead to your opponent making use of all your points to the advantage of his side. While Sir Wm. Whitla, Dr. Morrow, Dr. Coates, and others supported the scheme for consultations between the witnesses, Professor Byers and Dr. Cecil Shaw seemed to think that the present difficulty would be better met by some scheme that would allow the presiding judge to call in an independent medical assessor in cases where the medical witnesses showed marked differences of opinion.

GIFT TO THE ROYAL VICTORIA HOSPITAL FROM AN OLD STUDENT.—Dr. Lowry, of the Chinese Customs Service, has sent a beautifully embroidered Chinese silk banner to the Royal Free Victoria Hospital, Belfast, with the request that it may be hung in one of the wards of Mr. J. Walton Browne, whose resident pupil he was when a student at the old Belfast Royal Hospital.

SMALL-POX IN CO. DERRY.—As noted in this column, small-pox was introduced into the Limavady district about a month ago by some persons from Glasgow. Notwithstanding the most vigorous efforts of the local authorities to stamp out the infection, cases are on the increase, four fresh ones having been discovered in the last few days. It is believed that the people try to hide the cases, and the fact that they have been in contact with them, and Dr. Watson has appealed to clergymen, guardians, and others to use their influence in overcoming the "obstinate stupidity" of the people in hiding the disease and refusing to be vaccinated.

THE BELFAST GUARDIANS AND MEDICAL FEES.—Dr. Donnan, of Holywood, has had the great satisfaction of making the Belfast guardians climb down in a matter of medical fees. In a doubtful case of small-pox he called in Dr. Robb, who is in charge of the small-pox hospital, and claimed a fee of two guineas for him. The guardians not only refused the fee, but their chairman used most insulting language concerning the medical profession generally, accusing the members of that profession in Belfast of spending their time drinking in the Medical Institute, and not even having the common decency to apologise when told that no intoxicants were allowed in the institute. The Local Government Board has now informed the guardians that Dr. Donnan was right in claiming the fee for Dr. Robb, and the former gentleman has written to the local press asking for the same publicity for this fact as was given to the uncalled-for remarks of the chairman of the guardians when the matter was first discussed.

Correspondence.

[We do not hold ourselves responsible for the opinions of our Correspondents].

AMENDMENT OF MEDICAL LAW.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an editorial note in your issue of May 25th you express the hope that it may be possible before long to bring about such an alteration in the law as shall effectually put a stop to the practice of medicine by unqualified or fraudulent pretenders, and the draft of a Medical Act Amendment Bill by which it is hoped this desired consummation may be achieved is published in the *British Medical Journal* of May 28th. If this project of law be accepted and taken up by the Government it may perhaps be discussed in Parliament; but that it should in its present form under present circumstances find a place on the Statute-book

is unbelievable by anyone who has closely watched the progress of medical legislation during the past thirty years. Proposed legislation of the kind is at present looked upon as a trades' union move for selfish ends by the doctors. It will be necessary to bring the real facts home to the minds of our legislators before the smallest chance for the acceptance of a drastic scheme of medical law can be created. This might be done through the medium of a Royal Commission empowered to inquire into the whole subject of unqualified practice and quackery, including the manufacture and sale of quack medicines. The Commission ought to have power to call witnesses and examine them on oath. Such an inquiry would prove and make plain that legislation directed against fraudulent quackery, although it might do something to the advantage of the profession, would do a thousand times more for the stupid, ignorant, or too confiding masses whose sufferings and weaknesses now render them an easy prey to cynical knavery. It could be easily proved that quackery forms a potent factor in deterioration of the public health, and thus, from the sordid point of view, is ultimately a source of profit rather than loss to the legitimate practitioner. There exist vast classes of invalids with ailments entirely manufactured or aggravated, and rendered chronic by quackery. Of these the great majority gravitate in the end into the hands of qualified men, and thus money which would not otherwise be earned is put into the pockets of the profession. If the unselfishness of the profession in seeking to put an end to the more glaring of the abuses which at present exist cannot be proved, it can at any rate be demonstrated that stringent laws would act if not alone at least in the main for the benefit of the weak, afflicted, and helpless classes who have most claim upon the guardianship of the State. Everyone who knows anything about the history of medical legislation must recognise that without the education in the question which members of Parliament almost entirely lack, no House of Commons will listen with patience to a Medical Act Amendment Bill, and I venture to prophesy that if the Bill of the British Medical Association be presented without the preliminary action which I suggest, it will not have the smallest chance of favourable consideration, albeit backed as it may be by the united voice of 20,000 practitioners.

I am, Sir, yours truly,
HENRY SEWILL.

Cavendish Square, June 6th, 1904.

A COMMON-SENSE VIEW OF CONSUMPTION.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—You will probably have made a note in your mind on the reference to Consumption in Southey's "Life of Nelson."

"The *Boreas* arrived in England in June. Nelson, who had many times been supposed to be consumptive when in the West Indies, and perhaps was saved from consumption by that climate, was still in a precarious state of health; and the raw wet weather of one of our ungenial summers brought on cold and sore throat, and fever; yet his vessel was kept at the Nore, &c., &c."

Those who take a common-sense view of consumption will not agree with the microbial theory as some put that forward. They will not admit that consumption belongs to the same class of diseases as typhoid, small-pox, scarlatina, and such like. Climate has to be considered, and hereditary tendencies quite as much as a specific microbe.

Those who expect to cure consumption by discovery of a bacillus must be prepared for disappointment. Some good, of course, may come out of that kind of work, but not in the way expected. We do not hear much now of the Berlin craze and the anti-tuberculin treatment. It is the open-air treatment that is now in the ascendant, and that will probably come down.

There is no doubt, however, that one of the questions of interest at the present time is the careful study of climates in their relation to health; and one of the advantages that the Imperial Federation system offers is the possibility it affords many of our younger and more delicate progeny to escape from "the raw wet weather of one of our ungenial summers," and we might add the unwholesome atmosphere of our great cities, and go and live in a colony where health and safety are provided by the natural conditions of atmosphere and soil that are offered to them.

am, Sir, yours truly,
R. L.

THE POSITION OF THE MEDICAL ATTENDANT IN CRIMINAL CASES. (*a*)

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am desired by the Council of the Midland Medical Union to submit to you for publication :—

1. A note on the above matter prepared by W. Duncan, Esq., M.B., of Clay Cross, near Chesterfield.

2. Copy of resolution passed by the Chesterfield and Mansfield branches of the Midland Medical Union: "That a statement setting out the unsatisfactory position of the medical attendant in criminal cases be submitted to the British Medical Association and the General Medical Council, together with a suggestion that a memorial be presented to the Home Secretary; that Crown Consultants be appointed and paid by the Home Office, the duty of such Crown Consultants being to undertake the responsibility of examining in cases of suspicion and of reporting to the police authorities."

3. Copy of resolution passed by the Nottingham Branch: "That (1) the Nottingham Branch of the Midland Medical Union is of opinion that the note prepared by Dr. W. Duncan is worthy of consideration, but the branch does not definitely adopt his particular suggestion. (2) The branch is further of opinion that the whole question of the relation of medical men to criminal cases needs investigation and is specially drawn to the conclusion by observation of the alarming increase of the practice of using preparations of lead, such as diachylon, for the purpose of procuring abortion."

I am, Sir, yours truly,
GEORGE S. O'RORKE, LL.D.,
Secretary.
(Countersigned) GEO. BOOTH, M.D.,
President of the Midland Medical Union.

June 8th, 1904.

WHAT IS BRANDY AND WHAT IS WHISKY?

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It seems a great pity that the recent decision of a London magistrate in the case commented upon in your excellent leader of June 8th was not taken to the High Court. The judgment, being elaborate and well reasoned, may, perhaps, be taken as a guide by other magistrates in similar cases; but until argued and decided before the judges of the King's Bench will have no binding effect. To obtain a final decision of such a kind ought surely to be worth the while of those manufacturers and dealers who make and purvey real brandy only; and it ought not to be beyond their powers to achieve such a consummation. If it is settled that the vending of concocted mixtures as brandy is illegal, it may even be possible to obtain a similar judgment with regard to other spirits, and especially Irish and Scotch whisky. There can be no doubt that the great bulk of spirits disposed of by the small retailer is of only one origin. It is all manufactured from silent spirit of the cheapest and crudest kind, and made into brandy and whisky, &c., by the addition of colouring and flavouring matters. Such spirit is, of course, mostly unsophisticated poison. It helps towards the more quick ruin of the minds and bodies of the poorer classes of drunkards, who mainly consume liquor of this quality, and does more harm than good to the invalids of the same classes to whom small doses of spirit of good quality may sometimes be needed as a most important item in medical treatment. Manufacturers of genuine spirits are under obligations to THE MEDICAL PRESS AND CIRCULAR for its frequent articles, analyses, and reports on alcoholic

(*a*) Dr. Duncan's note will be found on page 629 of our present issue.

beverages. These have helped, no doubt, to educate the public, including our magistrates, in the subject and its bearing upon the public health. The article of June 8th, which calls forth this letter, adds to the obligation.

I am, Sir, yours truly,

June 9th, 1904. S. H.

THE LUNACY LAWS AND PROFESSIONAL RESPONSIBILITY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It might be well to consider whether practitioners should not be required to notify cases of mental derangement when they come under their notice. It would simplify matters much if this were done. At present we cannot expect a practitioner to do anything, especially if he is likely to provoke ill-feeling on the part of a patient or the friends, and injure himself by taking action. If legally compelled to notify, as in cases of infectious disease, he would not incur injury to himself by doing so.

I am, Sir, yours truly,

R. L.

"PALMAM QUI MERUIT FERAT."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—By "Listerism" I did not mean the earlier experimental methods which Lord Lister invented, based upon the fundamental discoveries of Pasteur. I meant the system of practical surgery which has been evolved from these basic discoveries and tentative experiments, a system which gives to the surgeon almost infallible means of preventing the septic phenomena which previously were not in the least understood and were therefore beyond the control of surgical art. This system owes its origin and evolution entirely to the teaching of Lord Lister, and therefore may rightly be styled "Listerism." If there are any number of practical surgeons who agree with Dr. Bantock, they must form a very small minority. The majority, if they do not now talk so much of "Listerism," acknowledge that the term aseptic does not properly apply, and ought not to be used as opposed to antiseptic. Every surgeon, except, perhaps, Dr. Bantock and his followers, uses antiseptics. All surgeons use them to purify their own hands, the patient's skin, and the instruments; they apply dressings to prevent septic germs from entering the wound; they all practise strict antisepticism as regards materials used in ligation of vessels.

Dr. Bantock thinks "no one has ever seen a germ, and if he does believe in germs has no means of proving their presence or absence *in the course of an operation.*" He thinks it matters much that in quoting him I left out the italicised words. I do not stop to question the statement that bacteriological examination of the secretions on the surface of an operation wound would not reveal the presence of germs did these exist; it is enough that we know that septic changes cannot begin in the wound unless septic infection by germs from without takes place. The surgeon does not search the wound for germs; he adopts measures to prevent their entry or activity. He knows that without such measures septic changes will probably ensue.

Dr. Bantock writes as though all surgery consisted of operations in which the parts are naturally aseptic. He leaves out such cases as injuries like compound fractures, where tissues are crushed or bruised or deprived of blood through laceration of vessels and would be certain to become gangrenous and putrid, malignantly septic, without the treatment based on the principles evolved from Lord Lister's generalisations. He leaves out also cases of foul abscess, once hardly amenable to treatment, which are nowadays in so many instances perfectly under the control of surgery.

Dr. Bantock says he achieved his results by "cleanliness," before Lister and after; and with greater success than Lister's followers. Has he ever told the world what exactly he means by "cleanliness," and how it differs from antisepticism and asepticism? Has he ever explained whether he invented his methods as the result of experiments the *rationale* of which he was ignorant of, or whether he discovered fundamental principles upon which he based his procedures? Has he ever explained these principles, and does he deny the truth of Pasteur's discoveries as to the causation of fermentation and putrefaction by the action of germs floating in the atmosphere? If he cannot demonstrate the falsity of Pasteur's discoveries, he cannot dispute the essential facts upon which what I will still call "Listerism"—present day surgical methods—is based; nor can he diminish the honours which the world confers upon Lord Lister for what it recognises as his enormous services to mankind. It seems a pity that instead of attempting to disparage Lord Lister and to ask for himself honours which the scientific world has not thought of bestowing upon him, Dr. Bantock has not been content with the distinction as an uncommonly successful operator in a special department, to which the profession has all along sufficiently recognised his claim.

I am, Sir, yours truly,

June 3rd, 1904. IGNORAMUS.

P.S.—The *British Medical Journal* of June 4th contains a paper by Dr. Ballantyne on "Asepsis in Obstetric Practice." I commend this to the attention of Dr. Bantock. If he would publish in your columns a critical examination of that paper it would, I am sure, prove intensely interesting; and if he does so, I trust he will not overlook the final paragraph. The vast majority of obstetric authorities agree with the principles and practices adopted by Dr. Ballantyne. It would evidently be a kindness to them if Dr. Bantock would make clear what a terrible waste of force their procedures involve.

THE CENTRAL MIDWIVES' BOARD.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The members of the medical profession are much indebted to Professor Sinclair for his letter in your issue of June 8th on the proceedings and conduct of business of the Central Midwives' Board, and no time is to be lost before entering our protest against this method of interpreting an Act of Parliament which was intended to improve the education and to provide suitable medical supervision of midwives.

It was hoped, and confidently expected, that the Central Midwives' Board would so frame their regulations as to admit only the more intelligent of the class of women who seek a midwifery training, and that the instruction and training required should tend to an increase of efficiency, and thus be of material value to the poor women whom they would be called upon to attend.

Apparently the policy is the reverse of this, and we are to add on registration to inefficiency, unless the policy is altered.

It is hardly necessary to encroach upon your space by discussing the absurdity of the latest propositions as to the appointment of midwives as inspectors of training institutions and as examiners, but it is of such gravity as to at once call for a protest from those of us who are interested in carrying out the Act for the improvement in training and consequent benefit to the poor.

I am, Sir, yours truly,

J. E. GEMMELL.

Hon. Med. Officer, Ladies' Charity and Lying-in Hospital, Liverpool.

12 Rodney Street, Liverpool,

June 8th, 1904.

HUMOUR IN PRACTICE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The routine life of a general practitioner is so often sad, melancholy, and depressing that one may be pardoned for extracting what little humour is capable of being got out of it. In offering these few gems I hope I am not transgressing any ethical rules. For some years I have been in the habit of jotting down curious and interesting statements of patients which, although new to me, may no doubt be ancient chestnuts

to many of your readers. I do not record such commonplaces as the person who is caustic or has an ulster, as these are so common, but I have not seen any of the following mentioned. An old lady, now dead, invariably informed me on each visit that "she was very prostituted to-day." A young woman gravely informed me that she was supposed to have an anthem in her head, and that she had been sent by one dentist to another well-known dental surgeon, to see whether he could find it. But he failed to do so. A young woman consulted me recently saying she wanted something to open her corsets, and on inquiring how long they were closed, she said three weeks. Mist. ferri lax. did the trick. An old gentleman who was paralysed suffered from insomania. I regret to say he now sleeps peacefully.

An old lady informed me that all her brutal husband supplied her with and all she had during the Christmas festivities was one skipper. This, I regret to say, proved too indigestible, as she has since died—but not from the skipper.

A woman informed me (and this is a grave accusation against the hospital) that she had been attended by a hospital doctor in her last confinement, and that he gave her a "juice" and she caught cold through it. A fond mother recently informed me that the teacher said her little boy was a perfect Jesus at drawing. I have many more notes, but your space is limited.

I am, Sir, your truly,

JAMES HAMILTON, M.D., Q.U.I.

60 Sydney Street, Chelsea, S.W., June 8th, 1904.

Obituary.

SIR DAVID PALMER ROSS, C.M.G., M.D.ED., F.R.C.S.ED., BRITISH GUIANA.

THE death is announced of Sir David Palmer Ross, Surgeon-General of British Guiana, which occurred at Georgetown after a long illness. Sir David entered the Colonial Civil Service thirty-eight years ago as a medical officer in Jamaica, and after reaching the position of Senior Medical Officer in that colony became Colonial Surgeon of Sierra Leone in 1885. He was promoted to the office of Surgeon-General of British Guiana in 1894, and was to have retired on a pension in August next. He took his qualification of M.R.C.S. Eng. in 1864, F.R.C.S. in 1875, and M.D. of Edinburgh University in 1863.

SURGEON-GENERAL THOM, I.M.S.

THE death occurred somewhat suddenly at Jersey, on the 10th instant, of Surgeon-General William Thom, I.M.S., in the 85th year. The deceased officer had resided on the island for many years. Deceased, who leaves no family, retired in 1877.

ROBERT EDWARD OWEN, M.R.C.S.ENG., L.S.A., OF ANGLESEY.

THE death took place at Beaumaris, on June 2nd, of Mr. R. E. Owen, a member of an old and well-known Anglesey family, and one of the oldest medical practitioners in the county. He was until recently and for a long period a medical officer to the Bangor and Beaumaris Union, the training ship *Clio* and Trinity House, and had held the appointment of analyst for the county, besides many other offices. He was at one time hon. secretary to the Anglesey Hunt. Mr. Owen was sixty-one years of age, and had been failing in health for several years. The funeral took place at Beaumaris on June 4th. Mr. Owen was a student at Guy's and at Queen's College, Birmingham, and took the diploma of the English College of Surgeons in 1864.

JOHN MILTON SCATLIFF, M.D.

WE regret to announce the death of Dr. J. M. E. Scatliff, of Brighton, whose death occurred at Shermanbury, near Henfield, last week. The deceased gentleman was fifty-four years of age and had been in practice in Brighton for thirty years, where he had an extensive circle of friends. Deceased was educated at St. George's and Aberdeen, and took the degree of M.D. in 1876. He was one of the founders of the Brighton Throat and Ear Hospital, and he took great interest in this institution.

LOUIS LEOPOLD JENNER.

WE regret to announce that the death has occurred of Dr. Louis Leopold Jenner, of the Lister Institute of Preventive Medicine. Dr. Jenner was the fourth son of the late Sir William Jenner. He was thirty-eight years of age. He was educated at St. Thomas's, and took the M.B., B.Ch.Oxon., in 1894; and the M.R.C.P. Lond. in 1859.

Medical News.

The Fifteenth International Congress of Medicine.

AT a recent meeting of the National Committee for Great Britain and Ireland, Dr. Pavy, F.R.S., in the chair, Sir William Church, Bart., Sir Dyce Duckworth, Mr. Reginald Harrison, and others present, it was resolved "that in view of the confusion and disorder attending the last assemblage of the Congress—attributable, it is considered, to the deviation from former procedure in admitting as members of the Congress others than members of the medical profession and savants—this Committee deems it important, in order to avert threatened disastrous consequences, to call the attention of those entrusted with the organisation of the forthcoming Congress at Lisbon to the matter, and to urge that no departure from the rule relating to membership in force at the Paris Congress in 1900 should be permitted to occur." This resolution was forwarded to the President and Secretary-General of the fifteenth Congress, which will be held at Lisbon in April, 1906. The rules governing the Congress have just been issued, and it is satisfactory to find that the rule as it stood at the time of the Paris Congress has been restored. The recommendations of the subcommittee as to the future constitution of the National Committee were approved, and it was decided that in future the Committee should consist of a President and two secretaries, who should invite the co-operation of (*a*) His Majesty's chief medical advisers in the Navy, the Army, the Indian Army, Lunacy, and Local Government Boards. (*b*) The President for the time being of each medical corporation in the United Kingdom. (*c*) The President of the General Medical Council. (*d*) A professor of the Faculty of Medicine from each University. (*e*) The President for the time being of the Royal Medical and Chirurgical Society of London, of the Royal Academy of Medicine in Ireland, and of the Medico-Chirurgical Society of Edinburgh. (*f*) The President for the time being of the Incorporated Society of Medical Officers of Health. (*g*) A representative of the National Medical Press Association. (*h*) Eight persons practising medicine and surgery in England, including Wales; four general practitioners practising in Scotland, and four general practitioners from Ireland. (*i*) Such other persons as it may be found desirable from time to time to invite to the National Committee. Dr. Pavy was asked to continue in the office of President, and Mr. D'Arcy Power as secretary. Dr. Horton-Smith regretted that he was unable to act as secretary to the Committee. His resignation was accepted with regret, and a cordial vote of thanks was tendered to him for his services. Dr. Clive Rivière was nominated in his place. It was proposed by Dr. Sutherland that "in order to allay the feelings of irritation and disappointment rankling in the minds of those who attended the Madrid Congress, and to reassure these and others who may contemplate attending the Lisbon Congress, the honorary secretaries be instructed to send a note to the medical journals to the effect that the British National Committee intend to take steps by which they hope to prevent or reduce to a minimum at the Lisbon meeting the annoyance, discomfort, and disappointment experienced in Madrid in regard to travelling facilities, lodging accommodation, &c., and to attain this end it is desirable to have a local British Committee at Lisbon to keep in touch with the executive of the Lisbon Congress." The

proceedings terminated with a vote of thanks to the Medical Society for its kindness in putting the Society's rooms at the disposal of the National Committee.

Asylum Workers' Association.

THE annual report for 1903 shows a diminution in the number of ordinary members but an increase in subscriptions. Fluctuations of this sort must be expected until better inducements are offered, as regards permanence of service, to asylum staffs. Provisions for securing adequate pensions will be urged by the Association upon Parliamentary candidates. To encourage long and meritorious nursing service in asylums two gold and two silver medals are awarded annually by the Association. The proposed State registration of nurses has been considered by the executive committee, and the claims of both male and female mental nurses to consideration have been successfully urged upon the promoters of each of the Bills now before the Commons. The financial statement for 1903 showed that the total receipts, with last year's balance, amounted to £472 10s. 7d., and that the payments amounted to £385 15s. 4d. Twenty-one nurses and attendants received grants from the "Home of Rest" Fund. By this fund members are enabled to stay at health resorts in any part of the kingdom. The Reading Union promotes the study of standard liiterature amongst asylum workers. Mr. Rider Haggard has given a special prize in this connection. The services of the retiring president for the past seven years, Sir James Crichton-Browne, are gratefully referred to, and Sir John Batty Tuke has been chosen as his successor.

Cardiff Infirmary.

THE Committee of the Cardiff Infirmary Sunday Fund announces that as a result of the collections on "Infirmary Sunday" (April 24th) the sum of £590 has been handed to the institution. The committee, however, will keep the fund open until December 31st, so that any congregation which had not been able to arrange for a collection on April 24th may have an opportunity of doing so.

Ambidextral Culture Society.

AT the meeting of this society held on June 1st, Miss Werner, of King's College, delivered a lecture on "Ambidexterity among the Zulus and other African Tribes." She said that unfortunately she had very little direct evidence on the subject. In general, so far as her information went, the right hand was the one used by preference for actions which required one hand only or chiefly. There were, however, indications that the proportion of left-handed or ambidextrous persons was larger in Central Africa than in Europe, but sufficient facts were not at hand to say precisely what that proportion was. The linguistic evidence, drawn from the expressions used in various Bantu languages for the right and left hand respectively, went indirectly to show that a preference was on the whole given to the right hand, which was known as the "eating" or the "throwing," sometimes as the "great" or the "male," hand. The left was sometimes called the "female" hand, but in some languages it was denoted by a word of which it was not easy to discover the meaning, and which might not denote inferiority. It was worth noting that, according to the Rev. H. Barnes, of the Universities' Mission to Central Africa, the Chinyanja words set down in his vocabulary for "right" and "left" hand respectively were really used for the more and less used hands whichever these might happen to be. This implied a certain prevalence of left-handedness but not of ambidexterity.

University of Wales and Medical Degrees.

THE thirty-fourth annual meeting of the South Wales and Monmouthshire Branch of the British Medical Association was held at Newport. Drs. Lynn Thomas, Cardiff, and Pearson Cresswell, Dowlais, were elected representatives on the Central Council of the Association. On the motion of Dr. Wallace, seconded by Dr. Lynn Thomas, the following resolution was passed:—"That this meeting heartily approves the application of the Court of University of Wales for a supplemental charter to grant degrees in medicine; it further appreciates the fact that the application is supported by H.R.H. the Prince of Wales, the Chancellor of the University, and records its opinion that by the granting of such a charter much benefit will accrue to the people of Wales." Dr. Marsh presided.

Isolation Hospital for Teignmouth.

A LOCAL GOVERNMENT BOARD inquiry was held at Teignmouth (Devon) on June 2nd into the application of the urban district council for sanction to borrow £7,100. £2,471 are required for the erection of an isolation hospital, and the remaining sum for the purchase of a recreation ground and other improvements.

Royal Institution.

AT a general monthly meeting of the members of the Royal Institution, held on June 6th, the sincere thanks of the members were returned to Mr. Andrew Carnegie for his donation of £1,200, to enable Professor Dewar and Mr. R. A. Hadfield to prosecute their joint investigation on the physical properties of steel and other alloys at low temperatures, and to Dr. Frank McClean for his donation of £100 to the research fund of the Royal Institution.

Donations and Bequests.

UNDER the will of Miss Esther Steel the Western Ophthalmic Hospital, Marylebone Road, London, W., has been bequeathed the sum of £1,000.—Mrs. E. A. Williams has by her will bequeathed £500 to the Cancer Hospital, Fulham Road, S.W.; £200 each to the London Hospital and the Poplar Hospital for Accidents; and £100 to the Victoria Cottage Hospital at Romford.

Livingstone College.

AT the Commemoration Day proceedings at Livingstone College on June 9th, about 200 visitors were present at the meeting in the garden, including among others Drs. G. Sims Woodhead, Symes Thompson, Heywood Smith, Wise, Coutts, Panting, Goldie, Soltau, Churchill, and Watkins. The Principal, Dr. C. F. Harford, made a statement concerning the progress of the College. He referred to the brilliant advances which had been been made during the past year in the department of research in tropical medicine, which offered a steadily-growing argument in favour of the work of Livingstone College. He contended that the College played a humble but important part in the work of hygienic and sanitary reform, both by the missionaries trained within its walls and by its various publications. The treasurer, Mr. R. L. Barclay, gave a statement with regard to the financial position of the College. He referred to the gift of £4,000 which had been made during the past year by the Principal and Mrs. C. F. Harford, and to the fact that part of this generous benefaction had been devoted to the equipment of the new laboratory (which was opened by Professor Sims Woodhead that day) and to the purchase of apparatus for same.

The Medical Benevolent Fund of Ireland.

THE sixty-second annual meeting of the Royal Medical Benevolent Fund Society was held on the 8th inst. in the Royal College of Surgeons. The President of the College presided. The report of the Central Committee regretted the great loss sustained by the deaths of Mr. H. Gray Croly, Sir Philip Crampton Smyly and Sir George J. Duffey. Dr. Conolly Norman and Dr. Richard Hayes had been elected to fill the vacancies on the committee. Ten applications for grants were considered in anticipation of the regular annual distribution, and grants amounting to £80 were made. Eighty-six applications were considered during the year, of which seventy-six were from widows of medical men; £1,167 was the amount recommended since last distribution. The amount given in grants was so large that the resources were strained. The hon. treasurer's report showed that during the year the grants paid by the Central Committee were £1,204 10s., which was less by £100 than the last amount previously distributed. More than half the annual income was derived from investments. The subscriptions paid

through the central treasurer were £164 14s., and the branch treasurers forwarded £325 17s. 11d., which was £200 less than that of the previous year. The President of the College of Physicians moved the adoption of the report and statement of accounts. He agreed with the suggestion of Dr. Kidd, of Carlow, that everyone should be made aware that the question of religion in no way entered into the consideration of the applications. It was a question of want of sympathy with others that prevented more from subscribing, and he appealed to members in the country especially to become subscribers. Sir Thornley Stoker seconded. Mr. R. T. Tobin, President of the Irish Medical Association, pointed out that religion never entered the minds of the Executive when considering the applications. He would be glad if it were generally known that while the majority of subscribers were Protestants, the majority of the recipients were Catholics. The motion was carried. Dr. Leonard Kidd moved a resolution conveying the thanks of the meeting to the committee and officers of the parent society, as well as those of the provincial branches, for their zeal in the society's beneficent work. The meeting shortly after terminated.

The Medical Golf Tournament.

AT Northwood, on the 9th inst., the annual Medical Golf Tournament was decided. Play was against bogey. The course was in splendid order, and some good play was witnessed. Dr. Louis Macpherson (+1), in Class I, won the first prize with 4 up on bogey. He partnered Dr. Bryce (handicap 12) in the foursomes, and the couple made the winning return of 1 up. The second prize in the singles was secured by D. F. Curtis Webb (9), who finished "all square." The prize for the best score over the last 9 holes went to Dr. Bruce Hamilton (5), who was 3 up. Dr. Curtis Webb, who was four up over the last 9 holes, was debarred from taking the prize owing to his other win. In Class II Dr. Gordon Watson (14), "all square," and Dr. F. R. Bishop (16), 2 down, were the prize-winners. Dr. E. W. Roughton (16), 1 up, won over the last 9 holes.

St. Thomas's Hospital.—House Appointments.

THE following gentlemen have been selected as house officers for the ensuing three months:—

Resident House Physicians: G. C. Adeney, M.R.C.S., L.R.C.P.(Extn.); E. A. Ross, M.B., B.C.Cantab. (Extn.); H. C. Lecky, M.A., M.B., B.Ch.Oxon; C. H. Latham, M.R.C.S., L.R.C.P. House Physicians to Out-Patients: B. Higham, M.R.C.S., L.R.C.P.; W. Haward, M.B., B.S.Durh., M.R.C.S., L.R.C.P. Resident House Surgeons: W. L. Harnett, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P. (Extn.); H. I. Pinches, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P. (Extn.); T. Guthrie, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P. (Extn.); L. E. Wigram, M.A., M.B., B.C.Cantab. (Extn.) House Surgeons to Out-Patients: H. S. Bennett, M.R.C.S., L.R.C.P. (Extn.); N. C. Carver, B.A., B.C.Cantab., M.R.C.S., L.R.C.P. (Extn.); A. C. Birt, M.R.C.S., L.R.C.P. (Extn.); G. T. Birks, M.A., M.B., B.C. Cantab.(Extn.). Obstetric House Physicians: (Senior) C. N. Sears, M.B., B.S.Lond., M.R.C.S., L.R.C.P.; and (Junior) J. P. Hedley, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P. Special Departments: Throat: W. Ibbotson, M.R.C.S., L.R.C.P. (Extn.); and G. R. Rickett, M.A., B.C.Cantab. Skin: G. R. Rickett, M.A., B.C.Cantab. Ear: W. Ibbotson, M.R.C.P., L.R.C.P. (Extn.).

PASS LISTS.

University of Cambridge.

THE degree of Master of Surgery has been conferred on Professor Howard Marsh, M.A.—The following have been appointed examiners for the final M.B. examinations in the next academical year:—Medicine: Dr. L. Humphry, Dr. S. West, Dr. W. Hale White, and Dr. J. Rose Bradford. Midwifery: Dr. M. Handfield-Jones and Dr. G. E. Herman. Surgery: Mr. C. T. Dent, Mr. E. Owen, Mr. C. W. Mansell Moullin, and Sir Hector C. Cameron.—Dr. Ole Bull, of Christiania, has presented to the University two valuable portfolios of drawings illustrating the diseases of the eye and of the ear. Professor T. Clifford Allbutt has received permission to exhibit the drawings at Oxford during the approaching meeting of the British Medical Association.

University of London.

AT the May examinations, the following passed the M.B. Examinations:—

First Division.—Henry Harold Greenwood, Beatrice Mary Kidd, Ernst George Pringle, Philip Rees, B.Sc., Herbert Douglas Smart, and Sidney Maynard Smith.

Second Division. — Frederick Hugh Alexander, Joseph Hugh Arthur, Oliver Francis H. Atkey, John Gerald Atkinson, Sophie Grace Banham, B.Sc., Alice Marian Benham, Victoria Evelyn M. Bennett, Ruth Levy Bensusan, Athelstan Jasper Blaxland, Agnes Maud Brown, Harry Hunter Carter, John Hunter Clatworthy, Ernest Langford Clay, Helen Mary Collen, John Moore Collyns, Philip Claude T. Davy, John Thomas D'Ewart, Lætitia Nora Ede, Raoul Félix, Joseph Anthony Ferriere, John William Fox, Philip Anthony M. Green, Philip William Hamond, George Montagu Harston, Bernard Hart, W. H. Harwood-Yarred, B.Sc., Geoffrey Seccombe Hett, Charles Dyson Holdsworth, Margaret Hudson, B.A., Charles Edward Iredell, John James, Frederick Arthur Johns, Smeeton Johnson, Charles Herbert Farley Johnston, Ernest Williams Jones, Frederic Wood Jones, B.Sc., Herbert Stanley Jones, Rustamjee M. Kalapesi, H. Ratcliff Kidner, B.Sc., Elizabeth Knight, Kate Knowles, Jessie Augusta Lewin, Alfred Lewthwaite, Maurice George Lonisson, Charles Ernest Wheatley Lyth, Fred. Champ McCombie, Norman Macfadyen, Ernest Charles Mackay, Harold Chas. Corry Mann, James Alexander Milne, Bernard Moiser, Edgar Coningsby Myott, Percy Alfred Peall, Charles Burnage Penny, Francis Baldwin Pinniger, Kate Anne Platt, Marian Theresa Pool, John Jekyll Rainforth, John Evans Richards, Charles Michael Roberts, Gerald Warren Russell, Arthur Campbell Stark, Louisa Graham Thacker, Ernest Frank Travers, Laura Sobey Veale, Charles Richard Verling-Brown, Ada Miles Whitlock, Sydney Rice Williams, William Bamford Winston, B.Sc., Robert Stanton Woods, Fred. Robert Elliston Wright, and Samuel Zobel.

Trinity College, Dublin.

THE following candidates passed the Final Examination in Medicine during Trinity Term, 1904:—James G. Wallis, George B. M'Caul, Hugh Stewart, William M. Wade, Washington P. Tate, Thomas Wilson, Charles J. Coppinger, Harold T. Marrable, Edward G. Scroope.

The following passed the Final Examination in Medicine during Trinity Term, 1904:—Section A: Wm. G. S. Haughton (passed on high marks), John D. Sands, Percy B. Egan, Thomas T. H. Robinson, William F. Samuels, William J. Thompson, Francis J. Usher, William C. MacFetridge, Thomas B. W. MacQuaide, Alfred C. Elliott, Edward D. Atwell, George Dougan, James M. Harold, Ernest C. Phelan.

THE title of Emeritus Professor of Ophthalmic Medicine and Surgery has been conferred on Mr. John Tweedy, F.R.C.S., Ophthalmic Surgeon to University College, London, President of the Ophthalmological Society.

THE Atkinson-Morley Scholarship of University College for "proficiency in the theory and practice of surgery" has been awarded to Mr. G. Hall, and the Atchison Scholarship "for the best work during the last two sessions and the greatest proficiency as a student of the medical faculty and hospital," to Mr. Thomas Lewis.

AT the meeting of the American Medical Association now being held in Atlantic City, Professor Ayres, of the Post-Graduate Hospital in New York, announced that he believed Bright's disease could be cured in its early stages. He had effected cures in forty-three cases out of ninety-eight, and only one had failed to respond to the treatment.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive Signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

DR. R. JONES (Monmouthshire).—The University of Wales has applied for a supplemental charter to include the medical faculty. This step has resulted mainly from the efforts of Sir Isambard Owen and Sir John Williams.

J. E. T.—The librarian at the Royal College of Surgeons will probably be able to furnish you with the names of the chief books of reference you need.

C. M. ROBERTSON.—(1) There are various portable operation tables made. One in particular we remember was invented by a Birmingham surgeon. It was extremely light and could be packed up in small compass, yet was firm and portable, and often extremely useful in operations at private houses. (2) The glass vaginal speculum has many excellent qualities: it is, for instance, inexpensive and readily sterilisable.

H. V. W. (Birmingham).—The report to which our correspondent refers has not come under our notice. If, however, the facts are, as stated, our correspondent would be justified in pursuing the course which he suggests.

M. T. K. Statistics so far have shown that Armagh has the highest cancer mortality of all the Irish counties. See the "Special Report on Cancer in Ireland: Supplement to the Thirty-eight detailed Annual Report of the Registrar-General in Ireland."

DR. STEVENS.—We are of opinion that no breach of ethical law has been committed.

IGNORAMUS.—The suggestion is not one which we can entertain.

M.R.C.S.—The symptoms point to "Fowl Cholera" the bacteriology of which was worked out by Pasteur. The "runs" in which the fowls have died should be closed and thoroughly disinfected, and not used again for at least six months.

DR. S. M.—An Insurance Company is perfectly within its rights in nominating whom it pleases to examine a patient on its behalf.

DR. RENTOUL.—Your letter is unadvoidably held over.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JUNE 15th.

ROYAL MICROSCOPICAL SOCIETY (20 Hanover Square, W.).—8 p.m. Paper:—Prof. J. D. Everett: A Direct Proof of Abbe's Theorems on the Microscopic Resolution of Gratings.—Mr. F. W. Millett: Report on the Recent Foraminifera of the Malay Archipelago (Part XVI.).—Lecture: Mr. F. Enock: Nature's Protection of Insect Life (with lantern demonstrations).

ROYAL METEOROLOGICAL SOCIETY (70 Victoria Street, Westminster, S.W.).—4.30 p.m. Papers:—Rev. C. F. Box: Effects of a Lightning Stroke at Earl's Fee, Bowers Gifford, Essex, April 13th, 1904.—Mr. A. L. Rotch: An Instrument for Determining the True Direction and Velocity of the Wind at Sea.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. D. Armour: Clinique. (Surgical.) 5.15 p.m. Dr. F. J. McCann: Diseases and Injuries of the Female Bladder and Urethra.

THURSDAY, JUNE 16th.

ROYAL COLLEGE OF PHYSICIANS OF LONDON (Pall Mall East).—5 p.m. Dr. J. R. Bradford: Bright's Disease and its Varieties. (Croonian Lecture.)

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. J. M. H. Macleod: Some General Principles of Local Treatment in Dermatology.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.).—5 p.m. Dr. F. Price: Aortic Stenosis (Illustrated by cases). (Post Graduate Course.)

FRIDAY, JUNE 17th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. B. Lake: Clinique. (Ear.)

Vacancies.

Birmingham.—Workhouse Infirmary.—Assistant Resident Medical Officer. Salary £104 per annum, with furnished apartments, rations, coal, gas, laundry, and attendance. Applications to Charles Fletcher, Clerk to the Guardians, Parish Offices, Edmund Street.

Carmarthenshire Infirmary.—Resident Medical Officer. Salary £100 per annum, with furnished apartments, board attendance, fire, gas, and washing. Applications to Howell Howell, Secretary.

Cumberland and Westmoreland Asylum, Garlands, Carlisle.—Junior Assistant Medical Officer. Salary £130 a year, with board, lodging, and washing. Applications to the Medical Superintendent.

Kent and Canterbury Hospital.—House Physician. Salary £90 a year, with board and lodging. Applications to A. J. Lancaster, Secretary.

Liverpool Dispensaries.—Assistant Surgeon. Salary £100 per annum, with board and apartments. Applications to Secretary, Sam. B. Leicester, 56 Vauxhall Road, Liverpool

Liverpool Infirmary for Children.—House Surgeon. Salary £100 per annum, with board and lodging. Applications to the Hon. Secretary.

Mercers Hospital.—House Surgeon. Immediate application to John Robinson, Registrar.

Stamford, Rutland and General Infirmary.—House Surgeon. Salary £100 per annum, with board, lodging and washing. Applications to V. G. Stapleton, Secretary, The Infirmary, Stamford.

St. Mary's Hospital Medical School, Paddington, W.—Lecturer on Chemistry. Salary £150 per annum. Applications to H. A. Caley, M.D., F.R.C.P., Dean.

University of Birmingham.—Second Demonstratorship in Anatomy. Salary £150 per annum. Applications to Geo. H. Morley, Secretary.

Wandsworth Union Infirmary, St. John's Hill, near Clapham Junction.—Junior Assistant Medical Officer. Salary £160 per annum, with board, lodging and washing.—Applications to Medical Superintendent.

Appointments.

CRICHTON, HARRY, M.D., B.S.Durh., Assistant Surgeon to the Infirmary, South Shields.

DAVIES, H. E., L.R.C.P.Lond., M.R.C.S., Certifying Surgeon under the Factory Act for the Lutterworth District of the county of Leicester.

EVANS, E. D., M.R.C.P.Edin., L.S.A., J.P., Medical Officer to the Blaenau Festiniog Postal District.

FIELDMAN, W. M., M.R.C.S., L.R.C.P., Surgeon to ss. *Merion* (American Line).

HUNTER, JAMES H., M.D., B.S., B.Hy.Durh., Assistant Surgeon to the Infirmary, South Shields.

LINDSEY, ERIC C., M.R.C.S., L.R.C.P.Lond., Surgeon to the General Hospital, Hereford.

MACDONALD, JOHN, M.B., C.M.Edin., Assistant Surgeon to the Infirmary, South Shields.

SMYTH, J., M.B., C.M.Glasg., Clinical Assistant to the Chelsea Hospital for Women.

THORNE, J. M., M.R.C.S., L.R.C.P.Lond., Clinical Assistant to the Chelsea Hospital for Women.

Births.

ERHARDT.—On June 8th, at "Fernbank," Crosshills, near Keighley, Yorks, the wife of C. C. J. Erhardt, M.R.C.S., L.R.C.P., of a daughter.

PURSER.—On June 11, at 20 Lower Baggot Street, Dublin, the wife of Francis C. Purser of a daughter.

Marriages.

BEAMISH—CHAPMAN.—On June 9th, at St. Stephen's Church, South Dulwich, Robert Talbot Beamish, Lieut.-Colonel, late R.A.M.C., to Eveline Margaret, only daughter of Thomas Horatio Chapman, of "Hurstbourne," Sydenham Hill, Kent.

BURT—BLACKSTONE.—On June 11th, at St. Mark's Church, Regent's Park, Sir John Mowlem Burt, of Westminster, "Durlston," Elsworthy Road, Hampstead, and Swanage, Dorset, to Grace Emma, only daughter of the late Joseph Blackstone, M.R.C.S., and of Mrs. Blackstone, of Albert Terrace, Regent's Park.

DILLON—MONK.—On June 7th, at the Pro-Cathedral, Marlborough Street, by the Rev. J. Flavin, C.C., assisted by the Rev. Bernard Brady, P.P., Dunboyne, and the Rev. E. Ryan, O.P., Dr. T. F. Dillon, Dunboyne, son of Bernard Dillon, Creevagh, Kells, co. Meath, to Teresa, daughter of E. P. Monk, J.P., T.C., Cavendish House, Rutland Square Dublin.

DOWSETT—WEBB.—On June 8th, at the Parish Church, Walton-on-Thames, Ernest Blair Dowsett, L.R.C.P.Lond., M.R.C.S.Eng., L.D.S.Eng., only son of George Harris Dowsett, Esq., of Leyland Road, Lee, and 1 Gloucester Street, Portman Square, W., to Ethel Ellen Sarah, elder daughter of Percy H. Webb, Esq., of Walton-on-Thames.

HOSIE—WEBB.—On June 7th, at St. John's, Waterloo Road, Lambeth, Major A. Hosie, M.D. R.A.M.C., to Sarah Emily, second daughter of the late Richard Webb, of Dunderrow House, Kinsale.

Deaths.

BROWN.—On June 10th, at 27 Winckley Square, Preston, Lancashire, Dorothy Jane, eldest daughter of the late Robert Brown, F.R.C.S.Eng., aged 71.

CUTTING.—On June 9th, at Stalham, Norfolk, Ernest John, second son of Ernest H. Cutting, M.R.C.S., L.R.C.P., aged 7 years and seven months.

FROLLIOTT.—On June 8th, at White Lodge, Hove, Brigade-Surgeon William Frolliott, F.R.C.S.I., late Royal Army Medical Corps, from heart failure following an attack of influenza, aged 65.

HICKS.—On June 9th, at Longmead, Buntingford, Herts, Caroline Mary, widow of the late Francis Edward Hicks, F.R.C.S., formerly of Longmead, and 7 Henrietta Street, London, W.

O'FARRELL.—On June 8th, 1904, at his residence, Portumna, County Galway, Henry O'Farrell, L.R.C.S. and C.P.I., aged 54 years; deeply regretted. R.I.P.

SWAYNE.—On June 9th, at Glenbervie Bray, Charles John Swayne, M.D., T.C.D., eldest and dearly loved son of John B. Swayne, aged 31 years. R.I.P.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, JUNE 22, 1904. No. 25.

Original Communications.

THREE CASES OF APPENDICITIS WITH PERFORATION—OPERATION—RECOVERY.

By ARTHUR CONNELL, F.R.C.S.Edin.,

Surgeon, Royal Infirmary, Sheffield; Lecturer on Operative Surgery and Surgical Pathology, University College, Sheffield.

THESE three cases have been chosen from a series of cases operated upon this year, up to the end of April. They illustrate well the acute fulminating character of both the subjective symptoms and the objective signs, as well as the pathological lesion found at operation, and emphasise the expediency of immediate operative interference.

Case I.—W. L., æt. 28, an engineer's labourer, was admitted to the infirmary on February 27th, complaining of pain "all over the belly," but not of a severe type. His present attack began the evening before, when he was compelled to go to bed early, owing to a feeling of faintness. He was awakened about two o'clock in the morning by severe pain at the pit of the stomach and intense nausea. The epigastrium was poulticed, which gave relief, the pain locating itself about the umbilicus. He was advised by his doctor to go to the infirmary, and was admitted during the evening of Saturday (27th). The note made by Mr. Hallam, the house surgeon, runs as follows:—"He complains of slight pain in the region of the umbilicus. The pulse is of good quality and 68 per minute; temperature, 97·8° F.; tongue slightly furred." Ordered a turpentine enema, which was followed by a good result. February 28th, he passed a good night, during which he had no pain; but at half-past eight in the morning the pain reappeared, and grew rapidly worse. As I was in the building I was asked to see him, and found him in very great pain, so much so that he was tossing about the bed, groaning constantly.

On examination, there were no movements of the abdominal wall, which was somewhat retracted, nor was there a local tumour, and on palpation the abdominal wall was found extremely rigid and acutely tender in every direction, but especially so over the pelvic portion of the abdominal surface. There was dulness on percussion up to two inches above the symphysis pubis. Immediate operation was decided upon, and the man taken to the theatre. Ether was administered and the skin was then thoroughly prepared. The abdomen was again palpated as soon as he was fully anæsthetised, but the marked rigidity of the abdominal muscles remained in spite of the fact that the knees were fully flexed during this manipulation.

On opening the peritoneum the cæcum and part of the ascending colon presented. The latter was reduced, and the area was surrounded by a long strip of dry sterile gauze. The surface of the gut was extremely moist, suggestive of free fluid in the abdomen. The appendix was felt lying under the cæcum, and was easily brought into the wound, on examination of which it was found to possess two perforations opposite the mesenteric attachment. It was immediately amputated.

As the gauze strip was found so wet on removal, a Keith's glass drainage-tube was passed downwards and inwards to the bottom of the pelvis, from the lower end of the wound. Immediately a large quantity of cloudy turbid serum gushed up, laden with flakes of lymph. The small intestine lying in the pelvis was covered in places by soft organising lymph. Sterile salt solution was then used to flush out the pelvis.

In order to facilitate this manipulation he was raised into the semi-recumbent position and turned over on to the right side somewhat. He bore the operation, which lasted half an hour, well. At six in the evening the temperature was 101° F., and the pulse 112; he was now quite free from pain. He was given 10-ounce rectal injections of saline every four hours.

Next day the abdomen was markedly distended, and there was constant vomiting during the earlier part of the day, but this yielded to one-grain doses of calomel given every hour for four doses, by the mouth. At five o'clock he was given a turpentine enema, which was followed by a very good result. He passed a very comfortable night. Next day, March 1st, the temperature was 97·8° F., and the pulse 84. The distension had all disappeared, and the Keith tube was removed, as there was no appreciable discharge. The subsequent course of the case is quite uneventful. He had had four previous attacks of abdominal pain, but none of such severity as the present attack.

Case II.—E. T. is a laundrymaid, æt. 19, who is employed in the infirmary laundry at the special machine for ironing collars, &c. Her illness began on Sunday, April 24th, when she said a "funny feeling came over her right side" after her midday meal, which, however, was a small one, owing to the fact that she was out of sorts and suffering from a severe headache. At one o'clock in the morning she was awakened by great pain referred to the right iliac fossa, and any

movement of right lower limb intensified the pain. April 25th.—This morning the right leg felt stiff, and there was slight pain on walking. She did her work as usual, although feeling very ill, and had absolutely no meal for the day until nine o'clock in the evening, when she had some boiled bread and milk. She passed a sleepless night. On attempting to get up next morning—the 26th—she fell backwards in a faint on to the bed, so great was the pain on assuming the erect posture. She was seen by the house surgeon, who immediately warded her. She was seen by myself at 11.30, and the condition found was as follows :—She is a well-nourished girl, face flushed and moist, expression anxious and face pinched, pulse 106, small and soft ; temperature, 98·4° F. She lies on her back with both legs drawn up. The abdomen is full but not distended ; there are no movements. On palpation the musculature is extremely rigid and unyielding ; there is marked tenderness over the right iliac region and the pelvic portion of the abdomen. The tongue is thickly coated with a brown fur. She looks desperately ill. There has never been an attack of pain on the right side, but she has had much pain in the left side, owing to obstinate constipation. She takes purgatives constantly and is a big tea-drinker. Her work entails continuous standing throughout the day. She was immediately taken to the theatre and anæsthetised. After thoroughly cleaning the skin, the abdomen was opened by splitting the sheath of the right rectus. On opening the peritoneum several ounces of serous fluid escaped. The examining finger discovered the appendix under the cæcum. The latter was brought to the surface, and lying attached to its posterior and under surface was the appendix pointing upwards towards the liver, with the tip gangrenous and with a perforation which would admit the point of a large-sized probe. The appendix was promptly amputated, and a Keith's glass drainage-tube passed downwards into the pelvis. The manipulation was followed by a further outflow of serous, muddy fluid laden with flakes of lymph. Salt solution was poured into the pelvis and the wound closed, except for the part giving passage to the glass tube. A flank drain was inserted, owing to the high position of the tip of the appendix. The subsequent history of the case is uneventful. Convalescence was quickly established.

Case III.—H. B., an auctioneer, æt. 20, came to my rooms on the morning of May 3rd complaining of pain across the abdomen. On examination, there was much tenderness over the right iliac fossa, and the tongue was so thickly coated that he was advised to go home and to bed. This he refused to do, and left my rooms declaring he was going to work, but he evidently thought better of it, and went home. He had some sleep, and on awaking and finding that the pain was easier, he went to his office. He had pain during the night sufficient to cause a restless night. In the morning he went to his office, in spite of the pain, which was more severe than during the night. Soon after his arrival there he was suddenly seized with a violent rigor which lasted some considerable time ; he returned home at once and got to bed, and it was not until then that the rigor ceased. He was seen at once, when it was found that he had a temperature of 101·2° F., and pulse 104, soft and small. The abdomen was full, but not distended ; there was acute tenderness in the right iliac region, with marked rigidity of the abdominal musculature. Operation was decided upon, but as his parents were out of town the necessary permission had to be obtained. The abdomen was opened at three o'clock in the afternoon of the 4th. On cutting through the peritoneum, two or three ounces of semi-purulent fluid gushed out. The parts were carefully palpated, and the appendix was found lying quite superficially, hanging down towards the pelvis, without a vestige of an adhesion near. It was brought out of the wound quite easily. The appendix was considerably thickened, and the tip quite black, with a zigzag perforation on one side of the tip, not unlike the illustration of forked lightning. The fringe of the great omentum was intensely injected. The lower portion of the abdomen was thoroughly washed out with sterile salt solution, and a Keith's glass drainage-tube inserted at the lower end of the wound penetrating to the bottom of the pelvis.

After the operation this case made such rapid and phenomenally good progress that a study of the combined temperature and pulse curves are of great interest. It has been my good fortune to operate on eighty-nine cases of appendicitis in its various forms within the last three years, but on referring to my notes, I cannot find a single acute case in which convalescence was so rapidly established. Temperature fell to normal on the third day.

REMARKS.—In reviewing these cases the points which emphasise themselves, and which it is essential should claim serious attention, are, first, the character of the pulse, the severity of the pain, the extreme tenderness of the iliac fossa, the absence of tumour, finally, and of great importance, the extreme rigidity of the abdominal musculature. In each case there has been a previous history of abdominal pain, and what is commonly spoken of as "bilious attacks"—whatever they may mean. As is so well known, no one individual presents similar symptoms with identical lesions, and I venture to suggest that it is well brought out in these three cases.

In Case I the predominant subjective symptom was pain, the objective signs were marked tenderness and rigidity of the abdominal wall.

In Case II the pulse was the surest indication of serious mischief, whilst one was able to couple with it the physical aspect of the abdominal wall and its extreme tenderness.

Case III, on the other hand, is pregnant with signs, any one of which would suffice to warn one not to delay in taking very prompt measures. The rigor, of all things, comes first, coupled with which are the pulse-rate and its quality, the temperature, and the tenderness with rigidity.

One sees cases where there is considerable diffidence shown in arriving at an early diagnosis, because the classical symptoms have been awaited—which never turned up—whilst the patients have reached such an advanced state that operative interference is not infrequently a means of causing a speedy end to such sufferings. The appendix must inevitably furnish a varied and unusual group of widely-differing physical signs and symptoms when one takes into account its varying positions and anatomical relations—multiplied if the patient happens to be a female—its many pathological lesions and the precarious blood-supply of its distal inch or more.

Too much importance is placed on such things as the presence of a tumour, a rise of temperature, the absence of constipation and the absence of vomiting, whilst too little notice is taken of the characteristics of the pulse, the rigidity of the abdominal wall, the aspect of the patient, the condition of the tongue and the acute character of the onset. Each case must be judged on its merits, but it is giving the case a far better chance of recovery if operation is done as soon as the predominant signs and symptoms have been summed up, and not to wait either for a subsidence of the grave signs, or for the appearance of such classical signs as are to be found in the text-books. No surgeon has ever regretted opening the abdomen in the earliest phase of this disease, for he invariably finds a more advanced pathological condition than he anticipated.

SOME CLINICAL
ASPECTS OF DIPHTHERIA.

By CHARLES E. P. FORSYTH, M.B., M.R.C.P.Lond.,
Formerly Assistant Medical Officer, Eastern Fever Hospital (Metropolitan Asylums Board), Homerton, London, &c.

THE early diagnosis of infectious disease is a question of supreme importance in medical practice. In all infections it is important for the sake of the community as a whole, while in some, in addition, early diagnosis becomes a matter of urgency, to the end that the course of the disease in the individual may be favourably influenced by treatment. Notably is this the case in diphtheria, where the early administration of the specific antitoxin has been found to mean so much in leading to a favourable termination.

It cannot be necessary at this time of day to state any part of the mass of evidence that exists, proving fully that the earlier in the disease is antitoxin administered the greater are the patient's chances of recovery. So much is this the case that it may be said, with all safety, that given immediate diagnosis and active treatment the case-mortality would come down to practically *nil*, and diphtheria would soon cease to be the much-dreaded disease it is at present in the lay mind. The table compiled by MacCombie from the records of the Brook Fever Hospital, "Metropolitan Asylums Board Reports," 1902, illustrates this in a most striking and convincing way, and the statistics by Biggs and Guérard, quoted by Northrup in Nothnagel's "Encyclopædia," bring out the same point perfectly.

The primary lesion in diphtheria may be faucial, nasal, or laryngeal. From any of these points the disease may spread up or down, as the case may be, and may ultimately affect the whole of the respiratory tract. Faucial diphtheria is the most common, and the next in frequency is faucial combined with nasal. Then may be placed in order of greater occurrence faucial diphtheria combined with laryngeal, nasal diphtheria, and laryngeal diphtheria. As the least common of the group, those in primary tracheal and bronchial diphtheria — ascending diphtheria; and this is said when it occurs, usually to follow measles (Monti). Conjunctival, buccal, valvar, and skin diphtheria, while not very uncommon, are comparatively rare.

Faucial diphtheria is the type from the present point of view, and omitting bacteriological or so-called "catarrhal" diphtheria, it may be divided into two varieties.

It may arise, first, from a pure infection with the Klebs-Loeffler bacillus, or it may result, secondly, from a mixed infection, and then is due to septic organisms—strepto- or staphylococci- acting along with the specific bacillus.

The clinical signs and symptoms differ in each case. In the former or pure form on examination we find the typical diphtheritic throat, showing at first a thin, whitish-grey pedicle on one or both tonsils. which later increases in thickness and tends to spread in all directions from its edges. The well-recognised features of the exudation are its peculiarly membranous character and its liability to leave a somewhat raw, bleeding surface on the mucous membrane with rapid reformation when forcibly removed. Important, also, to observe is that the surrounding inflammation is not at all commensurate with the apparent amount of exudate. The inflammatory reaction is small—there may be no swelling and very little redness of the neighbouring tissues. The only abnormal appearances in the throat are the patch or patches themselves, and they are seemingly superimposed on a healthy mucous membrane. This, of course, is not always the case, even when the organism present is pure on culture, but it is so in the majority of instances, and in every case it can be seen at once that the inflammatory reaction relative to the amount of exudate is extremely small. Discharge from the throat is scanty or absent, and the cervical glands may or may not be enlarged. They usually are affected, but never to any great extent. Most frequently they are little more than palpable. The temperature may be normal, and is of no value whatever in the estimation of the gravity of a case.

In ordinary mild cases the symptoms are few, and the insidious nature of the disease remarkable. A child—or even an adult—may go about for days with quite a large amount of membranous exudation in the throat, with no indications symptomatic of its presence. Finally, some slight discomfort in swallowing may be complained of, and only on examination is the true state of matters recognised. Indeed, the onset of paralysis may be the first sign that the patient has lately suffered from primary diphtheria. In these cases, then, the following points should be noted in the diagnosis—the absence or slight character of the accome panying inflammation and œdema; the slight glandular enlargement; the trivial pain and the absenc- of dysphagia; the clean or thinly-coated tongue; the absence of fever, and the few signs of constitutional disturbance. Then the disease can be readily differentiated from a simple acute tonsillitis or septic sore throat.

The second type, that of a mixed infection, presents greater difficulty. Here the diagnosis of diphtheria may be much obscured by the signs and symptoms of a septic infection. The exudate consists largely of a quantity of soft, loose pultaceous material, and it may require very careful examination to show adherent membrane in any part of the affected area. It is present, however, in the great majority of cases, and it is this only upon which reliance can be placed in reaching a diagnosis clinically. The accompanying adenitis is severe, not infrequently going on to suppuration, an event common in scarlet fever, but not occurring in pure diphtheria. Pain may be very severe, with dysphagia; the temperature high, and the general constitutional disturbance great, in this way altogether simulating a pronounced attack of acute tonsillitis. It is in these cases that the bacteriological diagnosis is of the utmost value, and often its verdict must be awaited before a decision can be arrived at. The presence of anything like adherent membrane should be regarded with the greatest suspicion, and there is no question that in all doubtful cases the indication is to inject antitoxin at once in proper dose. Waiting for bateriological report may be only a waste of valuable time, while all the same no harm can be done if the report happens to be negative. The absence of a rash would contra-indicate scarlet fever, and its presence, of course, would be an important aid in the diagnosis. It must always be borne in mind, however, that the two diseases may coincide in time in the same subject. That a rash ever occurs in diphtheria itself, unless from extraneous causes, and always excepting the rash of the hæmorrhagic form of the disease, is sufficiently doubtful to be left out of consideration. The rashes described have all been most probably septic rashes, occurring in cases due to a mixed infection. It seems clear that the fever, the constitutional disturbance, the marked glandular enlargement, and the inflammatory reaction f the

faucial tissues depend on the number of septic organisms actively present, or in the susceptibility of the patient to septic invasion, and are not dependent on the presence and action of the diphtheria bacillus. The toxæmia of pure diphtheria, though it is devoid of the ordinary septicæmic appearances, is none the less dangerous. Its intensity is directly proportional to the amount of membranous exudate present, putting aside, that is, special contributing factors, such as age; the mild attack, as described above, with only a thin, whitish pedicle on one or both tonsils, though it may later give rise to considerably severe paralysis, has usually practically no constitutional symptoms. The exudate may increase, however, in the absence of treatment until it forms thick, leatheryplaques, grey-white in colour, and later becoming black from admixture with blood. As it increases in thickness, so also it spreads, and before long may involve the soft palate and uvula, line the pharynx, extend up into the nasal fossæ, and down into the larynx. It may ultimately involve the whole of the respiratory tract—spreading into the trachea, bronchi, and bronchioles into their smallest branches, and thence into the alveoli, producing broncho-pneumonia. The hard palate, buccal mucous membrane, or œsophagus are rarely attacked. It is very true that in diphtheria the apparent amount of exudate often gives no idea whatever of the real amount actually present. Clinical examination shows membrane on the tonsils, perhaps also on the anterior surface of the soft palate, the uvula, and the base of the tongue, but it is only post-mortem that we see the full extent of the affected area in these bad cases. Here the diagnosis is only too plain—even apart from the faucial appearances. The general toxæmic symptoms are distinctive, and not at all of a septic type. The patient is pale—later becoming of a waxy hue, or of an ashy grey colour. The skin is cold, the temperature is normal, or subnormal, and the general depression is extreme. The heart's action is irregular in rhythm and force, and evidence of dilatation is soon present. The disturbance of the cardiac rhythm is profound. The pulse may be slow or frequent, but is always most irregular, or very soon becomes so. There is diminution in the quantity of urine—which may go on to complete suppression—and there is albuminuria. Vomiting that is quite uncontrollable may come on from the fifth to the eighth day, and in the worst cases there are subcutaneous hæmorrhages scattered in the trunk and limbs, epistaxis, and bleeding from the bowel and vagina.

The child vomits and retches almost continuously, and when it occurs at this period of the disease vomiting is absolutely indicative of a fatal issue. Albumin in the urine is present in large amount. It occurs in all but the mildest cases, and usually appears about the fourth day. The quantity of albumin is of the utmost significance as regards prognosis. It is usually in direct proportion to the amount of membrane. In the rapidly fatal cases of pronounced toxicity, with vomiting and early cardiac involvement, it is always present in large amount, but in cases of less severity, when albumin occurs in any quantity, one may be certain that paralysis will follow later—that the patient, though surviving the early toxæmia, will most surely have to face the late effects and the larger amount, and the more persistent the albuminuria, the more severe will the paralysis be. The cases that die from the eighth to the thirteenth day may be said to do so from an "early paralysis." There seems no doubt that the cardiac state, the vomiting, and the profound depression are due to the overwhelming action of one or other of the diphtheritic toxins on the nervous system, in all probability to its direct action on the medullary centres. The albuminuria that occurs in so many cases, and the distinctive purpuric eruption and bleeding from the mucous membrane of the hæmorrhagic form, seem to be due to an additional toxin, or perhaps the same, acting directly on the blood. If the patient gets over the thirteenth day, he will probably recover, though, it may be, only to succumb to the paralysis that is bound to follow on all these pronounced cases. The prognosis, however, even in the worst cases of paralysis, is not by any means hopeless. Cases with the typical persistent vomiting and anuria, or hæmorrhagic cases, always die before then—usually, from the seventh to the twelfth day.

Attacks due to a pure infection occur in all degrees of severity, as also do cases due to a mixed infection; and whether the specific toxic or septic symptom predominates is due to the greater abundance, or to the greater virulence, of the respective organisms, or perhaps in some instances to the special idiosyncrasy of the patient. In both classes the administration of diphtheria antitoxin is the great indication, absolutely so in pure diphtheria, and to a very great extent so in the mixed cases. It is in pronounced septic cases that it is least likely to be of great value, but even then when given early it works wonders by almost at once closuring the action of the diphtheria bacillus, but it would seem even that in these cases antistreptococcic or antistaphylococcic serum should be given also. Probably this would not be very advantageous in many cases, considering the present imperfect state of the coccal sera, but it would be so in some, at least, and should be tried in all, where the diphtheria antitoxin does not seem to give early relief.

In the majority of anything like pronounced attacks of faucial diphtheria, the nasal passages are affected at the same time, but nasal diphtheria may occur, and does occur, quite frequently without any implication of the fauces. Often the membrane can be readily seen on inspection of the anterior nares, or portions of membrane may come away in whole or partial coats of the fossæ. In other cases neither of these signs may be present, and the only evidence obtainable may be a nasal discharge. The rhinorrhœa in diphtheria is at first of a thin, acrid nature and readily excoriates the anterior nasal orifices and upper lip. Later it tends to become thicker, and more muco-purulent in appearance, and at this stage it is often blood-stained, while epistaxis is quite common. The distinction between epistaxis of this kind, due probably to separation of membrane, and the epistaxis occurring in pronounced toxæmic or hæmorrhagic cases, should be noted. Still later the discharge becomes again watery, and it is during all its course highly infectious. Indeed, it is this discharge which seems the most fertile cause of the spread of the infection, and as long as it continues to the slightest degree the patient should be rigidly isolated. Cases of persistent rhinorrhœa of this character should be viewed with the greatest suspicion, and a bacteriological report sought early. In the many, rhinoscopic or laryngoscopic examination of the posterior nares would reveal membrane, but these methods are difficult, often impossible, of application in children.

The same remark as to the difficulty of laryngoscopic examination in cases of suspected laryngeal diphtheria, without obvious implication of the fauces, is quite as true. In the majority of cases of "croup" it is impossible, indeed, to state exactly whether the symptoms are due to membranous or congestive obstruction. In the case of the laryngitis of measles, occurring as it does in the catarrhal stage of the disease, before the advent of the rash, the presence of Koplik's spots is a most useful sign, and in all cases of laryngeal obstruction, without the appearance of diphtheritic membrane on the fauces, or without an obvious cause, these should be looked for as a routine measure. The differentiation of diphtheritic laryngitis from the laryngitis of measles is important, of course, from the point of view of their specific infectivity, and it is also important from the point of view of treatment if the case progresses so as to require operation. Tracheotomy is equally well applicable to both forms, whether to membranous or congestive laryngitis, but intubation, which is so valuable in the former, used always in conjunction with antitoxins, is of little use in the latter. In almost every case it fails to give relief, and recourse has to be had very soon to tracheotomy. Measles being excluded, it is a good rule in a child to consider and treat as diphtheritic every case of laryngitis that is in any way

progressive. Antitoxin should be given early in large doses, and soon repeated if at all necessary.

The whole treatment of the disease is summed up in the one word—antitoxin. Special local applications to the throat are all now things of the past. Any one or any variety of lotion or spray may be used which fancy dictates—while we always recognise that they are useful only mechanically—to wash away *débris* and to cleanse from mucus. Thus, plain warm water or a simple alkaline lotion is as valuable as any, and has the advantage of doing least harm if the youthful patient swallows the fluid, an event which is not uncommon.

Paris Clinical Lectures.

PRIMARY MUSCULAR TUBERCULOSIS WITH MULTIPLE DISTRIBUTION.

By PROFESSOR F. LEJARS, M.D.,
Surgeon to the Paris Hospitals.

[SPECIALLY REPORTED FOR THIS JOURNAL.]

IT must be understood that this term, "muscular tuberculosis," is to be construed in a purely clinical sense because, although the tuberculous foci are embedded in the muscle substance, although they simulate muscle tumours properly so called, histological research has conclusively proved that the muscle fibre is not the initial habitat of the pathogenic germ nor the seat of the specific lesions, and that the "tubercle," the tuberculous gumma, starts and develops in reality in the connective tissue of the perimysium. This point possesses more than a merely pathological interest, since it confirms the view as to the special resistance of "muscle" to the tubercle bacillus. I shall show that the form, the evolution, and the prognosis of intra-muscular tuberculosis furnishes many proofs of this resistance, and it even paves the way to certain operative indications.

Nor is there any reason to suppose that tuberculosis of the muscles is ever really primary: the term is of purely clinical significance. It stands in the same rank as the current terms primary tuberculosis of the glands, joints, and bones. It emphasises the distinction between the two forms of tuberculous myositis—secondary myositis by invasion, which is rare, and the so-called primary myositis. These tuberculous gummata of the muscles start and develop independently of other foci, and subsequently assume the characters of a distinct morbid entity. That even in the most circumscribed types there must have been an initial infective lesion, distant it may be and obscure, cannot be doubted; nevertheless the so-called primary tuberculosis of the muscles presents a clinical aspect of its own, and requires to be studied closely in order to be recognised.

A man, æt. 53, strongly built but thin and pale, was admitted in March last to be operated upon for a series of tumours distributed in the manner I shall describe. When æt. 46, he had "inflammation of the lungs," and since then he has coughed during the winter. Some months since he began to have night sweats, but he has never spat blood, and on auscultation only a little crackling is audible at the apices.

Five months ago, without any traumatism or other assignable cause, he noticed a small, hard induration on the antero-superior surface of the right thigh. At first it increased rapidly in size, then remained stationary for a time, having attained the size of a child's fist. At about the same time a similar localised induration made its appearance on the upper and inner side of the left thigh; the latter did not increase much in size, indeed, the patient is under the impression that it became smaller after a few weeks. Ten days later a third nodule on the upper and outer surface of the right forearm made its appearance, just below the elbow, which grew rapidly to the size of an apple, then softened and became red. A fortnight later a fourth nodule appeared on the posterior surface of the lower third of the left arm, which soon attained the size of an egg, causing some pain and functional disturbance.

Matters had proceeded thus far on his admission to hospital. The "tumours" all presented the same general characters. They were not adherent either to the skin or to the subjacent bone. They were manifestly intra-muscular, movable, were situated transversely, and became harder and fixed when the muscle was made to contract. The tumour on the right thigh, which measured ten centimetres in length and six in width, had undergone softening and was obscurely fluctuating when the muscle was relaxed; that on the right forearm was prominent, ovoid in shape, and covered with reddened skin, not, however, adherent. It appeared to be embedded in the mass of the long supinator muscle, and was clearly fluctuating. That in the left arm was hard, of somewhat irregular outline and apparently situated in the triceps brachialis; it moved upwards and downwards with the contraction of the muscle. The nodule in the left thigh, the size of the thumb, elongated and hard, followed the course of the internal rectus, with which it was identified. The intra-muscular distribution, the consistence, the slow evolution, and the concomitant condition of the lungs in this case suggested to me at once the diagnosis of multiple muscular tuberculosis, recalling as it did other cases of the kind to which I shall presently refer.

On March 28th, I extirpated all these "tubercles" *en bloc*, and you will note that each of them was imbedded in muscle and was covered by the aponeurosis still intact. The wounds all healed without complication.

The bacteriological and histological examination confirmed my view as to the nature of these tumours. They contained numerous tubercle bacilli and on section one sees, from within outwards, a layer of embryonic tissue with disseminated tuberculous follicles, some of which contained well-marked giant-cells. This zone was continuous with a fibrous layer, also infiltrated with embryonic cells, these cells being arranged principally along the vessels, which were thickened and sclerosed. Externally was muscular tissue, the fibres most adjacent being atrophied, degenerated, and segmented, some, indeed, having undergone total destruction. Further afield the muscle fibres were normal.

I would point out that in every case of the kind it is indispensable that the tissues should be examined microscopically for "cold" intra-muscular abscesses, that is to say, indolent collections running a chronic course are not always tuberculous. In the absence of such histological examination a certain number of cases which appear to fall into this category cannot be utilised because the observations are incomplete. Nevertheless, the history of muscular tuberculosis is now established on sufficiently trustworthy data to possess a clinical and anatomo-pathological individuality of its own. Three varieties are usually described, the gumma, the cold abscess, and the tuberculous infiltration. The first two represent the normal evolution of the tuberculous nodule, at first "crude," hard, and compact, then undergoing softening and abscess formation; the third, of much rarer occurrence, manifests a remarkable tendency to confluence of the nodules, which ultimately invade the muscle extensively or it may be entirely. Here again, there are consecutive stages and intermediate varieties, and alongside this infiltration *en masse* may be placed the form of tuberculosis with large, multiple, confluent nodules. In one of my cases the entire supra-patellar region, for a distance of five fingers' breadth, was strewn with nodules the size of a hazel nut, an olive, or a pea, rounded or ovoid, which underwent hardening, fixation, and became less perceptible when the muscle was contracted. When I raised a large flap of skin, exposing to view the tendon of the triceps and the lower part of the two vasti, it was seen that the muscle substance, both within and without, outside the tendon, was permeated by nodules, some hard, yellow, and crude, others softened and caseous. One

large nodule was situated in the substance of the tendon itself, while to its inner side several large caseous masses had coalesced and stood out prominently, occupying the whole of the corresponding part of the vastus. I freely removed the infiltrated zone, cutting through the muscle, and I enucleated the large nodule in the tendon. The specimen was examined by Pilliet, who based thereon a description of muscular tuberculosis which has not since been modified. You will remember that he described tuberculosis of the large connective tissue spaces of the muscle, lesions of the muscle bundle itself, and lesions of the muscle fibre. It is in these peri- and intra-muscular connective tissue spaces that tuberculosis starts and spreads. It follows particularly the vasculo-nervous sheaths which fill these spaces, and, as elsewhere, it is much less pronounced around the arterioles. The tendons are attacked through their meso-tendons, the tuberculous infiltration following, as it always does, the blood-vessels. The invasion of the muscle bundles follows the same course, the sheath of the central artery of the bundle becomes thickened, then the arteriole itself, and around it, in the centre of the bundle, accumulate a large number of embryonic cells with large nuclei. They form a nodule which surrounds the vessel, though usually more on one side than the other. The nearest muscle fibres are invaded and isolated, and soon disappear in the nodule, and thus we get a tuberculous nodule, without giant-cells of connective tissue origin, and without epithelioid cells.

Lastly, the muscle fibre itself is subject to three distinct lesions—atrophy pure and simple, swelling with loss of muscular fibrillation and transformation into cells with multiple nuclei. To recapitulate, we see, first of all, the connective tissue invaded, with the formation of small cavities, then the muscle bundle, and, last of all, transformation of the fibre proper.

The invasion starts and develops around the vessels, a fact which confirms the hæmatogenous origin of muscular tuberculosis; it does not originate in a local infection, for the infection obviously reaches the muscle *vid* the circulation. This mechanism, of course, infers the existence of a distant focus of infection to account for the metastatic dissemination and the formation of multiple muscular tuberculosis.

But how are we to explain this unexpected "fixation" in a particular muscle without obvious cause, without any history of traumatism, &c.? This question does not admit of a plausible answer. It may be remarked, however, that tuberculosis displays a preference for the "working" muscles, the muscles upon which fall the burden of life—the anterior rectus cruris, the brachial triceps, the supinator longus, the palmaris longus, the deltoid, &c.; also that the tuberculous nodule not infrequently originates in or near the extremity of the muscle just where the muscle blends with the tendon. These two facts appear to authorise the conclusion that rupture and detachment of the fibres may not improbably prepare the way for infection.

However this may be, it is the mono-muscular gumma or cold abscess that is mostly observed, and that has served as the basis of most descriptions. It may be well for me to mention *en passant* the diagnostic difficulties to which they may give rise. Even if the muscular "tumour" is distinctly isolated, moves with the muscle, is free from adhesions to the bone, glands, and skin, several hypotheses suggest themselves. It may, for instance, be a hydatid cyst, sarcoma, or fibro-sarcoma, lipoma or a syphilitic gumma. We must not forget either, certain other chronic indolent intra-muscular collections which recall word for word the classic cold abscess. I am referring to old suppurating hæmatomata, with thick capsule, deeply buried in the muscle, the origin of which is often quite forgotten, dating, as it may do, months or years back. This form is by no means uncommon. Then, too, there are the "Eberthian" abscesses consecutive to an attack of typhoid fever, long since it may be. I remember the case of a young man, æt. 20, admitted to the Beaujon Hospital on December 4th, 1897, with a large tumour of the right thigh. It was deeply seated, intra-muscular, and not adherent to the skin; tense, almost hard, but vaguely fluctuating. Pressure was painful, there was marked interference with movement, and it rapidly increased in size. He first noticed it in the previous September, and I ascertained that in April he had had typhoid fever, from which he was convalescent early in June. Although nothing was complained of in the thigh for three months we felt justified in ascribing the abscess to the attack of typhoid fever. On December 10th, I opened the abscess, which was deeply seated in the muscular mass beneath the aponeurosis and separated by a layer of muscle from the periosteum. It had no connection with the bone or the joint. The pus proved to contain a true culture of the Eberth bacillus, and the patient's serum determined well-marked agglutination. After complete recovery from the abscess the agglutinating property of the serum remained the same.

In presence of the multiple tuberculous myositis the difficulties are somewhat different. In a case reported by Habermaas, a man, æt. 54, thought to be suffering from Pott's disease, presented, on the limbs and trunk, a dozen or more small tumours which were imbedded in muscle. These were removed and found to be tuberculous, several being caseous. In a case of M. Delorme's the pectoralis was first invaded, then the right brachial triceps in its entirety, then the anterior muscles of the left forearm. The disease subsequently became generalised and the patient succumbed a year later.

Dr. Zeller records a case of a girl, æt. 9, suffering from strumous eczema, who, for three months, had had a fistulous abscess of the thumb. In the course of four or five weeks a number of intra-muscular tumours made their appearance in different parts of the body, and some of them were removed. They proved to be intra-muscular, with a layer of muscular tissue on their under surface, and covered by aponeurosis outside. Histologically they proved to be tuberculous. She recovered and remained free from recurrence for at least ten months.

In this case the history facilitated the diagnosis, but very frequently no such assistance is forthcoming, and the difficulty of the diagnosis is correspondingly increased. Take, for instance, the case recorded by Dr. Steinbach. In February, 1900, a first nodule appeared on the front of the right thigh in the triceps, which rapidly grew to the size of a fist; another nodule appeared a few days later on the right leg, above the external malleolus, and at about the same time a third made its appearance just opposite the elbow in the supinator longus. The patient's general condition was good. They discussed the chances of the tumours being due to sarcoma, actinomycosis, syphilis, lymphangitic collections and tuberculosis, without being able to arrive at a definite conclusion. On April 7th some of the tumours were extirpated and were found to be tuberculous, but in May and June other nodules appeared, and in July five more were excised. The metastatic process continued nevertheless, and further tumours were removed in November, and then only did the process appear to have come to an end.

The very multiplicity of the tumours constitutes an important element in the diagnosis. An outbreak of sarcomatosis or multiple hydatid cysts—rare occurrences, both of them—could hardly occur without marked depreciation of the general health; moreover, the variable consistence of the different nodules, the softening and fluctuation of some, the resistance and firm, irregular surface of others, afford data which, intelligently observed, will greatly assist in the diagnosis. If required, the exploratory puncture of one of the fluctuating nodules will enable us to decide the question of diagnosis, and, incidentally, to discard the hypothesis of its being a case of actinomycosis. The fact remains, however, that the clinical interpretation is often of exceeding difficulty, and for that reason it is well to direct one's attention more particularly to this form of muscular tuberculosis with multiple distribution.

You would be wrong in inferring from the appearance of generalised infection that this form is one of any special malignity. Obviously it is a very grave manifestation when it occurs at an advanced stage of pulmonary or peripheral tuberculosis, and under any circumstances the "massive" form of tuberculous polymyositis, described by Delorme, is of grave significance. In the ordinary form of gummata or cold abscesses you will have seen from the cases I have related that it may be, and remain, inactive for long periods, or, at any rate, appear to do so, in the sense that it is not associated with any other obvious bacillary localisation, and is not incompatible with robust general health. You must, however, bear in mind that even in these cases the so-called primary muscular tubercles must somewhere have a common starting-point, an initial focus which remains to be discovered, that, in fact, there is always tuberculosis "elsewhere" which must be sought for. Even admitting the metastatic origin of these tumours, we need not on that account hold our hands, for the contra-indication which, in regard to certain neoplasms, results from their generalisation does not here hold good. We ought always to remove these tumours, whether single or multiple; that is the lesson taught by recorded observations. The operation, indeed, is now almost a matter of routine. We must not scrape or curette, but remove the tumour or nodule *en bloc* by cutting through muscle fibre. We must not shrink from excising, where necessary, large pieces or sheets of muscle; we make good the loss of substance to the best of our ability, and the removal of even large portions of muscle does not usually determine serious functional trouble. We ought, indeed, to take advantage of the isolation and position of these intra-muscular tumours to practise their complete ablation, for if left they will not remain indefinitely intra-muscular. They may invade and perforate the aponeurosis, and spread into the subcutaneous planes; sometimes, too, they run along the muscle to the tendon and the sheath, and *vid* the tendon to the neighbouring synovial sac.

The total and complete ablation of "muscular tubercles" appears, therefore, to be perfectly justifiable, whatever their number, and the operation must be repeated should a further outburst take place after the excision of the first series. Without losing sight of the pathological significance of their metastatic origin, we must remember that we are dealing with strictly localised tuberculous lesions, which admit of ready removal, and that the patient has everything to gain from their removal since even the original focus of infection will stand a better chance of recovery thereby.

Clinical Records.

THREE INSTRUCTIVE CASES OF HEAD INJURY.

By STEPHEN J. ROSS, M.D.,
Assistant Surgeon to the Bedford County Hospital.

THE three following cases of head injury are not without points of interest, and, I think, are worthy of record:—

A Case of Laceration of the Frontal Lobes of the Brain.—Hyperpyrexia.

The patient was a man, æt. 72, who fell from a ladder a distance of eight feet upon the back of his head. For three days he developed no symptoms, then his temperature rose to 104°, and continued to rise until a temperature of 107° was registered. There was no paralysis. Cold sponging had no effect in reducing the temperature. Coma supervened and the patient died. Post-mortem, an extensive laceration of both frontal lobes of the brain was discovered. There was no fracture of the skull.

Case of Fracture of the Middle Fossa of the Base of the Skull.—Apparent Recovery.—Suicide by Drowning.

The patient was a man, æt. 45, who fell from a cart. When first seen he was concussed. There was bleeding and escape of cerebro-spinal fluid from the left ear. He had evidently fractured the middle fossa of the base of the skull. He was kept in bed for eight weeks, and in hospital four weeks subsequently. When he left hospital he had apparently recovered completely. A week after leaving hospital he developed suicidal tendencies, and his wife sought his re-admission to hospital. She was promised immediate admission. However, when his wife returned home, she discovered that he had taken the law into his own hands, and drowned himself in the river. There was no history of alcoholism in this case, as the man had been a life-long total abstainer.

Case of Severe Kick of Head with Facial Paralysis.

The third case is that of a patient, æt. 54, who was thrown from the shaft of his cart, and then kicked upon his head by the horse. When I saw him he was unconscious, and blood and cerebro-spinal fluid were escaping from both ears. This discharge lasted for ten hours, when he gradually recovered consciousness. He was kept in bed and placed upon a milk diet. Twenty-one days after his accident he developed left-sided facial paralysis, which cleared up entirely in two months. His recovery was complete. Now at the end of twelve months he is perfectly well. For nine months after the accident he was greatly troubled with occipital headache. This symptom has entirely disappeared.

Remarks.

The first case is of interest, I think, (1) on account of the severe laceration of the brain without fracture of the skull; (2) on account of the delayed onset of symptoms; (3) on account of the persistent and fatal hyperpyrexia; (4) on account of the position of the lesion—by contrecoup.

The second case, I think, is a warning. It proves how very careful we must be in our treatment of cases of fracture of the base of the skull. It is not infrequent for such cases to develop complications a long time after the injury. Melancholia is by no means a rare sequela. Quite recently I have been acquainted with a case of fracture of the middle fossa of the base of the skull, in which the initial symptoms were very slight. Rest was maintained for six weeks, and the patient apparently completely recovered. A fortnight after his apparent return to normal, he suddenly developed coma, and died within forty-eight hours of its onset.

The third case is of interest on account of the severity of the injury and the completeness of recovery; also from the fact that he developed left-sided facial paralysis, which completely disappeared, pointing, I think, to the fact that it was caused by the pressure of blood-clot and its disappearance by its subsequent contraction. The persistence of headache for nine months is also of interest, with its total disappearance subsequently. Concerning the cause of headache in head injuries, I shall have further remarks to make later, with illustrative cases.

Transactions of Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.

MEETING HELD THURSDAY, JUNE 9TH, 1904.

PROFESSOR JOHN W. TAYLOR, M.D., F.R.C.S., President, in the Chair.

GIANT MYOMATA.

MR. CHARLES RYALL, in the absence of Mr. Bowreman Jessett, exhibited an enormous soft myoma undergoing calcareous degeneration. The patient was past the menopause, but as the tumour was continuing to grow, Mr. Jessett decided to remove it, though an attempt to do so in one of the London general hospitals had been abandoned. The tumour was adherent for at least three inches on each side of the middle line from the pubes to above the umbilicus, the capsule being intimately blended with the parietal peritoneum. The patient suffered from considerable shock, for which she received intravenous transfusion, and saline solution was also left in the abdominal cavity; otherwise she bore the operation well. The tumour weighed about 26 lb.

Dr. MACNAUGHTON-JONES said giant myomata were

not always more difficult to remove than small tumours. Four years ago he had removed one weighing 28·5 lb., which, besides its attachment to the uterus, had a large pedicle to the broad ligament and was also adherent to the bladder. The bladder was opened during the operation, but immediately stitched up and the patient did well, and is now in perfect health.

Dr. C. H. F. ROUTH mentioned that he had successfully removed a tumour weighing 22·5 lb.

The PRESIDENT asked whether the pelvis was free or whether any portion of the tumour, which was interesting not only from its size but from its situation, had to be enucleated from the pelvic cavity.

Mr. RYALL replied that the tumour was not at all adherent to the pelvis.

Dr. MACNAUGHTON-JONES read a paper on "Electrothermic Hæmostatic Angiotribes," which will be published in our next issue.

Mr. E. STANMORE BISHOP then brought forward the question of the

PREVENTION OF POST-OPERATIVE VENTRAL HERNIA,

and briefly gave details of the four cases which had occurred in his list of more than 350 abdominal sections. After emphasising the necessity of securing the firm union of the peritoneum, fascia, and skin, especially of the fascia, the combined tendons of the transversalis and oblique muscles, he discussed the various methods which had been or might be employed for this purpose, including Milton's method and a modification of it which eliminated the difficulties sometimes caused by kinking of the secondary thread, and illustrated his remarks by diagrams. He then discussed the various materials employed for sutures and exhibited some glass stretchers he had had made for sterilising and preserving them by Messrs. Woolley, of Manchester, by the aid of which a perfectly straight thread was obtained for each suture or ligature, while the sterilising medium had free access to all parts of the material. He also showed a copper case made watertight by asbestos packing, for boiling catgut sutures in cumol or xylol.

Dr. MACNAUGHTON-JONES said that while all operators acknowledged the importance of securing as perfect an abdominal toilet as possible, different surgeons gave preference to different methods, and each generally considered his own the best. Mr. Stanmore Bishop accurately represented in his diagram the method he (Dr. Macnaughton-Jones) usually followed of closing the abdominal wall. It was practically the same as that originally advised by Noble, of Philadelphia. He showed by diagram another method of mattress suture recently introduced by Noble. His (Dr. Macnaughton-Jones) method included closure of the peritoneum by a fine continuous cumol-gut suture, and, after dissection of the fascia from the rectus muscle, it was united by a continuous suture passing through the fascia and looping up the muscle at either side, before penetrating the fascia at the opposite side, and thus closing the wound either by complete adaptation or slight overlapping of the aponeurosis through its entire extent. Any apparently weak points were then secured by an interrupted suture, the skin was stitched with celloidinzwirn. In the largest ventral hernia he had ever seen, in which there was a huge protrusion over the pubes, he had adopted the following plan with complete success: The necessary dissections having been made to sever the adhesions of the bowel and omentum to the skin, and to separate these from the dense fascia which had formed in the middle line, as also to clear the recti muscles, mattress sutures of silver wire were carried alternately from one side to the other, from the outer border of the rectus at one side, including its fascia, under the dissected central fascia and including it, and were brought out through corresponding points on the opposite side. There were thus three loops and three double strands at either side, and a strong suture, also of silver, was passed at the upper and the lower ends of the wound, which extended from just below the umbilicus to the pubes. These silver sutures were buried, and the skin closed over them with silkworm-gut. The closure was complete and permanent, and has remained so up to the present time without giving rise to any trouble. Bumm, of Berlin, lays special stress in these cases of large hernia on the importance of flexion of the trunk while suturing, and of complete separation of the rectus sheath from the muscle, so as to relieve the tension in the adjustment of the fascia. His own (Dr. Macnaughton-Jones) experience of post-operative hernia was limited to three cases. In the first case, the wound had been twice deliberately opened by the patient, who was mentally afflicted, but was finally and perfectly closed by a third operation. The second was a very small protrusion, so slight that the patient refused to have it interfered with three years after the operation, and the third he had seen this year, in which there was an opening at the lower end of the wound, in a case in which the operation was performed under desperate conditions, and where it was absolutely necessary to close the wound with through-and-through sutures. If there had been hernia in any other cases of his, he had never heard of it. In 872 cases of abdominal section reported by Charles Noble, there was suppuration in only ten and hernia in only two. Paul Zweifel, in cases of fat women, and where there was a doubt as to the security of his special interlacing suture, passed with his large needle three strong strands of chromicised cumol-gut as through-and-through sutures, at even distances, and tied these finally. He (Dr. Macnaughton-Jones) had himself pursued this method in some similar cases.

Mr. CHARLES RYALL remarked that while our aim in closing the laparotomy incision must be to bring the parts as nearly as possible into their original anatomical position by uniting each layer, the essential thing was to see that the aponeurosis was united throughout the whole length of the wound. The union of muscle would not prevent hernia, and that of the peritoneum did not add much strength to the cicatrix, though it was important in preventing adhesions. The posterior sheath of the rectus was prone to retract with, but more than, the peritoneum, and this, he thought, led to imperfect union and consequent hernia in some cases. An important prophylactic measure was prolonged rest, and this the hospital surgeon could not always give his patients. He thought that post-operative hernias were not by any means invariably reported to the operator.

Dr. MACNAUGHTON-JONES, JUN., remarked that as both ends of the sutures passed through the skin on the same side, in the method of suturing suggested by Mr. Stanmore Bishop, the edges of the fascia would be drawn beneath the skin on that side, and the operator would have a difficulty in seeing whether they were in accurate apposition. This difficulty would be greater when securing sutures after a number had already been tied.

Dr. J. J. MACAN said that it was a matter for regret that those Fellows of the Society who were in the habit of using the through-and-through suture, and who were known to obtain good results by it, were not present to take part in the discussion. A recent inquiry by Dr. W. H. Swaffield had shown that among upwards of fifty of the most distinguished surgeons in Germany and Austria, less than a dozen adhered to the simple through-and-through suture in median laparotomies, and three of those modified the practice in some way. The remaining forty-six preferred some method of suture in layers. There could be little doubt that since the almost general adoption of suture in layers, post-operative hernia had been less frequent and less severe than formerly.

The PRESIDENT expressed his appreciation of the practical manner in which Mr. Bishop had treated a subject of extreme interest to all operating surgeons, and said that he concurred in the opinion that immediate union of the peritoneum, as well as of the tendon, was of service in the solidity of the abdominal cicatrix. On that point he must join issue with Mr. Ryall, for he had found in the post-mortem room that a union which externally appeared perfect might be absolutely

incomplete on the peritoneal surface, and the only points of union be where the suture passed through the holes of the abdominal wall, gaps being left almost inviting the omentum to protrude. For the last eight or nine years he had employed a simple method, which, in his experience, had not been followed by hernia. He united the peritoneum with a continuous suture of the finest silk, generally figured No. 000, and sterilised by boiling in a benzine solution. He then passed sutures at short intervals of about half an inch through skin, fascia and muscle, without including the peritoneum, but before tying these he united the fascia, for the whole length of the wound, with a close continuous suture of the same fine silk used for the peritoneum, over which, if desirable, a suture of horsehair could be tied and passed through the skin. The interrupted sutures remained, to support the fine ones, for ten days, and were then withdrawn; the silk ones were left, and he had found indications of them two months after the operation in a patient who died of slow sepsis after a supra-vaginal hysterectomy, but in another, in whom he reopened after about a year for obstruction by a band, the silk had been completely absorbed. In only three instances had the silk given any trouble, and these occurred before he knew the best mode of sterilising the silk, or used benzine.

Mr. STANMORE BISHOP, in reply, said that in his experience cases of hernia after operation did come back to the operator, and he had no reason to suppose that he had failed to hear of any single case of his own. In regard to the material for sutures they were all agreed that all buried sutures should be absorbable, that is to say, after they had done their work. Neither catgut nor wire were so; and catgut was apt to give way, or, if used of the thickness (No. 8) sometimes employed, was almost impossible to sterilise. Of course, if one could rely on catgut being absolutely germ-free, the difficulty would vanish. The view that post-operative hernia might be due to overlooking the posterior sheath of the rectus merited serious consideration. It was a mistake to suppose that in his method there was any difficulty in obtaining a clear view of the fascia; it was perfectly easy to assure oneself by sight, still more satisfactorily by touch, that the aponeurosis had been properly united for the whole of its length.

THE MEDICO-LEGAL SOCIETY.

MEETING HELD JUNE 14TH, at 20 Hanover Square, the President, SIR WM. COLLINS, being in the Chair.

MR. HENSLOWE WELLINGTON criticised the common verdict "Suicide, whilst temporarily insane." The word "suicide" appears first in 1654 and means self-murder, not merely self-killing. Juries disliked to declare *felo de se*, on account of the pristine posthumous consequences. There is no legal or canonical authority for "consecrating" buildings or burial grounds.

Dr. CLAYE SHAW, as a psychologist and alienist believed that the large majority of suicides were the climax of stress and worry, which had led to mono-ideaism; the fatal act was often the first patent symptom of the onset of insanity.

Mr. J. TROUTBECK thought that juries, considering the social side of the case, strive to soften the blow to relatives, and in so doing ignore technicalities.

Dr. F. J. SMITH regarded legal formulæ as too fixed and rigid.

Dr. WM. MCCALLIN read a note on the varying methods of certifying lunacy. The reasons for the differing forms were not obvious, especially as they had no corresponding reference to clinical conditions.

Earl RUSSELL saw an explanation in the need for safe-guarding the well-to-do under detention.

Mr. TROUTBECK and Dr. CLAUDE TAYLOR criticised the action of the Metropolitan Asylums Board in treating demented senile paupers without certification.

Earl RUSSELL dealt very practically with "the Weight to be attached to Medical Evidence." The value of skilled testimony has increased *pari passu* with the intellectual development of the modern jury and with the intrinsic advance of the knowledge and capacity of scientific witnesses. Medical certificates must ultimately be judged by medical men. Medical assessors should be appointed to assist judges puzzled by conflicting medical opinions. With regard to the sterilisation of the medically certified "unfit": "If the educated classes understood the question, they would act, that is, if the community was sufficiently educated to allow it." A keen discussion followed and was sustained by the President, Dr. R. J. Collie, Mr. S. B. Atkinson, and others.

The Society will shortly publish a volume of Transactions.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XLI.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE WESTERN HOSPITAL, TORQUAY.

ALTHOUGH the Western Hospital for the Treatment of Consumption in its Early Stages cannot claim a foremost place among modern institutions carrying out the so-called open-air methods, yet since it is accomplishing much for the consumptive poor in supplying hygienic management as far as is possible with an old building placed in a not altogether ideal situation, we venture to include it in this series.

The Western Hospital was established at Torquay in 1850, when, of course, our knowledge of the pathology of tuberculosis was very incomplete, and when many erroneous views governed the manner and method of its treatment.

According to the last report of the Hospital, a copy of which was given us at the time of our visit, the institution was established "with the laudable desire of affording to the labouring classes, on a limited scale, advantages similar to those enjoyed by their wealthier fellow-creatures; of passing the winter months in a climate so well calculated to prevent chest complaints and incipient affections of the lungs from degenerating into confirmed consumption, as that of Torquay."

The building is old-fashioned, and cannot be made to conform to modern ideals. The dormitories are clean, airy and by no means overcrowded, as judged by customary standards. The day-rooms are also used for meals, which is an arrangement which has manifest disadvantages.

Small balconies serve to provide the best means for comfortably conducting open-air treatment for certain of the cases.

Unfortunately, the ground in the immediate vicinity of the Hospital is very limited.

We hope it may not be long before a generous public or some benevolent friend of the people will supply means for the transference of this valuable institution for the British poor to the near heights of Dartmoor, a district peculiarly suited in many respects for the hygienic treatment of phthisis.

The Western Hospital provides accommodation for forty patients, twenty men and twenty women. "Those only are admitted whose cases appear to the medical staff to warrant the belief that, if not absolutely curable, they may be more or less permanently benefited and restored to a condition of usefulness by a winter's residence under such favourable conditions as to air, food, lodging, and medical treatment as the Hospital ensures."

The institution is governed by trustees, whose administrative powers are delegated to a local Board of Management, and House Committee. There are four honorary physicians and an honorary dentist. There is a capable matron, but no resident medical officer.

Patients are received on October 1st in each year, and the Hospital is closed from June 1st to the end of September, a fact which seems clearly to indicate that Torquay cannot be considered a desirable centre for a sanatorium for the consumptive poor. Annual subscribers are entitled to nominate one patient for four months for every two guineas given. Each nomination paper must be signed by the subscriber

or donor, and be supported by a duly qualified medical practitioner. A sum of three pounds must be deposited with the matron on the admission of a patient. Patients have also to pay towards their maintenance a sum of seven shillings and sixpence per week in advance monthly.

We have carefully studied the "rules and regulations," which, although in many ways old-fashioned, are evidently designed for the comfort and benefit of the patients. Some, however, are distinctly mediæval, as, for instance, "That all books brought by the patients to the institution, except the Bible and Book of Common Prayer, shall be submitted to the Chaplain for his approval."

The number of patients admitted from October 1st, 1902, to May 31st, 1903, was 77, and of these 37 are reported as "much improved." While the largest number of cases come from Devon, cases are admitted from Scotland, Ireland, and the various other counties of England.

According to the report of the honorary medical staff, "It is to the 'open-air treatment' rather than to any special form of drug that the medical staff attribute the very marked improvement which has been observed in so large a number of cases."

It is interesting to note that "the cost per week per patient, including all expenses, amounts to 16s. 4d., towards which the patient pays 7s. 6d. with a nomination from a donor or subscriber, and 12s. 6d. without.

The Western Hospital for Consumption may almost be considered a national institution, and merits general support, and we trust ways and means may speedily be forthcoming whereby this valuable establishment for the indigent consumptive may be re-cast in a form and on a site fitted to the requirements of a thorough and complete conduct of open-air treatment.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, June 19th, 1904.

CHRONIC NEPHRITIS IN CHILDREN.

THE prognosis of chronic nephritis in children ought to be revised, according to Prof. Mery. The text-books tell us that it is a very grave affection; they are mistaken, for the gravity of these maladies has been greatly exaggerated, as they are frequently amenable to medical treatment.

Heubner, who had insisted on the long duration of chronic nephritis in children, has published two cases which had been radically cured. M. Mery has seen four children in the Hôpital des Enfants Malades return to perfect health, and for several years no death took place from nephritis in the hospital.

The onset of chronic nephritis is generally insidious. It is by the swelling of the teguments that the evil is recognised, but certain infectious maladies had preceded and opened the way for it. Syphilis was observed in one or two cases; tuberculosis, scarlatina, grippe, mumps, and measles in others. Yet for the three last named it is difficult to attribute the responsibility, as nearly every child has suffered from one or the other. The question is complex.

In the symptomatology of the disease, M. Mery had noticed several special points. The patients do not present any cerebral symptoms, nor grave dilatation of the heart, as happens in acute nephritis; the diuresis is not accompanied by a corresponding decrease in the œdema. The children urinate abundantly, but the œdema persists. The urine is very poor in saline principles; the salt remains fixed in the tissues, and anasarca is the consequence of the retention.

The first child treated successfully by M. Mery was æt. 7. The œdema was distributed over the body; he passed very little urine, which was loaded with albumin. Under the influence of theobromin, the urine increased to a quart daily, but the œdema persisted. The patient was immediately put on milk diet and improved, but after some months the milk was diminished and raw meat ordered. The child finally got completely well, and although two years have passed, no relapse has taken place.

Another child was received into the ward suffering from considerable anasarca, while a large quantity of albumin was found in the urine. Digitalis and theobromine were given three times a day, and by this treatment the urine amounted to three pints, but contained very little chlorides. The patient was deprived as much as possible of salt, and the quantity of milk was diminished; an immediate improvement took place, the œdema became absorbed and a year subsequently the patient left the hospital cured.

A third and fourth child got well in a similar manner.

All these children began to improve as soon as the quantity of milk was diminished.

The milk presents the inconvenience of insufficiently nourishing a growing child; moreover, taken in abundance, it encourages the production of œdema, and determines, by its elimination, an irritation of the renal epithelium (von Noorden).

The best treatment is, after a few days of rigid milk diet, to institute a *régime* without salt, with raw meat, potatoes, vegetables, bread without salt, and a quart of milk as a drink.

As to medical agents, theobromine (ten grains daily) is the best diuretic.

The success obtained by the medical treatment of chronic nephritis in children should make one wary of surgical attempts (nephrotomy, decortication of the kidney) to cure the disease.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 18th, 1904.

AT the Surgical Congress Hr. Riedel discussed

ULCER OF THE LESSER CURVATURE OF THE STOMACH.

He said that surgeons generally occupied themselves with ulcer of the pylorus, for which gastro-enterostomy was performed. The cases usually came into notice, however, after perforation had taken place and peritonitis had arisen, and by that time two-thirds of the cases could not be saved. Cases of acute bleeding nearly all died, as we could only act conservatively, as patients who had lost much blood could not bear laparotomy. It was, therefore, of the greatest importance to diagnose the ulcer early. Of fifty-eight cases observed during recent years, in twenty-eight the ulcers were isolated, and in thirty they were multiple. Ulcers of the lesser curvature ate up not only the wall of the stomach, but they spread out and attacked both the anterior and posterior walls. When an ulcer was about to burst through the serous covering nothing could save it but the liver in contact in front, and the pancreas behind it. Mostly attachments took place on both sides, and then a large tumour was formed. If there was no tumour, the stomach lay in the middle line, but if there was a tumour it sank to the left and the pain was seated under the left ribs. When those symptoms were present, the diagnosis was certain. But the condition might be diagnosed even before the formation of a tumour, by the continuous left-sided pain and occasional attacks of vomiting. When the diagnosis was formed, we should first try

to treat the case by dieting. If this did no good, the surgeon should operate, when there was a chance of removing the ulcer without great danger to the patient. The stomach was to be washed out; a left-sided longitudinal incision made, the stomach seized behind by forceps, and drawn forwards, the ulcer excised, and the part then united by suture, commencing at the posterior part of the incision.

DOUBLE RESECTION OF THE STOMACH.

Hr. Francke showed a patient, æt. 37, who first came to him in November last in a very miserable and emaciated condition. The symptoms pointed to carcinoma of the pylorus. In December he did an anterior gastrotomy, and dared not go further as the patient's condition was so extremely bad. The case did well, however, and the general condition improved so much that the completion of the operation was undertaken. This time the pylorus was resected and recovery took place without interruption. The incision for gastro-enterostomy need not be longer than six to seven centimetres. He commended the divided operation to his hearers' notice in cases of extreme debility.

At the Medical Society, Hr. Kossman discussed

GOLDSPOHN'S OPERATION.

It appears that gynæcologists are satisfied that retro-displacements really require surgical treatment at times—in other words, that not all cases can be treated successfully by pessaries. Goldspohn takes the position that the fixations hitherto made use of—ventro-fixation, vaginal fixation, shortening of round ligaments—all leave something to be desired. He proposes to perfect Alexander's operation, and advance it a step further, and by doing so he claims that the operation will then be everything that could be desired. When the round ligaments have been found and drawn out the proper distance, he would then enlarge one or both openings, so that the finger can be passed in. In this way everything in the way of adhesions that fixes the uterus in an abnormal position can be separated, and the uterus, when thus freed, can easily be retained in its artificial position. Compared with ventro- and vaginal fixation, he claims that his operation has great advantages. After ventro-fixation, the assumed position is abnormal, and in vaginal fixation if the finger is passed in it may not be able to separate adhesions high up, and, moreover, succeeding pregnancies may be affected injuriously by either operation. That shortening of the round ligaments predisposes to hernia he denies; this is only possible when suppuration has taken place, instead of union by first intention.

Hr. Dührssen was with the speaker as to complication, even with a mobile uterus. The objections to vaginal fixation were unfounded; the whole posterior surface could be touched and felt by it. Delivery might be prejudiced if the operation was not carried out properly. He had performed Goldspohn's operation, and thought it justified in cases where there was a hernia already, which could be radically treated at the same time.

BORNYVAL.

The preparation to which the name of bornyval has been given is claimed to contain the active principles of valerian root, and it is a valerianic acid ester of borneol, and is said to be a specific of the highest rank for the large array of nerve diseases. There was already a number of preparations of valerianic acid, but one important component was neglected, *viz.*, borneol. This, according to Jos. Möller, has the property of reducing reflex irritability. It only remained now to combine the two constituents, which are present in the root in the form of esters, into one preparation, and this has been done by the firm of J. D. Riedel, Berlin, who have brought it into the market in the form of elastic gelatine pearls, containing 0·25 gramme of the new combination. It is said to have greater power than any other preparation of valerian. By its use cardiac neuroses are said to disappear sometimes after a single dose; whilst objectively the pulse improves. Whether the symptoms were due to valvular disease, arterio-sclerosis, or dilatation, the result was the same. In the case of traumatic neuroses the pains, which had ceased under the influence of the drug, recommenced on its discontinuance, but ceased finally after a more lengthened use of it.

Some cases of nocturnal incontinence, and some of nervous gastric trouble, were cured by it.

In hysteria, cases of cardiac palpitation with pain, shortness of breath, loss of speech, anxiety and distress, with loss of sleep, were materially improved, and by improvement in vitality the condition was considerably ameliorated.

Insomnia without hysteria was also improved. Menstrual and climacteric troubles were also relieved by it.

Austria.

[FROM OUR OWN CORRESPONENT.]

VIENNA, June 18th, 1904.

SEA HOSPICE FOR TUBERCULOSIS.

A MEETING of the Medical Society, under the presidency of Graf Sylva-Tarouca, reports that 696 children have been treated at these hospices with beneficial results of 83 per cent. perfectly cured in one, and 45 per cent. mortality in the San Pelagia, while it was still more favourable in the Salzbach institution, where the recoveries are recorded as 84 per cent. and the mortality figure 2·5 per cent.

Professor Monti, in proposing the report, said this society had been instrumental in saving much life since its inauguration eighteen years ago by the Erzherzogin Maria Theresa, to whom they were deeply indebted for her philanthropic assistance. During the last eighteen years many remedies had been devised to combat this fiend of the human race, but, unhappily, few of them had survived the infantile period of their existence. Pure fresh air was the remedy prescribed by this society when tuberculosis was first pronounced curable, and it is now universally accepted as the sovereign antidote for this contagious disease. Monti said that he had seen a large number of these little ones, both before leaving hospital and on their return from the Sea Hospice, and was now convinced in his own mind that hygienic treatment in suitable surroundings was the most effectual remedy to check the disease.

At San Pelagia, systematic excursions are carried out for the strong, so that as soon as the patient is able to move about he is encouraged to take short sails in a small steamer and landed on shore at regular intervals to walk along the shore or climb the hills as the patient becomes more vigorous. This exercise, combined with sea-bathing, has a wonderfully beneficial effect on the metabolic changes of the organism. During their recovery education is not neglected, as fully one-half of the patients go to school or, rather, take part in the educational pursuits provided for them when health and circumstances permit.

Since the inauguration of these institutions, 85,193 young patients have returned to their friends able to commence life as healthy citizens, who in all probability would otherwise have died in *limine vivo*.

Like other great works these efforts require money. The year's expense of the two societies has been 242,381·95 kronen, or £13 10s., per child.

ARTERIAL SCLEROSIS.

At the Congress for innere Medizin, the discussion on arterial sclerosis was continued by Kisch, who affirmed that he had often observed this condition of the vessels coincident with lipoma or the lipomatose condition, which he had found present after sudden deaths from cerebral hæmorrhage. The most trustworthy symptom for the clinician is the bradycardia with the irregularity of the pulse.

Klemperer confirmed the opinion of many others who have spoken on the subject, that arterial sclerosis is very frequent in the representatives of the medical profession, and described the disease as an over-culture morbidity, a continued state of exhaustion, or, in classic language, a fatigatio. Arterio-sclerosis was not necessarily a fatal disease as some of his colleagues had represented it to be, neither could he defend it as a healthy condition. Its approach was sometimes heralded by a febrile attack appearing without any real cause. Lime in the treatment may or may not be administered, but milk diet, as many others had proposed, was always the best. Alcohol should never be given.

Gumprecht said he had used the plethysmographic method like Romberg in the diagnosis of sclerosis, and found the influence of cold and warmth sometimes produced contraction, but sometimes they did not, and as often were found normal. He also met with cases where the blood pressure was raised. He prescribed iodide in small doses with good results.

Hirschfeld admitted the danger to life in many cases of arterio-sclerosis, but that arising from nephritic gout might be accepted as a benign form of the disease.

Noorden affirmed that high pressure in the blood-vessels of arterio-sclerosis was always a dangerous monitor. The treatment he relied on was 10 milligrammes daily of nitro-glycerine. The calcareous deposit in arterio-sclerosis did not differ from the normal elsewhere. It was a mistake to suppose that lime could not be eliminated from the body by the use of glycerinated phosphates, lecithin, &c., while a non-calcareous diet was quite unnecessary.

Schott said he had seen cases of aortic failure from a sclerotic condition of the vessels below the age of 20, and is of opinion that the abuse of nicotine in youth has much to answer for in the production of the disease as an etiological factor. His experience is that the blood pressure is frequently accentuated or normal, but hardly ever low. The best treatment is careful dieting with everything in moderation.

Hofbauer spoke of the "symptom-complex" of cardiac asthma and cardiac dyspnœa.

Ageron said that many of the speakers had searched in vain for the real or true etiological cause, which to his mind was nothing else but gluttony and ebriety. The great quantities of rich albuminous food with arterial stimuli soon brought about all the conditions of old age, inactivity, and, finally, cardiac death.

Jaksch thought the sclerosis of the vessels had a nervous origin, as these cases improved rapidly on carbonic acid baths. Iodide is best given in food without salt. Digitalis should never be given; and nitro-glycerine should be administered with the greatest care.

Fraenkel recommended digitalis and morphia in cardiac asthma, while others condemned it.

The Operating Theatres.

MIDDLESEX HOSPITAL.

EXCISION OF UPPER JAW FOR MALIGNANT TUMOUR.—Mr. ANDREW CLARK operated on a man, æt. between 60 and 70, who had been admitted with a rapidly-growing tumour of the left maxilla. The patient stated that about ten weeks ago he had noticed some fulness of the left cheek; he went to a doctor who ordered him some medicine, and told him to show himself again in about a week. He, however, allowed five weeks to elapse, and on his second visit was told that it was a serious condition, and was advised to lose no time in getting admission to a hospital in London. On admission, the following notes were made:—The patient was a well-built, healthy-looking man; the left cheek was prominent, and on manipulation this was found to be due to a growth involving the upper jaw, and extending nearly to the malar bone. On looking inside the mouth, there was no prominence of the palate, but a growth projected from the alveolus at the seat of the bicuspid and first molar tooth; the whole of that side of the jaw was edentulous. The skin was freely movable over the tumour, and the growth did not appear to extend beyond the maxilla. There was no evidence of any enlarged glands. Excision of the jaw was decided upon, and accordingly the patient having been anæsthetised, an excision was made from the inner angle of the jaw along the ala of the nose, down to the lip, which was divided in the middle line; an incision was next made along the lower border of the orbit; the flap of skin thus marked out was carefully dissected back and the whole of the tumour exposed. The three bony attachments, namely, the junction with the other maxilla, the junction with the nasal and lachrymal bones at the inner angle of the orbit, and with the malar bone at the outer angle of the orbit, were then divided, the saw being used for three parts of each division, each being completed with bone forceps, the periosteum of the orbit having been first carefully raised with a raspatory. The maxilla so far freed was then seized with lion forceps, torn from its posterior attachments, and the soft palate divided. Pressure forceps were immediately put on the branches of the internal maxillary artery, and a careful examination showed that the whole of the growth had come away. The vessels were ligatured and, owing to some continued oozing, the surface was seared with the actual cautery. The cavity was then stuffed with iodoform gauze, and the reflected flap of skin carefully returned to its former position, two harelip pins being used for the lip, and the rest of the incision being united by interrupted silk sutures. The wound was covered with cyanide gauze and collodion. Mr. Clark said that excision of the upper jaw was, he thought, now a rare operation—at any rate, he had not come across a suitable case for some time, nor had he heard of many in the hospital. This case, he considered, was eminently suited for such an operation, the disease apparently commencing in the alveolus and being confined entirely to the maxilla. It was evidently a very rapidly growing tumour, and the microscope would detect its nature; if it turned out to be an epithelioma, the chances of its rapid recurrence were very great, otherwise, as it was freely extirpated, it might be hoped that there would be immunity for a considerable time. The chief dangers of the operation, he thought, were shock and hæmorrhage; the patient had suffered but little from the former, and, fortunately the branches of the internal maxillary artery were secured without difficulty, so that an undue amount of blood was not lost. The parts

being very vascular, union, he pointed out, is generally very rapid, and the edges of the wound being brought accurately together, but little deformity would be noticed on the convalescence of the patient.

ITALIAN HOSPITAL, QUEEN SQUARE.

NEW METHOD OF EXCISION OF TONGUE.—Mr. LENTHAL CHEATLE operated on a man, æt. 54, who had been admitted for a small squamous epithelioma on the left side of the tongue opposite the first molar. The whole tongue was in a very advanced stage of syphilitic leucoplaxia, and it was made certain that the ulcer was a squamous epithelioma, as a small piece had been submitted to microscopic examination. The patient's mouth and teeth having been deliberately cleansed by a brush with 1 in 60 carbolic, and a daily injection of 10 c.c. of antistreptococcic serum having been given for three days before the operation, the man was prepared and anæsthetised. An incision was then made, which began immediately below the globe of the ear at the level of the hyoid bone; it was continued forwards until the middle line was reached, then gently curved upwards to the lower border of the inferior maxilla; next, starting from the point from which the first incision began, another curved incision was made upwards to the posterior border of the sterno-mastoid; the flap thus formed was turned upward, being wrapped up in double cyanide gauze and kept in position by means of retractors. The platysma and superficial fascia were then dissected off the mylo-hyoid, the submaxillary gland was removed, and the anterior belly of the digastric and the mylo-hyoid were exposed. The lingual artery was next ligatured just as it disappears behind the mylo-hyoid muscle. The lymphatic glands in this neighbourhood were also removed. The posterior belly of the digastric and the stylo-hyoid were pulled downwards and backwards by means of a retractor; the anterior belly of the digastric and the mylo-hyoid were pulled directly forwards by means of another retractor, exposing the hyo-glossus on which is lying the hypoglossal nerve, which last was removed. The hyo-glossus was defined and pulled downwards, thereby putting extension on the stylo-glossus muscle, which was cut through as near the styloid vessels as possible. The hyo-glossus was then cut as near to the hyoid bone as possible and turned up, exposing the inferior lingualis muscle and the genio-hyo-glossus. An attempt was now made to define and remove the ill-defined attachment of the inferior lingualis muscle to the hyoid bone; the attachment of the genio-hyo-glossus to the hyoid bone was left intact, but a separation was made between the genio-glossal fibres and the genio-hyoid fibres of the genio-hyo-glossus; the genio-hyoid was left intact. Now two ligatures were put, one on either side at the tip of the tongue, and the organ divided longitudinally along the median raphé as far back as the epiglottis, the attachment of the mucous membrane to the lower jaw was cut away, and the attachment of the tongue to the anterior pillar of the fauces was removed. All the structures still holding the organ were then divided and half the tongue removed. The wound was left open, no stitch whatever being inserted and no stuffing employed. Mr. Cheatle said that he considered Whitehead's operation for the removal of the tongue was too limited, and it seemed to be planned on the idea that it was only necessary to remove those parts of the muscles of the tongue which are covered by mucous membrane. He said he had examined the tissues left in two cases that died immediately after Whitehead's operation. In these two cases secondary deposits of cancer were found in the hyo-glossus muscle a quarter of an inch above the hyoid bone, although at the time of operation the operator was convinced he had removed all the disease; no secondary deposits could be found in the inferior lingualis or the genio-hyoid attachments of the genio-hyo-glossus. After he had found this in these two cases Mr. Cheatle determined in his next operation to give up Whitehead's method, or rather to combine some of its procedures with a more definite attack on the extrinsic muscles of the tongue, most particularly upon the hypoglossal nerve; in future operations of this kind he saw no reason why the hypoglossal nerve supply to the genio-hyoid should not be saved.

Mr. Cheatle considered that free drainage is the most important factor in the after-treatment of these cases, and free drainage is obtained by neither inserting plugs, drainage-tube, nor stitches; in fact, any tube or plug in this patient would have been evacuated the very first time the man vomited through his wound. Mr. Cheatle said he had been working on the morbid anatomical distribution of cancer of the tongue in the same methodical way Mr. Styles and Heidenheim had worked out the distribution of cancer in the breast. He felt sure that if his own work is confirmed by other observers, greater attention will be paid to the careful and complete removal of the hyo-glossus muscle, the genio-hyoid fibres of the genio-hyo-glossus and in certain cases the inferior lingualis and the fascia of the genio-hyoid. Other important points on the distribution of cancer of the tongue. Mr. Cheatle said, he hoped to shortly bring before the profession.

The patient was walking about ten days after the operation, the wound having almost entirely healed up.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 22, 1904.

THE GOVERNMENT LUNACY BILL.

THE condition which the House of Commons has reached during the last few years with regard to the transaction of business has precluded innumerable measures of secondary interest and importance from passing into law, and about the only chance a Bill, not one of the chief Government measures of the Session, has of being eventually placed on the Statute-book is for it to be short and non-contentious. The limited time available for disposing of such

measures can be easily filled up by a few members who are opposed to it, and the will of the House may be rendered nugatory by one or two loquacious individuals "talking out" a Bill to which they have objections. It is much to be hoped that the useful little measure amending the Lunacy Acts that has just been introduced by the Law Officers of the Crown will not be allowed to suffer this fate. There is a good deal, doubtless, that may lend itself to argument with regard to its provisions, but the intention is so beneficent, and the safeguards against abuse so ample, that it would be a thousand pities if it were to suffer the fate of the Lord Chancellor's Bill, of which it originally formed part, and made to perish from the too great assiduity of those who discuss it. The principle of this short Act is one that has been contended for by most, if not all, of those interested in the treatment of sufferers from mental disease, and one which has been warmly championed by Sir William Gowers. This principle is one that really gives greater security to the individual, although at first sight it appears to sanction a method that removes some of the safeguards now imposed by the Lunacy Acts. It is on this latter score that one fears some vigorous champions of liberty may found objections to its easy passage. With great respect to those who think thus, and their feelings are worthy of every consideration, we would ask them to take a broad view of the whole question and not to decide against the measure till they are acquainted with the full bearings of its proposals. All medical men in general practice are now and then placed in the awkward dilemma of meeting with cases of incipient mental disease in patients who have up to that time been perfectly sane. To form straight off a diagnosis as to the nature of the disease, and to prognose the course it is likely to follow, are beyond the power of human skill till after a certain period of observation has elapsed, and the symptoms have developed. The trouble may be mild and temporary, or, on the other hand, may rapidly run on into stark insanity with delusions, suicidal or homicidal impulses, and outbreaks of violence. Faced with these possibilities the course to be followed by the practitioner is fraught with the greatest anxiety and difficulty. The doctor hesitates to certify the patient as insane and order his removal to an asylum, while he is equally loth to leave him with his family, where he is without restraint, and may at any moment get out a razor and cut all their throats. People are notoriously chary of admitting that their relation is insane, and nothing short of a severe fright will lead them to consent to his being "put away," as they term it. At present, if a patient such as we have described consents, he can be placed under supervision, but not under restraint; whilst if he be obdurate, there is no alternative to an asylum, with its inevitable stigma and its often injurious associations. Now no well-informed or fair-minded person will be found to maintain that the power of certification is abused at the present day, or that medical men are not alive to the tremendous responsibility that rests on them in signing certificates. If only for their own sakes they shrink from placing themselves in a position that is sure to be severely criticised from every side, and may end by their having to defend an action at law. To its credit it may be said that there is no duty the profession performs more tactfully and wisely than the delicate, difficult, and dangerous one of depriving those who are in need of care and restraint of their cherished liberty. The Government Bill seeks to provide a much-needed hiatus between the home and the asylum, by allowing a patient, on medical certificate, to be placed in the house of a doctor as a single patient till a limited period has elapsed, during which the nature of the disease and course it is likely to follow can be determined. Ample security against possible recklessness or malevolence is granted by the provision that the certifying practitioner shall not be the one who receives the patient into his house, and that prompt notice of the condition, whereabouts, and movements of the patient is to be furnished to the Commissioners in Lunacy. From the point of view of society it furnishes them with a guarantee that no temporary mental aberration need land its victim within the four walls of an asylum, and, from the point of view of the patient, it ensures that he shall receive every opportunity of quiet cure in a private house under medical care. To the medical practitioner it grants a welcome relief from the unpleasant duty of having to hurry a patient into an asylum or risk the lives of the relatives by leaving him untended at home. Those who may be inclined to see in this Bill a menace to individual freedom may reassure themselves by the reflection that the possibility of a halt in a half-way house of this description will deprive any malignant person of any excuse for rushing an inconvenient person into an asylum. The Bill is wholly beneficent in its scope and aims, and though there are modifications which we should like to see introduced into its clauses, we trust that no well-meant but ill-advised opposition will prevent it from becoming law this session.

LEUCOCYTOSIS AND APPENDICITIS.

IT is now some fifteen years since Hayem drew attention to the helpfulness of blood examinations in the diagnosis of suppurative affections of the peritoneal cavity in general, and of the appendix in particular. Later on Cabot and others pointed out that there was commonly a marked increase in the number of leucocytes coincident with the formation of pus in connection with acute inflammatory conditions, particularly of the peritoneal cavity. As an application of this truth, Curschmann introduced the systematic counting of leucocytes during the course of appendicitis as a guide to the diagnosis of suppuration. During the two years which have elapsed since the publication of his observations, his views have received very general support, and it has become the practice of surgeons all over the world to place reliance on a leucocytic count as a deciding point in the diagnosis of abscess of the appendix.

Sufficient time has now been given to permit of a critical examination of the current practice being undertaken to see whether it is as universally trustworthy as is generally supposed, and if not, to lay down proper limits for its application. This is what is attempted in very useful contributions to the current number of the *Practitioner*, by Dr. Herbert French, of Guy's Hospital, and by Drs. Maurice Gazin and Edmond Gros, of Paris. The former bases his arguments on his experience of eighty-three cases observed in Guy's Hospital, and the latter give not only a critical examination of their own cases, but of the literature of the subject in general. In the main the English and French critics are in agreement, so that their conclusions may for the present be regarded as justified. As is natural with any new discovery which is of real value, there is, as soon as its worth is known, a tendency to exaggerate its importance, and to neglect the limits of its applicability. Unless this tendency is corrected in time, there is likely to be a serious recoil of opinion, tending to bring what may be a point of considerable value into undeserved neglect. This is what would probably happen in the case of the leucocyte count in appendicitis, so that it is well to have our hasty conclusions corrected by comparison with a sufficient number of cases. Some important points appear from such comparison. In the first place, leucocytosis must not in any case be regarded as an absolute sign of the presence of pus, but must take its place as one among many clinical conditions. The rule which is said to govern some surgeons, to operate if the leucocytes number 15,000, would lead to improper and unjustifiable interference with the abdominal cavity. A leucocytosis of 25,000 may occur without pus being present, or, on the other hand, pus may need evacuation where the leucocytes have never numbered 12,000. Again, it would seem that, differing from earlier opinions, an absolute leucocytosis is not in itself of great diagnostic importance. What is of importance is a rising leucocyte count, and it is only positively that this is of value. That is to say, a rising leucocyte count usually points to the presence of pus, but, on the other hand, a large abscess may be present without this feature. It seems agreed that a moderate degree of leucocytosis is a fairly constant sign of peritoneal inflammation, either local or general, so that in all cases of suspected appendicitis, a leucocyte count should be made. The best practice would seem to be that such count should be made periodically once or twice a day during the course of the illness, and any marked increase in the number of leucocytes would, in conjunction with other signs, suggest the presence of pus.

SERUM-THERAPY IN TUBERCULOSIS.

THERE has been no innovation in modern therapeutics comparable in importance to the introduction of serum-therapy. Other discoveries of importance—indeed, as regards certain diseases of prime importance—have been made, but they have all been on the old traditional lines of drug treatment, and consequently are not so suggestive of further development. To use a Baconian phrase, they are merely fruit-bearing, but not light-bearing. Of this class is, for instance, the discovery of the use of salicylic acid in rheumatism, which, though in itself a discovery of immense practical value, does not give promise of any further knowledge. Of entirely different class, and of value, perhaps more as suggestive than in immediate practical application, are the discoveries that have been made by following out the lines of immunisation. The sudden and almost startling success which attended the use of prepared serum in certain diseases, such as diphtheria, tetanus, and hydrophobia, led to perhaps too optimistic a view of its speedy application to the prevention or cure of other infectious diseases. We have, indeed, no reason to believe that these hopes will not be ultimately justified, but only that the path to their accomplishment is not so straight and plain as was at first supposed. The case of tuberculosis is in this respect fairly typical of many diseases, for hopes of satisfactory serum-therapy have many times been raised high, only to be dashed to the ground. Various methods of anti-tuberculous inoculation have from time to time been vaunted, but none of them has as yet been generally accepted. One of the most influential believers in anti-tuberculous serum treatment is Maragliano, of Genoa, who has consistently maintained its practicability for many years. In a recent lecture delivered in Philadelphia, he has given descriptions of the various methods he has adopted in the treatment and prophylaxis of the disease. At first he was in the habit of treating man by the administration, subcutaneously or by the mouth, of sera obtained from immunised animals. These sera contain bodies which may, for convenience, be grouped as antitoxins, antibodies, and agglutinins. It is assumed that these are present in fairly constant relative proportions, so that agglutinins being comparatively easy of estimation, they may be taken as the standard of the other bodies present. The resistance of the immunised animal, then, to infection may be measured by the degree of agglutination his blood exhibits. By the clinical history of several cases, as well as by the character of the blood, Maragliano sufficiently justifies his procedure. More recently, however, he has been led a step further, and he believes that he is now able to produce an efficient vaccination against tubercle. His principle, whatever variety of method may be necessary, is to create a peripheral focus of tuberculous inflammation without living tubercle bacilli, and bring about by this means the active production of defensive materials. With lower animals he has entirely succeeded, and he believes he has done so with man, but, of course, the difficulties of verification are enormous. They are, moreover, difficulties which can only be removed by wide observations extending over lengthy periods of time.

Notes on Current Topics.

What is Gynæcology?

THE curiously anomalous position of gynæcology in England is shown by the agenda paper of the coming meeting of the British Medical Association at Oxford. The meeting will consist of some fourteen sections, each of which, with one exception, will deal with the subject with which it is especially concerned. This exception is the section of "Obstetrics and Gynæcology." Everyone at the present day admits that the science or art—whichever it may be called—of gynæcology is mainly surgical, yet when we come to inspect the agenda paper we find that while the section which was created to deal with gynæcological subjects proposes to concern itself, like the Incorporated Midwives' Institute, with "tired ovaries" or a kindred subject, the Section of Surgery is to discuss the subject of "hysterectomy" in all its bearings. And, further, that it is to be explained to the audience "that the efforts of surgeons made a proper clinical and pathological investigation of uterine diseases possible." Now we have not the least objection to referring to the gynæcologist as a surgeon, but, if such a course is considered advisable, why have a Section for "Gynæcology"? Or, if it is considered that the various "-ologists" should confine themselves to the purely medical side of their "-ology," and that the surgical side should be discussed at the Surgical Section, by all means let such a course be adopted. It would be absurd, but it would not be so absurd as to occupy the Ophthalmological, Laryngological and Otological Sections with the discussion of surgical subjects, and to bring a discussion on hysterectomy—of all subjects—before the Surgical Section. We do not know what particular clique of that august body, the British Medical Association, may be responsible for the arrangements which have been made, but we do know that to such stupid jealousies is largely due the poor repute in which the *English*, as distinct from the *British*, school of gynæcology is held.

The Dublin Hospitals and the C.M.B.

THE Report which is furnished annually by the Board of Superintendence of the Dublin Hospitals to His Excellency the Lord Lieutenant contains one of the strongest protests which has yet been made against the arbitrary action of the Central Midwives' Board in excluding Irish-trained nurses. In the portion of the report referring to the Rotunda Hospital, the following paragraph appears:—"As a training school for maternity nurses the most thorough and careful instruction is given, which makes them welcome and helpful aids at all obstetric cases. It was, therefore, with surprise that we learned that the 'Central Midwives' Board,' in framing their rules, took no account of the Rotunda and Coombe Hospitals, and rushed through the Privy Council a set of rules which exclude all Irish-trained midwives. We trust that the objectionable clauses that bear on this subject may soon be deleted; and we cannot help observing that it would have been more courteous and wise for the 'Central Midwives' Board' to have communicated with the masters of our maternity hospitals, and elicited their opinion on the rules that had been drawn up, before presenting them to the Privy Council for approval." We trust that His Excellency will take note of this protest, and will cause it to be brought to the attention of the proper authorities. We would also suggest that the Irish hospital authorities should have a question asked in Parliament with the object of directing attention to the report of the Board, and more especially with the object of having it brought to the notice of the Lord President of the Council. We are sure that Mr. T. P. O'Connor, who has already shown the interest he takes in the Irish hospitals, would be willing to again raise the question in the House. The Board of Superintendence have also drawn attention to the want of the installation for the use of X-rays, the radium light, and the Finsen light in the different hospitals, and make the very practical suggestion that, in order to assist the hospital authorities in meeting the expense, a grant-in-aid should be given, not to exceed one-half of the outlay incurred in the purchase and installment of the necessary plant.

Chloroformed Calf Vaccine.

DR. MONCKTON COPEMAN'S discovery of the value of glycerine in freeing vaccine from extraneous organisms whilst preserving its efficacy created little less than a revolution in the preparation of material for vaccination when he announced it some years ago. The process was a long one, and the expense of preparation great; but so obvious were its benefits that the manufacture of glycerinated lymph was undertaken by the Government laboratories, and it is now the only lymph issued to public vaccinators. Since this important discovery Dr. Alan Green has found another, and no less efficacious, means of treating lymph to purify and preserve it, namely, by subjecting it to the influence of chloroform. The preliminary work was embodied in a paper communicated to the Royal Society last year, and after another twelve months' experimenting his experience is as satisfactory as ever. Dr. Green finds that by passing chloroform and air through emulsions of pulp and water the micro-organisms in the pulp are rapidly destroyed, the best temperature for the purpose being one between 18° C. and 23° C. The same result was arrived at in passing air and chloroform through broth emulsions of various bacteria, some, such as Bacillus tuberculosis and Bacillus mallei, being very resistant organisms. None of the bacteria experimented with could withstand eight hours' exposure to the vapour. With regard to the preservative influence of chloroform on the vaccine, he noticed that those emulsions treated at 10° C. retained the highest potency for the longest time, and that this potency was about equal in chloroformed and glycerinated vaccine. Chloroformed

vaccine has been used for the inoculation of calves with very good results, and some from which the chloroform was removed and glycerine added, for ordinary human vaccination, after it had complied with all the necessary bacteriological tests. In two cases it retained its strength for two months, and was quite free from organisms at the end of that period. Dr. Green's method promises to be a useful and trustworthy one.

Pauper Children.

IN our unsatisfactory Poor-law system there is perhaps no feature more worthy of attention and remedy than that of the treatment of pauper children. At present there are three methods in vogue—retention of the children in the workhouses, placing them in huge "barrack schools," and boarding them out in cottages. When the State takes upon itself the duty of caring for pauper children, it has one clear course to pursue—namely, to make them become useful citizens at the earliest reasonable moment. This is not only the humane, but the economical plan, and fortunately it is the one that is being brought more and more into play. But there are still many inert and cheese-paring boards of guardians who are content to follow the old routine, unstirred by the example of their more progressive fellows. Anything more detrimental to the development of a child's mind or to his health than constant workhouse associations could scarcely be conceived, and only a little less hurtful to both is the barrack-school. The dangers of infectious diseases, ringworm and ophthalmia in these segregation institutes are far from fanciful; everyone who has had experience of these schools knows what hotbeds of disease they are and must be. Moreover, the system on which they are conducted tends to sap all initiative in the children, and when they are turned out into the world they are as helpless as sheep separated from the flock. The only sensible system from the point of view of future independence and physical health is the boarding-out one. The children are placed in families, either natural families or artificially-created ones, with *ad hoc* parents, and are allowed to grow up under home influences, and to attend the ordinary elementary schools of the district. In no other way can the real well-being of the children be assured, and it would be gratifying to find the Local Government Board insisting more strongly on its adoption than it does at present.

Report of the Milk-Borne Diseases.

THE report of the Royal Commission on Tuberculosis certainly bears out the general view held in Great Britain that milk from tuberculous cows, especially those having tuberculous lesions of the udder, is capable of transmitting the disease to human beings. At the same time the number of deaths from primary tuberculosis of the intestinal tract has probably been greatly overestimated in the past. In focussing attention on the tubercle-bearing potentialities of milk in the manner that recent discussions have done, there is considerable risk of other dangers passing unnoticed, and these risks are considerably greater in their sum-total than those of tuberculosis. Infantile diarrhœa is due to a great extent to the inhibition of unsound and dirty milk, and scarlatina and diphtheria are not infrequently spread by its agency. Less prominent than these, and more obscure, are epidemics of sore-throat of anomalous nature that occur from time to time, and that are sometimes traced to milk infection. Doubtless there are many of these outbreaks that are never run to earth, and still greater numbers of sporadic cases whose source of origin is never discovered. Very striking in this connection is the account given by Dr. Chalmers, Medical Officer of Health for Glasgow, of a series of cases of sore throat that occurred among the staffs of the small-pox and fever hospitals at Belvedere. Dr. Chalmers' suspicions led him to investigate the milk supply, and he found that a new cow was added to the herd from which the milk for the hospitals was derived the day before the cases began. This cow suffered from a teat eruption, and in due course many of the other cows associated with it fell a prey to the same disease. Moreover, half the milkers suffered from a similar eruption on the hands. The organisms found in the eruption and in the throats were all pyogenic in character, and Dr. Chalmers had no doubt that their existence revealed an etiological relationship between the two outbreaks. Fortunately, all the cases were mild. Medical men are often at a loss to account for benign cases of sore throat occurring in households and individuals; it is well to remember that suspicion should always be directed to the milk they have been drinking.

A Disputed Diagnosis.

IT is obvious enough that the proper administration of the Infectious Diseases Acts must ultimately depend to a great extent upon the harmonious relationship of the general practitioners with official medical men. A case like that recently reported from Staffordshire, if the facts be correctly stated, affords a good illustration of how things ought not to be done. Dr. Bull, of Great Haywood, attended the last Staffordshire Rural Council monthly meeting, and related the following experience: On March 15th, he sent a child suffering from scarlet fever to the fever hospital. After the discharge of that child a second one became ill and was sent to the hospital. Sixteen or seventeen davs later a post-card was sent to the parents saying the child was to be removed, as it was suffering from measles, and not from scarlatina. The child was taken home, and the mother subsequently developed scarlet fever. Meanwhile, the child's father became wroth with Dr. Bull and threatened to bring a claim against the latter for keeping him from work, to say nothing of his wrong diagnosis. Dr. Bull had, fortunately, called in another medical man to the second child, and his diagnosis was confirmed.

This extraordinary story seems hardly credible. The nature of the first case was not disputed—even if the second were atypical, yet on grounds of ordinary prudence it would have been wiser to treat the latter as scarlet fever, which, read in the light of the infection of the mother, it undoubtedly was. It may safely be said that if a similar arbitrary course were adopted by the medical officers of fever hospitals generally the isolation system of the United Kingdom would be either seriously undermined or destroyed within a twelvemonth.

Welsh Infantile Mortality.

IT is well to remember that increase of population depends not only on the number brought into the world, but also on those who survive. Were the present excessive rates of infantile mortality reduced, the people of the United Kingdom would multiply as the sand on the seashore. The national loss from this source is enormous, and for the main part preventable. The Welsh people have recently been much perturbed in mind by the recent returns, which show a high rate for Wales generally, and for Glamorgan in particular. The most likely explanation, so far as the county in question is concerned, may be found in the fact that it contains a large mixed mining and industrial population. Speaking generally, the rate is invariably higher under such conditions as compared with agricultural and non-commercial sections of the community. Dr. Williams, the Glamorganshire Medical Officer of Health, appears to attribute the high infantile rate of the county to the ordinary causes of overcrowding, early marriages, and ignorance of mothers. In one of his reports he writes :—"The rate of infant mortality is a valuable test of the sanitary condition of a district. The diseases most fatal to infants are chiefly of a preventable nature, and are probably connected with improper feeding, exposure to cold, and want of cleanliness." *Verbum sap.*

The Personal Equation in Diet.

THE medical profession has been charged by a contemporary with falling into somewhat narrow grooves in the matter of the prescribing of diets. To some extent this accusation is true, because medical practitioners, like other mortals, are more or less creatures of habit. They have been accustomed from their student days upward to associate certain diets with particular types of disease, and having prescribed them for their patients according to the most approved regulations, they are unwilling to depart from them. The subject of sick-room dieting and cookery is one to which more attention might well be paid in our medical schools, for even in the wards of hospitals the chilling frost of routine is apt to creep in and to destroy or blunt all efforts at originality or experiment in connection with this most important matter. Much can be learnt in this direction from a skilful and long-experienced nurse, and there are not a few practitioners who remember with gratitude the useful and practical "tips" thus learnt in the way of flavouring the necessary but distasteful draught of milk for a typhoid patient, or of concocting a nourishing "feed" out of a judicious combination of eggs and broth. But it is not only in the dietetic management of acute febrile cases that the personal factor is so important, it is in the dieting of a chronic dyspeptic or diabetic that the greatest scope exists for the display of originality and skill. And here it is the patient's personal equation which must be taken into account if the highest measure of success is to be attained. This requires close observation and some experience so as to enable the patient's own whims to be utilised for his good. Individual idiosyncrasy is a factor which cannot afford to be neglected, and the chances of recovery are generally greater if the sick person is receiving that which is nutritious and easily absorbed, and yet which, at the same time, he or she thoroughly enjoys.

Quackery in America.

WE have often commented on the superior cleverness shown by American mountebanks in devising modes of trickery which are most likely to delude the public, and we have been surprised at the great conservatism shown in the main by their English brethren. For instance, in this country we do not remember seeing anything so ingenious as the prospectus issued recently in the States by "a world-wide experienced trained nurse." It has been distributed to anxious husbands, who are supposed to be sadly in need of sons and heirs to inherit their estates and fortunes. The writer describes herself as "middle-aged, and has two handsome sons—gentlemen." Apparently she promises similar progeny to all her clients. She charges no fee, but leaves the value of the secret she disposes of to the "generosity" of the prospective father, and she altogether declines to consult with any mother. The names of several well-known people follow, who are said to owe their sons to Mrs. ——'s advice. It is unfortunate that no hint is given as to the nature of the great secret beyond the cryptic remark that "a gardener does not plant an onion and expect a potato to grow from it." We hope some few gentlemen in the States will refrain from consulting Mrs. ——, as otherwise there is danger of the race dying out from a plethora of males.

Cobra Venom.

ALTHOUGH the series of clinical phenomena occurring in poisoning by cobra venom has long been well known, it is only comparatively recently that serious attempts have been made to investigate the pathological phenomena which are their source. It is, consequently, no wonder that, up to the present, there has been but little consensus of opinion on the subject. Brunton and Fayrer, followed later by Weir Mitchell and Reichert, believed that the chief toxic action of cobra venom was directed toward the cerebro-spinal nerve centres, especially to the respiratory centre.

They thought also that the cardiac muscle was directly affected, and they noted the fact of high blood pressure being caused by arterial contraction. They placed most importance on the nervous channels supposed to be affected by the poison, while, on the other hand, Cunningham maintained strongly that cobra venom affected the respiration through the blood, and not through nervous influence. The most complete investigation yet made, however, is that recently undertaken by Captain Elliot, acting under orders from the India Office. As might be expected, his results do not altogether agree with those of previous inquirers, while in various points he is in harmony with one or another. He finds experimentally that snake venom powerfully affects the muscles of the vessel walls and the heart muscle, probably both, by direct action on the muscular tissue, and by the intermediation of the nerve endings. In the case of the vessels the contraction of the muscular coat causes a great increase of blood pressure. In that of the heart, apparently the inhibitory fibres of the vagus are affected as well as other nerve-endings and the muscle itself, so that the heart stops in systole. Captain Elliot produces evidence also to show that cobra venom directly paralyses the respiratory centre, so that if the heart should escape, death by asphyxia probably will occur.

The Hæmatogen Trial.

THE well-known firm of Hommel recently brought an action in the King's Bench Division of the High Court against Gebruder, Bauer and Company, who had sold in England a product under the name of "Hæmatogen." Hommel sought relief under two heads—first, as proprietor of a trade mark which had been infringed, and secondly, because the defendant was substituting other goods and endeavouring to pass them off as the goods of plaintiff. The judge ruled that the word hæmatogen was known in England before being registered by the plaintiff, and in response to the cross-motion he ordered the mark to be struck off the Register. The learned judge also ruled against plaintiff with regard to the substitution, but gave leave to appeal. This decision may be strictly legal, but it is difficult to reconcile it with the principles of ordinary non-legal justice. The name was certainly mentioned in one or two remote passages in English books prior to the registration by Hommel. The word is well known to medical men and to the public in the United Kingdom as Hommel's preparation of hæmoglobin, and it has no other meaning. The injustice arises out of the English system which allows any trade mark to be registered but grants it no subsequent authority or support. If Hommel's mark is bad now it was bad at the time of registration. Why should an honourable firm be permitted to spend large sums of money in introducing a legitimate article, recognised by the medical profession, only to find out in the course of a costly trial in the High Courts that their trade mark may be used by any unscrupulous competitor? Messrs. Hommel, however, will probably find some other way of keeping their product on the British market.

St. George's Hospital.

THOSE who have studied the various changes that have taken place during the past two or three centuries in the City of London could easily show how certain periods of time have passed quietly, and then there has been a great move, generally from East to West, and things have wonderfully changed. When the Fire and the Plague happened there was a great move. A century ago the West End was open country, and that corner where St. George's Hospital now stands was really more rustic than almost any place within the twelve mile radius. When the question of whether a hospital like St. George's should be moved or not comes under discussion it is well to have some principle to guide us in our opinions and decisions. Those who are familiar with the old painting of St. George's in the time of the Hunters can realise how vastly Hyde Park Corner has changed. To keep things as they are is a wish that we respect. But where in London has it been possible to keep alive these associations? The College of Surgeons, the College of Physicians, the Post Office, indeed, well-nigh all the great buildings, are transplantations from a crowded centre to a wider area where they could expand as required. Hospitals are not well placed when situated, like St. George's, in the most fashionable part of London. It is inconsistent to intrude sickness and its surroundings into public notice wherever we are. Medical schools, museums, post-mortem rooms, as well as the sick wards of the hospital, are better kept out of such a spot as the corner of Grosvenor Place; and considering that a hospital is meant for the poor there is little to be said in favour of keeping such a doleful-looking building as St. George's in the neighbourhood where it now stands.

Non-Recognition of Edinburgh University.

THE Honourable Society of the Inner Temple, London, is an ancient legal body, possessing rights and privileges, real and assumed, of a somewhat multifarious and extensive nature. Among other things their regulations as to payments by students on admission demand £40 11s. for stamps and fees, with a deposit of £100, returnable, without interest, on call, death, or withdrawal. This deposit is waived in the following instances:—"Members of the Scotch Bar are not required to make this deposit, nor are the members of the Universities of Oxford, Cambridge, Dublin, London, or Durham or of the Victoria University, Manchester, or the Royal University of Ireland, provided that before call they take a degree or produce a certificate of having kept two years' terms." It will be noticed that the Universities of Edinburgh, Glasgow, Aberdeen, and St. Andrew's are not recognised by the Inner Temple authorities. There may possibly at one time have been some sort of excuse for this arrogance of attitude. Another possible explanation may be that the Universities

concerned have never applied for recognition. Curiously enough, the Scotch Universities are recognised by the Middle Temple and by Lincoln's Inn. Now that public attention has been called to the matter it is to be hoped this invidious restriction will be forthwith removed.

Toys and Tetanus.

THE speedy oncoming of the "Glorious Fourth" Anniversary in America is causing the usual outburst of medical advice as to the prevention of tetanus. For many years it has, of course, been noticed that following on the fire-work celebrations of July 4th, there is a regular series of cases of tetanus. The cause usually is the bursting of a squib in the hand, carrying street mud deep into the tissues of the palm. The wound receives a superficial dressing, and tetanus develops. A contemporary has recently published a list of the casualties that occurred last "Fourth," and it is truly an appalling roll. The deaths from wounds, with or without the occurrence of tetanus, were 475 in number. Ten persons were made totally blind, while no less than 303 lost an eye, arm, leg, hand, or one or more fingers. In addition, 3,670 painful minor accidents were reported. It is caustically remarked that the American loss at Bunker's Hill was only 449. In view of this appalling annual hecatomb to silly custom, it is surely time that severe legislative measures were adopted to put a stop to the useless destruction of life and limb.

"No Hats."

THE Leeds Physical Culture Society is pursuing a crusade against objectionable articles of dress with all the energy that the Tykes can put into a cause they espouse. They have condemned corsets, in which they will have the support of most medical men, and garters, which are almost equally objectionable, but now that they have directed their efforts to the abolition of the hat professional support may not be so unanimous. Nevertheless, there is a great deal to be said against head-gear in general as a utilitarian addition to the costume. The habit of pre-Adamic man of walking bare-headed to the suns of summer and the storms of winter is still honoured by the boys of Christ's Hospital, and one does not hear that they suffer abnormally from colds in the head, but as they fall into line with other civilised beings as their years advance there is no means of judging whether or not hat-wearing conduces to baldness. The question of the utility of hats was nearly solved for us some few years ago by the West End milliners, who, setting their faces against "Gainsboroughs" and "picture hats," reduced their victims to wearing little more than a bow of ribbon where the toque and "French sailor" now rest. But the pendulum swung back, and the Gordian knot is yet to cut. Whether for use or ornament, it may be unhesitatingly affirmed that nothing could be less well adapted to its purpose than the top-hat, which is ugly, unhygienic, and embarrassing. Its sole claim to support is the appearance of respectability it gives, and it is to be feared that this, and this only, is the reason that medical men hesitate to obey the dictates of their consciences and consign it to well-merited oblivion. If only a few medical baronets would drive to their consultations in Panamas and cloth caps they would break the tyranny of habit over health and comeliness, and at the same time earn the undying gratitude of their humbler *confrères*.

The Royal Medical Benevolent Fund.

WE regret to learn from the annual report of the Royal Medical Benevolent Fund that it is not in as healthy a condition as it deserves to be. The Treasurer gives warning that unless a material increase is made in the subscriptions during the current year, the present scale of distribution will have to be reduced. During the past year there was in country contributions a falling-off of no less than two hundred pounds, a sum which would go far to relieve the necessity of some medical man's family. As one of the speakers at the meeting pointed out, no question of religion or influence is ever discussed in regard to any application for help. The only questions ever considered are the necessities of the applicants and their want of means. A fund such as the Benevolent Fund deserves the heartiest support of all members of the medical profession. Whether they can afford large or small subscriptions, they should become regular contributors. To put it on the most selfish grounds, none of us knows what day he himself may be incapacitated by illness and misfortune, or his family deprived of their bread-winner, so that he or they may have to rely on the charitable help of the profession for very sustenance.

PERSONAL.

DR. EDWIN RICKARDS, who is resigning the post of Senior Physician to the Birmingham General Hospital, has been connected with that institution for more than thirty-four years, in thirty of which he has been Senior Physician.

SURGEON-GENERAL SIR ANNESLEY, C. C. DE RENZY, K.C.B., presided at the recent annual dinner of the Indian Medical Service at the Café Monico, London.

DR. SOMERVILLE, of Galashiels, last week delivered an eloquent oration on the Edinburgh Medical School, 1855 to 1859, at the 122nd Harveian Festival, held in the hall of the Royal College of Physicians of Edinburgh.

SIR WILLIAM BROADBENT took a number of shares in a company at the suggestion of a patient, and has lost a subsequent action for the recovery of the money invested and for damages for fraudulent misrepresentation which he brought against Lord Dunmore, Count Max Hollander and others.

DR. T. ORME DUDFIELD, the Medical Officer of Health for Kensington, has drawn official attention to the dearth of santatoria for consumptive persons in the Borough, and points out that 1,850 beds are lying idle at the small-pox hospitals.

SIR ALFRED JONES presided last week at a meeting

of the Liverpool School of Tropical Medicine, which has raised and spent about £36,000 during the four years of its existence, and is now urgently in need of additional funds.

DR. WALFORD, Medical Officer of Health for the County Borough of Cardiff, recently reported an infantile mortality equal to 120 per 1,000 births registered. This rate compares favourably with the far heavier infantile mortality of the surrounding county of Glamorgan.

DR. T. VINCENT DICKENSON, the President, took the chair at the recent annual dinner of the Chelsea Clinical Society.

COLONEL TREVOR, the Principal Medical Officer of the Scottish District, leaves this month for India, and will be succeeded in his present office by Colonel G. A. Hughes, D.S.O., of the Royal Army Medical Corps, who was recently Principal Medical Officer at Hong-Kong. Colonel Hughes, who was born in 1851, is a graduate of Dublin University, and has been about twenty-seven years in the Army Medical Service.

IN consequence of the death of Sir David Palmer Ross, and the vacancy thus caused in the office of Surgeon-General of British Guiana, Dr. J. E. Godfrey, who for the past six years has been the Medical Inspector of that colony, has been promoted to the higher office. He entered the service of British Guiana in 1883, and has already acted as Surgeon-General on several occasions.

Dr. T. K. J. FULTON, Government Medical Officer of the Wallaroo Hospital, South Australia, has succeeded Dr. F. Goldsmith, who has resigned, as Medical Officer of the Northern Territory of that State.

THE King has given and granted to Dr. Donald Harvey Attfield, principal medical officer of the Suez Quarantine Office, the Royal licence and authority to accept and to wear the Imperial Ottoman Order of the Osmanieh, Fourth Class, conferred upon him by His Highness the Khedive of Egypt, authorised by His Imperial Majesty the Sultan of Turkey, "in recognition of valuable services rendered to His Highness."

THE Right Hon. Lord Alverstone, G.C.M.G., Lord Chief Justice of England, will distribute the prizes to the students of St. Mary's Hospital Medical School, London, at the annual distribution on Wednesday, June 29th, at 4.45 p.m.

MR. CHAMBERLAIN is to be entertained at dinner by the Royal Institute of Public Health at the Criterion, on the 30th inst., in recognition of his services while Colonial Secretary to preventive and tropical medicine. Tickets for the dinner may be obtained at 19 Bloomsbury Square, W.C.

MR. WILLIAM FAIRBANK, Surgeon to His Majesty's household at Windsor Castle, and Surgeon-in-Ordinary to Their Royal Highnesses Prince and Princess Christian, has been appointed by the Lord Chancellor a magistrate for the county of Berks.

MR. ROBERT RUSSELL SEWELL, M.B.Lond., J.P., who died on June 2nd at Sandhurst Vicarage, the residence of his nephew, Canon Sewell, was one of the oldest graduates of the University of London and formerly practised for many years at Bridgwater, of which borough he was on the commission of the peace. The deceased was in his eighty-sixth year and since his retirement had lived with Canon Sewell.

THE DUKE OF ARGYLL presided at a most brilliant festival dinner of the Waterloo Hospital for Women and Children at the Savoy Hotel, London, on the 20th inst.

SIR WILLIAM CHURCH, Bart., K.C.B., President of the Royal College of Physicians of London, will take the chair at a meeting to be held at the College, on Thursday, June 23rd, at 5 p.m., to consider the arrangements which should be made to receive the party of French physicians and surgeons who propose to visit London in October next.

DR. VOELCKER, F.R.C.P., of the Middlesex Hospital, has been elected an examiner in medicine for the Society of Apothecaries in place of Sir Hugh Beevor, F.R.C.P., who retires by rotation.

Special Correspondence.

[FROM OUR OWN CORRESPONENTS.]

BELFAST.

THE SMALL-POX EPIDEMIC.—The outbreak of small-pox in Belfast has now assumed rather serious proportions, fifteen new cases having been admitted to the small-pox hospital at Purdysburn during the last week, making a total of seventy-eight cases since the beginning of the outbreak on October 28th last. The small-pox hospital is built to accommodate thirty-two patients, and as there are now thirty-four cases under treatment there, it is quite full. Four of Wilson's "health tents" have been erected, and to these the convalescent patients will be transferred if new cases come in; each tent will hold three patients comfortably. Of these seventy-eight cases which have come under treatment at the hospital, not a single one has proved to be in a re-vaccinated person, and in every case the severity of the disease has been inversely proportional to the clearness of the first vaccinatlon marks. There have been two fatal cases in the hospital. one in a child of five who had never been vaccinated, and the other in a man who had been drinking heavily, and who was only just recovering from an operation for amputation of some fingers.

There are at present some sixty or eighty contact cases under observation at the Twin Island isolation station, and some of these may reasonably be expected to develop the disease. The history of this last group of cases is very instructive. About the last week in May a man working in the rope works in Ballymacarrett, where several cases had occurred, was taken ill. He was seen by a medical man who believed the case to be one of scarlatina, but was not satisfied about it, and advised him to go into hospital. The next day he heard that another medical man was in charge of the case, and when it proved fatal this latter certified it as scarlatina. An old woman who had seen the man declared emphatically that the doctors might say what they liked, but she knew the man had small-pox, and some whisper of this reaching the Public Health authorities, they sent to the house and disinfected it thoroughly before the body was removed for burial. The medical man who had signed the certificate protested against this in the City Council, of which body he is a member. The man had been very popular, and a huge wake was held, about 100 persons attending it. The next thing that occurred was that the widow was admitted to the Union Hospital about ten days later, and transferred to Purdysburn the next day, suffering from small-pox, and then from the 12th to the 18th fifteen new cases were admitted, almost all of whom had attended the wake.

Much alarm was caused by the occurrence of a case in the Royal Victoria Hospital, but all patients and nurses who were near the case were promptly re-vaccinated, and no other case has occurred, though the time limit has now quite expired. The patient was a country girl, who developed the disease on the thirteenth day of her sojourn in hospital, so it is probable that she got the infection in the train or tramcar on her way to the hospital. Needless to say, re-vaccination is being carried out very vigorously in Belfast at present, and as public feeling in the matter is aroused, it is hoped that it will become impossible to conceal cases in the future as has undoubtedly been done in the past.

PHARMACEUTICAL PROSECUTIONS IN BELFAST.—The Pharmaceutical Society has again been active in Belfast, and last week succeeded in obtaining convictions in two cases against chemists for compounding medical prescriptions, they not being registered under the Act as pharmaceutical chemists. In each case a fine of £5 and costs was imposed.

International Home Relief Congress.

SECTIONAL MEETINGS.

SECTION I.—*Children.*—Miss Horn, school manager under the London School Board, read a paper on "The Feeding of Infants and School Children," in which it was claimed that the feeding of children from the school as a centre was a bad method of relief, tending to discourage self-respect and independence, the majority of parents claiming food tickets simply because these were to be had for the asking, and not because they could not feed their children properly at home. Experience proved that energetic and enlightened home visiting ensured that no child requiring relief failed to get it, and secondly, that private charity was sufficient to meet the demands for relief in schools. The establishment of committees to promote hygiene, thrift, and apprenticeship, and to administer relief when necessary, acting by constant and intelligent visiting of the parents of school children, a greater interest taken by school managers in the housing of the poor in their neighbourhoods, and the systematic teaching of girls and women of the elements of domestic hygiene and the care of children would do more good than any system attempting merely to meet obvious needs at the expense of deterioration of character.

Eye Diseases in Children.—Dr. W. Wright Thomson (Glasgow) read a paper on home relief in relation to this subject. He showed that educational methods tended to produce myopia, and that the defect was, or ought to be, a barrier against entry into certain dangerous trades. In childhood the future course of myopia could be influenced by wearing glasses, resting the eyes, and improving the general health. The boarding out system was beneficial both in these cases and in strumous ophthalmia. Dr. Robertson, Leith, urged the importance of the due feeding of infants and described the operations of the Leith milk depot, from which about eighty children a day were being supplied at a cost to the parents of 1s. 6d. a week. At the end of the year they found that the death-rate amongst these children was practically *nil*. Dr. Bruce Ronaldson, Haddington, urged the necessity of attending to the feeding of children at country schools, on account of the long distances many of them had to come. Dr. Chalmers (Glasgow) and Dr. Leslie Mackenzie both contested the idea that there was any actual evidence of deterioration of the race.

The remainder of the first day's proceedings in this section was occupied with a discussion on the protection afforded to children by existing Poor-laws, &c., and the prevention of cruelty to children. The medical aspects of the subject were discussed by Dr. T. S. Clouston, who remarked on the effects of alcohol in weakening the moral faculties, including the parental affections. He moved an amendment to the present Inebriates Acts providing for the committal of a parent or guardian guilty through intemperance of habitual neglect of children to a home for inebriates. The second day's proceedings in this section were devoted to a discussion on the boarding out of pauper children, and the third day's work consisted in a series of papers on the organisation of relief for cripples. From a medical point of view this was one of the most interesting meetings of the congress. Miss Burgwin, superintendent of special schools under the London School Board, said that no class of children required help more than cripples. By "help" she meant systematic education and training to assist the cripple to make the best use of life and to enable it to fill a useful niche in the world. The ordinary school was out of the question for most cripple children on account of its equipment being unsuitable, and on account of the difficulty of locomotion to and from school, while too often the cripple attending an ordinary school was made by the teacher an object lesson for pity and generosity instead of proper attention being directed to developing its capacities. The first cripple school was opened in 1899, and there were now eleven such schools, accommodating 700 scholars. Only the physically defective were admitted; if mentally defective also they were educated in special schools for deficient children. Mrs. Burgwin described the ambulances in which these children are brought to school under the care of a trained nurse, the equipment of the schools, and the subjects taught. The school day was from ten to three, with one and a half hour's interval for dinner, which was provided by voluntary effort at 2d. per head. Special stress was laid on art training, as many cripples had unusual talent in this direction. Eight scholarships in the various London art schools were held by former pupils from these special schools. Miss Evans contributed a paper describing the work done by the Fine Needlework Association for invalid women and girls in London. Mr. Leckie, founder of the Edinburgh Cripple and Invalid Children's Society, estimated that there were about 1,000 cripples in Edinburgh. Advantage should be taken of the new Education Bill for Scotland to deal with these children either by the society founding one or two special schools, which would be eligible to receive grants from the School Board. or by the School Board adopting the London system and in friendly co-operation with the Cripples' Aid Society founding special schools. Miss Dendy (Manchester) contended against the founding of special schools. In visiting these she had always found that one section of the pupils while technically cripples (old spinal cases and the like) were yet quite able to attend ordinary schools, and should not be deprived of the enormous advantages of associating with their fellows, while the remainder of the pupils were unfitted for ordinary, education at all and, by reason of their physical health, would be much better dealt with in country sanatoria, where, under proper medical treatment, their disease would be a first consideration and education secondary. She very strongly urged that to found cripple schools was merely touching the fringe of the whole question. Boarding out in the country under medical supervision was her remedy for the treatment of the majority of cripples, while those who did not need this should be encouraged to mix with their fellows and not be deprived of the advantages of the companionship of the healthy. Dr. Shuttleworth (London) thought that the reconciliation between the apparently conflicting views of Miss Dendy and Mrs. Burgwin was to be found in a careful discrimination between cases able to attend day schools in town and those requiring to go to an institution in the country. The discussion was continued by Mrs. Munro, with a paper on the work of the Invalid Children's Aid Association in London, Mr. Gulland, Edinburgh School Board, Mr. McKeith, Glasgow, and others.

The Care of Mentally Defective Children was the subject of a general discussion introduced by a paper from Miss Dendy. Her contention was that it was useless to expect any benefit to the child or the community from the home care or school education of a defective child. The State should take permanent care of every weak-minded child whose parents could not guarantee its life-long segregation. The most important factor in keeping up the supply of these weaklings was heredity, and in most cases the home conditions of the weak-minded child of mentally unstable parents were the very worst conceivable. It was of no use blinking the fact that when a child was really weak-minded it could not be cured. Preventive means alone remained—definite segregation for their lives of the sufferers. All mentally weak children should be medically supervised and the imbecile and feeble-minded transferred, while they were yet children, to a labour colony, there to end their days. There were already in England 100,000 weaklings in addition

to certified idiots, imbeciles and lunatics, and these 100,000 were at present being taken care of in workhouses and jails; to segregate them in labour colonies would diminish their production and throw no greater burden on the rates than now.

Dr. Ashly (Manchester) said that the cases suitable for special schools were not the obviously defective, but the upper strata of such—the children who were simply backward and sat at the foot of their classes. These improved in special schools—for imbeciles and the weak-minded some permanent home for the rest of their lives was needed.

Dr. Fletcher Beach (London), after giving an historical sketch of what had been done in England, corroborated the previous speakers as to the insufficiency of home care. The law providing for those suffering from mental disease did not extend to epileptics—a deplorable state of matters which required alteration. Dr. Carswell (Glasgow) did not think that the segregation of deficient children would affect the number of adolescent criminals. These were psychologically abnormal, but showed no stigmata nor signs of degeneration in childhood. Dr. Sutherland pointed out that there were in Scotland 1,300 imbeciles boarded out in private houses without any bad consequences. In many cases their capacity for usefulness would be as well developed under a capable housewife as in any institution.

Dr. John Thomson said that the only class of mentally deficient children for whom home care was always best was that of little children. In older children with slight mental defect the neurotic heredity meant that little help could be got from the mothers, but many of the children who showed weak-mindedness in babyhood were suffering from disease or injury at birth with which heredity had nothing to do, and their mothers were often intelligent and estimable women. For such cases special dispensary hours ought to be arranged and they should be periodically visited at their own homes.

SECTION IV.

Sick Adults.—The first topic was the home treatment of pulmonary tuberculosis, introduced by Dr. Philip (Edinburgh). After referring to the important work done by sanatoria, he said they dealt with only one aspect of the question. The tuberculosis dispensary in Edinburgh was the first attempt to deal in a systematic way with the great crowd of tuberculous city poor. In recommending an extension of the dispensary system, benevolence was not to be relied upon, but the institutions should be municipal and placed under the medical officer of health. Such a department would include a dispensary to which patients with phthisis, chronic colds, or persistent ill-health were invited to come and to which consumption would be sent from the waiting rooms of hospitals, &c. There they would receive information regarding the prevention and treatment of phthisis. Printed instructions would be issued, spittoons and disinfectants supplied, patients too ill to come to the dispensary would be attended at home, rooms would be disinfected, the home condition of the patient studied, while the dispensary would also form a centre for the voluntary notification of a great deal of phthisis, and would draft suitable cases to sanatoria or incurable hospitals.

Professor Calmette (Lille) contributed a paper on very similar lines, and Professor Lindsay (Belfast) urged the need for intelligible teaching as to the means of combating tuberculosis, the value of fresh air, &c.

Dr. Jane Walker spoke of the desirability of obtaining light work for patients when they came out of sanatoria. Colonies on a large enough scale where open-air work was carried on could, she believed, be made self-supporting, and the knowledge that they had a chance of being lucratively employed would make working men far less reluctant to come forward before they were hopelessly ill. The discussion was continued by Dr. Gulland, who emphasised the need for constant disinfection by the authorities of infected houses, Dr. Ogilvie Grant, Dr. Caverhill, who urged compulsory notification, and others.

Home Attendance on Parturient Women in Large Centres.—This discussion was introduced by Dr. W. Japp Sinclair, who said that any alteration in the practice of midwifery among the poor must be gradual and come from within the medical profession. It was much to be desired that the profession should be relieved of certain duties in connection with midwifery, without appreciably diminishing their practice, as at present there was a constant temptation to hurry through unremunerative cases, and to give the minimum of attendance during the puerperium. Something in the direction of the custom in Germany was required, where qualified men do not attend cases of labour at low fees, but leave them to well-trained midwives. The new midwife must belong to a higher class socially than the old, be better educated, and more highly trained. she should have had some general training as a nurse. The rules of the Central Midwives' Board were not nearly stringent enough as regards qualifications; he thought that all efforts to improve the status and training of midwives must begin in the maternity hospitals, which ought, either individually or in conference, to frame regulations for the practice of their staffs far ahead of the modest minimum of education and training required by the Central Midwives' Board. In a communication read by Miss Macgregor, Dr. Scharlieb gave as her opinion that every midwife should have a good general education, two years' training in general nursing, and such instruction in midwifery as would satisfy the Central Midwives' Board. Professor Thomson (Aberdeen) said that the necessarily intermittent attention of trained midwives was a danger which could be met by having a corps of kindly, capable women in each town who could supplement the attention given by the nurses. The discussion was continued by Dr. Berry Hart, who pointed to the importance of ensuring more prolonged rest after parturition, by Dr. Elsie Inglis, who would have the whole matter of attendance on women of the poorer classes under the care of a central authority, by Dr. Jessie Macgregor, who spoke of the need of women to take charge of the cases between the nurses' visits, and by Mr. Chalmers Watson, M.D., who had found from experience that the employment of midwives under medical supervision was quite practicable. The remainder of this sectional meeting was devoted to Hospital Reform.

SECTION V.

Insane and Epileptics.—The first topic discussed was the boarding out of insane persons, the general consensus of opinion being that an extension of this system was desirable. The after-care of friendless patients was discussed by Dr. Carlyle Johnstone, whose experience was that the statutory removal on probation acted well if the parish authorities and the asylum superintendents worked loyally together. A judicious use of this procedure both conferred a benefit on poor persons returning to social life after detention in an asylum, and shortened the period of residence in asylums.

Dr. Clouston (Edinburgh) said that the effect of removing quiet cases from an asylum for the purpose of boarding them out was two-fold; the asylum lost the good workers and those who set an example to the other inmates; it gained by being less over-weighted by incurable cases and by the medical officers having less administrative work to do. The new Bill to permit of cases of doubtful or incipient insanity being sent to private homes for a period of not more than six months without the formality of certification was welcomed on a motion by Dr. Sutherland; but after some discussion there seemed to be differences of opinion on the question of notification, and the section resolved not to petition in favour of the Bill.

The third day's proceedings of this section were occupied by papers on epileptic colonies.

Dr. Milsom Rhodes said, though there were 70,000 cases of epilepsy in Great Britain there was not a single State institution for the care of the sane epileptic. The only bodies which could provide for these patients were the guardians, and nearly all of these boards who were

intending to take the matter up proposed to adopt the colony system, which admitted of adequate scientific treatment and suitable occupation.

Dr. F. Beach read a paper on the Chalfont Colony for Epileptics, and Dr. Fraser on the proposed colony at Bridge-of-Weir, Scotland. The Rev. J. L. Brooks (Lingfield) said he was strongly of opinion that the epileptic colony would never be self-supporting. He had a home containing 70 epileptic children; no bromide was used in a chronic way; the epileptics had no animal food, or very little; they had plenty of fresh air and sleep. In the remainder of the discussion considerable reference was made to the colony at Bielefeld, Westphalia, and to the backward state of matters in Scotland in the treatment of epilepsy; this, however being partly due to the homelike conditions, the structural character, and the surroundings the institutions where poor, insane, and epileptic are housed.

Speakers from France and Belgium described the methods in vogue in these countries, while Dr. Shuttleworth emphasised the need for physical and mental education, not book education, and plenty of out-door recreation.

The proceedings of Section II, which dealt with the problem of relief for the aged, would not be of special interest to medical readers; while in Section III—able-bodied adults—only one topic calls for note here. Dr. Donald read a paper "What to Do with Our Inebriates," in which he emphasised the fact that inebriety was a disease, not merely a vice. Once a person suffered from dipsomania in an acute form he remained an inebriate for the rest of his life; he might not continue in a state of inebriety, but the tendency always remained. The cure of inebriety after drug treatment was short-lived, and after relapse the patient was in a more hopeless state than before. The only treatment was compulsory detention in an inebriate retreat; and as the law was at present useless, he suggested as a mode of procedure it should be made legal for a magistrate, on the representation of two persons that a patient was an inebriate, to order an inquiry by two independent person, one a medical man, and if these reported that the patient was an inebriate he should be detained in a home for a year.

Dr. Carswell (Glasgow) said that two points had to be impressed on legislators—first, habitual inebriates must be segregated, and second, they can only be dealt with by the institution method. There was no escape from this, and it must, even at the cheapest, be costly. Councillor Burgess (Glasgow) opposed the contention that there was no case for drug treatment, and Dr. Sutherland opposed the idea of herding together inebriates, as he held they had a bad influence on each other. Dr. Branthwaite (London) sympathised with the idea of avoiding congregating inebriates together, but said that of the last 1,000 committals from English courts he did not think one case could have been sent to a private house for control. Drs. Nicholson, Dunlop, Haddon, and Wilson continued the discussion, the general trend of remark being that inebriety was a disease, its prognosis not too hopeful, and that institutional treatment alone was feasible, though possibly the ideal institution had not yet been discovered.

Correspondence.

[We do not hold ourselves responsible for the opinions of our Correspondents].

WHAT IS A DEGENERATE?

SIR,—In your issue of June 1st you refer to my work lately issued, "Proposed Sterilisation of Certain Degenerates," and you state that I "have got embroiled in a squabble as to the meaning of the term degenerate." Let me assure you that there has been no "squabble," and, consequently, no "embroiled," unless such exist in the mind of your leader writer. Next you state that "in order to free himself from a difficulty" I asked Dr. Max Nordau for a definition of "degenerate.' I did not appeal to Nordau so as to free myself, and I think I need not say that it is my nature to shirk responsibility. Dr. Mercier asked for a definition, and I suggested that it is better not to go in for definitions in my proposal of sterilisation, but to draw up a schedule containing the names of those mental and physical conditions which should render the degenerate liable to be sterilised. Such a list I give in the above work.

May I just add that we would get more to the reality of things if we put a stop to that modern medical jargon—a thing very akin to quackery in its worst forms—of creating new names and new definitions? Parliament now generally adopts the schedule plan. This is a practical method, and so gives the best results.

I am, Sir, yours truly,

ROBERT R. RENTOUL.

THE CRIPPLE AT THE CORNER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—To stand at Hyde Park Corner and look around is very interesting. It has changed much since the Great Duke's time. It has improved greatly, and the only sore point is the Hospital of St. George. It looks like a poor cripple holding out a dirty hand for alms, and crying to the passers-by to help it. The question with many of its supporters is whether it is not better for it to take up its crutch and try and walk than sit begging as it does. It has brought itself to a miserable state by following a policy that never answers. Those countries where beggars abound are not prospering, for true charity turns from the noisy beggar and seeks other objects which make no great show of want. How St. George's has brought itself to its present state is another question. That it would do so sooner or later has been foreseen by some.

I am, Sir, yours truly,

RETROSPECTIVE.

WHAT IS ALCOHOL?

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Those who have read your leader, "What is Brandy?" will see that at last the question of the use of alcoholic liquids is going to be treated in a scientific spirit. The process of fermentation is a very important and very interesting one; and if, as some think, for the simple reason that alcohol is one of its products, it is therefore improper to ferment anything, it would be well to consider the subject carefully. What is bread but the result of the process of fermentation? And if we are going to admit that because alcohol is a product of fermentation, morally and legally it ought not to be allowed, we had better put aside the legal and moral till we have settled the physiological and scientific part of the question.

I am, Sir, yours truly,

R. L.

THE LUNACY LAWS AND PROFESSIONAL RESPONSIBILITY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The idea of your correspondent "R. L." as to the notification of insanity I fear is impracticable for the following reasons:—(1) A person *legally* insane already notifies himself to his friends and to the world at large by his conduct and ideas, and is amenable to law for the purpose of being placed under restraint if necessary, and hence affords sufficient stimulus to the friends in the vast majority of cases to set the law in motion.

(2) On the other hand, a medical man notifying in any equivocal case would, supposing such case not to amount to insanity in the legal sense, render (I further apprehend) the practitioner liable for an action at law for libel; consequently, so far from simplifying matters, as your correspondent suggests, the position of medical men would be rendered more embarrassed and responsible.

There are, be it observed, some who regard every mind as insane; and viewing insanity in its strictly logical sense, that is to say, defining insanity as *a greater or less deviation from reason*, the proposition might be

hardly tenable, but practitioners holding those ideas tend to take an exaggerated and too precise idea of any mind presented to them for examination which might bring them in dangerous touch of the law; and, indeed, as a matter of fact, English juries at the present time are wont to regard medical men with suspicion on the score of pronouncing persons insane whom they may regard otherwise.

The same difficulty in one sense occurs with regard to the notification of phthisis, that is to say, to determine the precise stage at which it might be expedient on the ground of public convenience or policy to notify the complaint.

A few years ago a certain medical officer of health suggested the notification of influenza; but here again the diagnosis in the absence of any pathognomonic symptoms (as far as I am aware) renders the diagnosis so obscure that an infinite number of cases of a purely catarrhal nature would be certain to fall within the net. I submit, therefore, that only infectious diseases of a short and definite character are suitable for notification.

I am, Sir, yours truly,
CLEMENT H. SERS.

Brighton, June 1st, 1904.

HUMOUR IN PRACTICE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Dr. Hamilton's amusing experiences led me to refer to my *Promus*, where the following (mostly first-hand) malapropisms are noted: "flexibles of the knee," "sarcasm on the brain," "waiting for the eyes to be diluted," "ultra-violent rays," "congenial syshilis," "ulster on the eye," "strained the ligatures," "bursters" (bursæ), "carbucle," "curious teeth," "purple fever" "electric jam" (*Conf. Sennæ*), "haricot veins," "mixed demeanours" (myxœdema), "armonia," "affritus" (nephritis), "bronical tubes," "pedestal" (pessary), "oil of Jupiter," "Jonas" (jaundice), "scurrilous liver," "fractured his frivola," "situs vitus" (synovitis), "she-ulcer," "hysophisites," "diaphoretic throat," "locomotive attack," "silver knife" (silver nitrate), "caramel" (calomel), "browntitis" (bronchitis), &c.

I am, Sir, yours truly,
STANLEY B. ATKINSON.

10 Adelphi Terrace, W.C., June 17th, 1904.

"PALMAM QUI MERUIT, FERAT."

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—If "Ignoramus" cannot see the difference between the so-called *anti*septic or Listerian method, which aimed at the destruction of microbes (I do not use the multiple-meaning and senseless word "germs") that might gain access to a wound from the air, and the so-called *a*septic, which aims at their exclusion, it is useless to continue the argument, Nor does the introduction of a number of side issues tend to illumination.

Lord Lister is an honest man if a mistaken—as proved on the highest authority, his own—and a candid man to boot, for he has not hesitated to confess his error. Nor has he ever claimed credit for the aseptic method. Would that his followers followed his example!

Even if the "whole world"—which is far, and daily becoming farther, from being the case—accepted his views, it does not follow that they are right, and such a state of things would not be of the nature of evidence.

The history of the world, especially the medical, with the successive rise and fall of innumerable doctrines, should have prevented "Ignoramus" from the use of such an argument.

In reply to his suggestion, it is not my intention to ask you for space to explain my method, and how I came to adopt it. This has been done fully more than once, and if he will take the trouble, and do me the honour of reading what I have written, especially in "Hyperpyrexia after Listerian Ovariotomy," "Listerism: its Past, Present, and Future," and "On the Modern Doctrine of Bacteriology," &c., he will find a full exposition of my views.

I therefore end as I began, by maintaining that, whoever deserves the credit of the so-called aseptic method, it is not Lord Lister.

Thanking you for your courtesy in granting me so much of your valuable space,

I am, Sir, yours truly,
GEO. GRANVILLE BANTOCK.

June 18th, 1904.

[This correspondence must now cease.—ED.]

Literature.

WARING ON OPERATIVE SURGERY. (*a*)

IN this work on operative surgery there are some things which might be left out without in any way lessening its value, and many things which could be added with great advantage. For instance, we are told how to construct an operating theatre, but there is no mention of anæsthesia. Further, some elementary anatomy might be eliminated, such as that which tells us that the innominate artery is a large branch of the aorta. Few surgeons will relish the idea that removal of their shirt is necessary as a preliminary to an aseptic operation.

The chapter on the operative surgery of the stomach and intestines is poor. No mention is made of the use of Doyen's clamps in pylorectomy or partial gastrectomy; nor of the union of intestine by primary through-and-through suture, nor of the advantages of continuous suture in these cases. Anterior gastro-enterostomy is the operation recommended where gastro-enterostomy is required, but the operation is badly described. Posterior gastro-enterostomy is barely mentioned, and but a poor diagram is given of the operation. The use of opium is recommended after intestinal operations. The author speaks of "digital reduction" of intussusception before operation. It would be interesting to know how the "digital reduction," is carried out. In giving the methods of radical cure for hernia an operation is described as Kocker's, which Kocker himself says he has abandoned for another method.

In the chapters on the surgery of the kidney, bladder, prostate, and urethra there is much omitted that one would like to see in an up-to-date book on operative surgery. No mention is made of the operative surgery of the prostate gland. The chapters on excisions, amputations, and ligation of vessels are certainly sound. Many, however, prefer to cut the sole flap in a Lisfranc or Chopert's amputation differently from the method described by the author.

It may be said of the work on the whole that there are many sins of omission, few of commission. The operations described are treated in a manner that enables them to be easily followed and understood. The book can be recommended to senior students, if aided by a teacher who would supply its shortcomings. While it cannot be said to be a work of reference for practitioners or operating surgeons, anyone will find much useful information on the subjects treated.

TAYLER ON SOCIAL EVOLUTION. (*b*)

THIS excellent volume is full of suggestive interest to the philosophical medical man. It is the work of a writer who has evidently mastered the literature of an ever-widening subject. One of the most interesting parts of the book is that describing various temperaments, the text of which is illuminated with some artistic drawings. The discussion of these temperaments and types of face are full of suggestion and interest, and are worthy the study of every medical practitioner. The style of the book is clear and easy, full of information and suggestiveness. It is a good book.

(*a*) "Manual of Operative Surgery" By J. Waring, M.S., M.B., B.Sc Lond., F.R.C.S., Assistant-Surgeon, Lect. on Surgical Anatomy and Demonstrator of Practical Surgery. St. Bartholomew's Hospital; Member of Board of Examiners, Royal College of Surgeons, England. Second Edition. Edinburgh and London. Young, J. Pentland. 1904.

(*b*) "Aspects of Social Evolution." By J. Lionel Tayler, M.R.C.S. London: Smith, E'der and Co. 1904. Price 7s. 6d.

THE MATHEMATICS OF HYGIENE. (a)

THE mathematical side of sanitary work is by no means the least interesting, since, unless the student be in possession of certain data, and especially of certain formulæ' he will be hopelessly unable to pass certain examinations and to resolve many problems of fundamental importance. Very often, moreover, these formulæ and data are difficult to obtain when required, hence the convenience of having them tabulated in one small volume, *e.g.*, Dr. Ferguson's "Aids to the Mathematics of Hygiene," a second edition of which is now before us. This useful little book will, of course, be familiar to those who have already completed their course of training in this branch, but even by them the convenience of having these figures readily available will be appreciated. There is hope that we may shortly be able to avoid the confusion of arithmetical calculations conducted partly by the metric system, partly in inches, grains and cubic feet. The author is not responsible for the confusion, but it exists, and this being so we would suggest a much more extensive table of equivalents in weights and measures than he has given us. We have tried to establish the relationship of a cubic metre to a thousand cubic feet by the present table, and we ultimately achieved it, but only by a tedious process. As examples are always given, no difficulty will be experienced in applying the various formulæ.

THE EXTRA-PHARMACOPŒIA.(b)

WHEN in 1883 the "Extra-Pharmacopœia" made its first appearance the members of the medical profession quickly recognised that the daintily-bound little pocket-book was just what the busy physician wanted. And now that the book has attained its majority, it has become more popular and more frequently consulted than ever. Each edition as it comes out finds ready purchasers among those who possess copies of the previous issues. The reason of this growing popularity is the careful editing of the book; it is always abreast of the most recent advances in medical science. The present volume contains a section on surgical dressings and apparatus. The applications of radium, Röntgen rays, high frequency currents, Finsen lamp, and radiant heat, in their important applications to therapeutics are introduced for the first time in the section, radiography. We know no subject in either surgery or medicine in which the book may not be consulted with advantage. We might just add that each succeeding edition marks the progress of medicine as a healing art, both by its elimination of drugs found wanting, and by new additions to the list of therapeutics agents. The editors give a list of fifty-nine journals and books consulted by them and referred to, a stupenduous task; but we regret to find that such well-known books as Howe's "Practical Therapeutics," Allen's "Handbook of Local Therapeutics," Gould and Pyles' "Pocket Cyclopædia," Gillet's "Formulaire des Médications Nouvelles," and H. Bocquillon-Limousin's "Formulaire des Médicaments Nouveaux" are not included. Withal the "Extra-Pharmacopœia" is indispensable to the busy practitioner.

Literary Notes and Gossip.

THE late Dr. Corfield, Professor of Hygiene and Public Health in University College, London, was a well-known collector of rare and standard works. His library came under the hammer lately, realising over eleven hundred pounds.

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WE have received the "Pharmacopœia of the North-Eastern Hospital for Children." Besides giving a useful series of prescriptions, it contains diet lists, recipes for the preparation of special foods, directions for feeding, as well as advice in the management of rickety children. It is neatly bound, and will prove useful to many practitioners who have to treat the ailments of infancy and childhood.

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APPLICATIONS for the John Lucas Walker Studentship of the annual value of £200, tenable under certain conditions for three years, are now invited. These must be sent in to Professor G. Sims Woodhead, Pathological Laboratory, Cambridge University, not later than the 27th inst. The holder must devote himself (or herself) to original research in pathology. Further particulars will be found on reference to our advertisement columns.

THE perennial question of spelling such words as honour, favour, centre, sceptre, &c., is again to the fore, and Dr. Bowen, an American philologist, comes forward in defence of the method adopted in that country of omitting the *u* in words ending with *our*, and transposing the final *re* in words ending thus to *er*. His defence of such words as "honor" is that it is nearer the original Latin, but his difficulties are insurmountable when dealing with those ending with "re," and he does not condescend to inform his readers how he would deal with such words as "hour."

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UNDER the title of "Elementary Lectures" (*Medical Times* Co., Ltd., price 2s. 6d.), Mr. H. B. Grimsdale stands parent to a little work on "Errors of Refraction and their Correction." The author, however, goes quite far enough for the average medical student, indeed, one wonders what more he could have said on the subject had he tried. We note here and there that the author once or twice indulges in that horrid practice of raising a question without giving his own opinion thereon. For instance (page 27), is the suggestion to make use of periscopic lenses worthy of adoption or not? There is a very useful chapter on the selection of the lens frame *quâ* spectacles, a point too often overlooked by authors and practitioners alike. This little work can be cordially recommended.

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MR. W. J. ABEL'S little *brochure* on "School and Home Hygiene" (Longmans) presents precisely the qualities and drawbacks one could expect from a barrister-at-law writing on school hygiene. The object in view, *e.g.*, the education of school teachers and families in the elementary principles of hygiene, is good; the execution, moreover, is, on the whole, sound. But the author falls into the common error of advising that a doctor should be sent for when a child is seriously ill, while taking upon himself to advise a preliminary treatment. He prescribes, for example, a lotion of sulphate of zinc or sugar of lead for ophthalmia, a mixture of sulphurous acid and water for ringworm, and so on. With regard to the latter, the chances are that in 10 per cent. of the cases of self-medication sulphuric acid will be obtained instead of the "ous." There is a useful chapter on the examination of the eyesight by school teachers, but after all, such investigations had best be left to skilled hands.

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THE Board of Inland Revenue quite recently notified to chemists that medicines referring to ailments of the human body became dutiable on and after March 31st, 1904, but if such remedies are sold by registered pharmaceutical chemists as "known, admitted and approved remedies they are exempt from stamp duties." Immediately on the publication of this decision of the Inland Revenue Board the trade journals of chemists and druggists hastened to publish formulæ of "known, admitted and approved remedies," which were approved of the Revenue authorities, and the book before us, "Pharmaceutical Formularies" (London: office of the *Chemist and Druggist*), is a resultant. By using them, proprietary preparations can be put up by the chemist, who can by this scheme advertise and freely sell, without paying stamp duty, preparations

(a) "Aids to the Mathematics of Hygiene." By R. Bruce Ferguson, M.A., M.D., B.C.Cantab., M.R.C.S., L.R.C.P. Second Edition. Pp. 104. Price 2s. 6d. London: Bailliere, Tindall and Cox.

(b) "The Extra-Pharmacopœia of Martindale an Westcott." Revised by W. Harrison Martindale, Ph.D., F.C.S., and W. Wynn Westcott, M.B.Lond., D.P.S., H.M.s Coroner for South-East London. Eleventh Edition. London: H. K Lewis. 1904.

for all the ills that flesh is heir to. The book meets the wants of the prescribing chemist, and its formulæ are sanctioned as approved by the Customs authorities. But one and all of them labours under the disadvantage of prescribing for a disease and not for an individual. We suppose that counter-prescribing will continue as long as foolish people are found to consult chemists on diseases, and it is therefore just as well for the physician, when he is subsequently called in, to know what the "lung balm," "stomach elixir," and "sweet little liver pills" are.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary meeting of the Council was held on June 9th, Mr. John Tweedy, the President, being in the Chair.

A report was read from the committee on the Relations of the Medical Profession to the Coroner's Court. It was approved and entered on the minutes. The committee had inquired into the matter and had examined the recommendations put forward by the British Medical Association and by the London County Council, and had found ample proofs of the desirability of alterations in the present laws, but the questions involved are varied and include matters of administration, such as the rearrangement of coroners' districts, with which the medical profession is not immediately concerned. Having regard to the various interests concerned and to the failure of other institutions to induce the Government to initiate legislation, the committee was of opinion that it would not be expedient for the College to take any action in the matter at the present time.

The President laid before the Council a letter which he had received from the Home Secretary, and reported that he proposed to recommend Dr. William Henry Willcox, of St. Mary's Hospital, as official analyst to the Home Office in the vacancy occasioned by the resignation of Dr. A. P. Luff. The Council approved of the recommendation.

A letter was read from Mr. Henry Morris reporting the proceedings of the General Medical Council at its recent session. The thanks of the Council were given to Mr. Morris for this letter.

It was resolved that the revised regulations for study in chemistry and physics shall apply to those who register as dental students as well as to those registering as medical students on or after June 1st, 1904, and that the new synopsis of the examinations shall take effect in and after March, 1905.

A petition was read, signed by 264 candidates for the diploma in dental surgery, asking the Council to take into consideration the following suggestions:—(1.) The publication of a reasonably detailed syllabus giving the general range of knowledge required in (*a*) surgery, (*b*) anatomy, and (*c*) physiology, as has been done in the subjects of chemistry and metallurgy. (2.) The institution of a quarterly examination as for the M.R.C.S. diploma. Half-yearly examinations enforce an unnecessarily long interval after failure, entail extra expense, and tend to engender a dilatory spirit in the candidates. The petition was referred to the Board of Examiners in Dental Surgery to consider and to report.

A report was read from the committee on Diplomas in Tropical Medicine in favour of instituting an examination and a diploma, and it was decided to invite the Royal College of Physicians of London to appoint representatives to confer with representatives of the College on this subject.

A letter was read from a Fellow of the College submitting a statement in regard to a case of sudden death to which he was called, and the action of the coroner for the south-western district of the county of London in reference thereto, and asking the Council to take such steps as shall appear proper to it to defend the College from the inferential aspersion cast upon it by this coroner that a Fellow of the College is not competent to give evidence in his court or to perform a necropsy.

The following examiners were appointed:—

Board of Examiners in Anatomy and Physiology for the Fellowship.—Anatomy: Louis Albert Dunn, Arthur Keith, Christopher Addison, and William McAdam Eccles. Physiology: Edward Waymouth Reid, Ernest Henry Starling, Leonard Erskine Hill, and De Burgh Birch.

Conjoint Examining Board.—First Examination—Elementary Biology: Herbert Willoughby Lyle, Walter G. Ridewood, Thomas George Stevens, and Henry William Marett Tims. Second Examination—Anatomy: Holburt Jacob Waring, Arthur Keith, Christopher Addison, and James Ernest Lane. Physiology: William Henry Thompson, Thomas Grigor Brodie, and John Beresford Leathes. Third Examination—Midwifery: William Duncan, James Henry Targett, George Francis Blacker, and Arthur Hamilton Nicholson Lewers.

Examination in Public Health.—Part I.: Alexander G. R. Foulerton. Part II.: Herbert Timbrell Bulstrode.

In response to a letter from Sir R. Douglas Powell, Bart., the Council granted permission to the Royal Medical and Chirurgical Society to hold a conversazione at the College in May, 1905, in connection with the celebration of the centenary of the society.

A vote of thanks was given to Mr. Thomas Bryant for his long and zealous services to the College as a member of the Council.

Obituary.

ROBERT IVES, M.R.C.S.ENG., L.R.C.P.E.

BY the death of Robert Ives, of Portswood, Southampton, has lost one of its oldest medical practitioners, Mr. Ives came of a long line of medical men at Chertsey, being the fourth in direct descent to enter that profession. He studied at St. Thomas's Hospital, whence he took the diploma of M.R.C.S. and L.M., in 1857, and in 1860 took the L.R.C.P. of Edinburgh and started practice at Portswood. He has left a widow and two daughters to mourn his loss, as well as a son, who has carried out the family traditions by entering the medical profession. Mr. Ives retired from active practice some eight years ago.

C. KELLY, M.D.LOND., F.R.C.P.

THE sudden death of Dr. Charles Kelly, Medical Officer of Health for the districts of West Sussex, occurred on the 16th inst., at his residence, Grawick Road, Worthing. Deceased was present at a meeting of the Sanitary Committee of the Worthing Town Council a few days before, apparently in his usual health. Deceased, who was fifty-nine years of age, obtained the degrees of M.B. and M.R.C.S. (England) in 1866, and in the following year became M.D. of London, and carried off the gold medal for the year, while his F.R.C.P. (London) was obtained in 1880. He was also at one time Professor of Hygiene and Public Health at King's College. On taking up his appointment as Medical Officer of Health for the combined sanitary districts of West Sussex, nearly thirty years ago, the deceased resided for some little time at Horsham, but finding the coast to be more convenient for his work he ultimately removed to Worthing, in which town he had resided ever since. As a medical man he was a believer in the curative properties of fresh air, and in his treatment of the patients who came under his charge at the Worthing Isolation Hospital at Swandean he never ordered drugs or stimulants unless they were absolutely necessary. He was the author of several well-known works and articles on medical subjects, while his annual report as Medical Officer of Health for West Sussex invariably provided interesting reading. Of genial and courteous disposition, his unexpected death will be mourned by a large circle of friends, not only in Worthing, but throughout the whole of West Sussex.

RICHARD J. DEARDEN, L.R.C.S.EDIN., M.R.C.S.ENG.

WE regret to announce the painfully sudden death, in his forty-sixth year, of Mr. Richard Jessap Dearden, of Oxford Street, Manchester, which took place on the

11th instant. For a number of years he had been the surgeon to the "A" and "B" divisions of the Manchester city police force. He attended a post-mortem examination last week, after which he became ill, and despite prompt and constant medical attention blood poisoning supervened, and he died. Deceased, who was well known and much respected in medical circles in Manchester, was a member of the British Medical Association and of the Manchester Medical Ethical Association, and formerly was honorary surgeon to the Chorlton-on-Medlock Dispensary, and house-surgeon to the Manchester Royal Infirmary. Mr. Dearden, who was a Manchester student, won the M.R.C.S.Eng. in 1879, and the L.R.C.S.Edin. in 1881.

Laboratory Notes.

PERRIER—A NEW SPARKLING TABLE WATER.

THE springs that can furnish a perfect sparkling water for the table are indeed few and far between. Without mentioning names, it may be stated generally that they are open to objection on the ground of taste, of heavy mineralisation, of artificial manufacture, or of some other more or less serious defect. It is with real pleasure, therefore, that we direct the attention of our readers to a French table water that promises as near an approach to perfection as may be reasonably expected from anything obtainable from the earth, or, rather from the waters under the earth. This water, Perrier by name, already favourably known in some parts of England, has established a great reputation in the Riviera and other parts of the Continent. At the request of the proprietors we have made an exhaustive inquiry into the facts connected with it origin, distribution, composition, and distinguishing qualities, with the result that we can unhesitatingly place it in the first rank among sparkling table waters, and we accordingly invite the attention of members of the medical profession to Perrier water, and we shall be surprised if its inherent merits do not quickly secure their approval. The position of the profession in such a matter has been admirably expressed by Dr. Murrell in the following passage :— (*a*)

"The selection of a table water for ordinary table consumption," he writes, "is a subject on which medical men are often consulted, and it must be admitted that it is not always easy to find one adapted to the special requirements of the individual patient. The consumption of table waters is enormous, amounting in this country alone to something like 3,600 million half bottles a year. It must be remembered that they are habitually drunk, not only by those suffering from some departure from the normal state of health, but also by numerous people who consume them either alone or mixed with wine and spirits as a pleasing beverage. The reason for this popularity is easily explained. Most people have a wholesome dread of enteric fever, and a deep-rooted distrust of the purity of the drinking water supplied to them in country towns and villages, especially abroad."

The obvious solution of the difficulty thus sketched in graphic fashion is to drink some pure mineral water that has been bottled. In this way the use of a good table water enables a temperance advocate to act up to his principles without running the risk of contracting typhoid fever. Nor is it given to all of us to be able to drink cold water at meals, whereas everyone, be he dyspeptic or Philistine, can assimilate a light sparkling water Perrier water comes from Vergéze, a remote country district in the midst of a vast plain. It lies in the Midi of France, nine miles away from Nîmes, in the department of Gard. Its waters bubble up from a natural gaseous spring of great antiquity. Long ago it was known to the Romans, as testified by the numerous relics of their colonisation found not only in the neighbourhood, but actually in the spring itself. The interesting fact thus brought to light, namely, that this spring was appreciated by the Roman invaders, is in itself a valuable testimony to its virtues, for that remarkable race always had a keen eye to the value of Nature's products.

In the case of the Perrier water, the great characteristic feature is the abundance and purity of the carbonic acid gas which it contains. Its springs open into a pool that measures a thousand metres across, and from that large surface carbonic acid gas bubbles so incessantly as to explain to the visitor forthwith the origin of the local name, "Les Bouilleus."

Perrier water has four chief excellencies—pleasant taste, organic purity, abundant carbonic acid gas, and light mineralisation.

1. *Pleasantness of taste* must in the long run be the predominant factor in determining the place of a table water in the popular favour. Perrier water has a delicate subacid and most agreeable flavour which gently stimulates and refreshes the palate. It does not alter the taste or colour of any wine or spirit to which it may be added.

2. Its *organic purity* is that of an absolute standard. To quote from the words of Dr. Wilson Hake, its organic purity is equal to that of the purest water found in Nature. The water is bottled straight from the spring in a state of virgin purity. Moreover, the spring arises in a district of sparsely inhabited vineyards, so that the water is safe from the sources of contamination that so often affect ordinary wells and streams.

3. The *abundance of natural carbonic acid gas* in the Perrier spring is shown by the large bubbles that are given off incessantly from its ample surface. The superiority of the natural over an artificial gas is so well known that there is no need to enlarge upon the point here. Suffice it to say that Henriot, of Paris, whose opinion is entitled to all respect, has shown that there is an essential difference in physiological action between natural carbonic acid and the artificial product prepared chemically from the hydrochloric acid in chalk. The former is absorbed promptly, whilst the latter is with difficulty assimilated and produces distension of the stomach. Perrier water can thus be taken at meals when ordinary soda and other artificially charged effervescing water would cause discomfort and retard digestion. In some cases of atonic dyspepsia a small quantity of mellow whisky mixed with Perrier water forms the most perfectly suitable beverage with which we are acquainted.

4. The *light mineralisation* of Perrier water accounts for much of its virtue. The total amount of its solids, according to an analysis made by Dr. H. Wilson Hake, is less than 4 grammes in 10 litres. "The salts present," he says, "consist almost entirely of bicarbonate and a very small amount of sulphate of lime; the remainder consist of chloride, nitrate and sulphate of sodium, which, taken together, amount to little more than half a gramme in 10 litres, and a trace of silica, invariably present in natural waters. The lime salts render it very palatable, its agreeableness in this respect being greatly increased by the faintly acid flavour of the pure natural carbonic acid which it contains, and which is free from any other gas whatsoever."

The minute trace of alkaline carbonates present renders Perrier water specially fitted for use at meals, for it has been shown that the presence of a large quantity of salts of that class (as met with in some other table waters) retards digestion.

On the last point, Dr. Murrell remarks: "The alkaline carbonates taken at the commencement of a meal stimulate the secretion of the gastric juice, but ultimately interfere with its natural production. Taken towards the termination of a meal they neutralise the hydrochloric acid which plays so important a part in the process of digestion and retard its secretion. What is required is a natural water containing no active drug, and one which is (1) free from organic matter and medicinal substances; (2) strongly aerated with its own natural carbonic acid gas; and (3) of low mineralisation and free from added saline.

Perrier, strictly speaking, is not a medicinal water. It claims to be a sound, safe and palatable drinking water for the table, fitted alike for the sick and for the healthy

(*a*) "The Choice of a Table Water." By W. Murrell, M.D. THE MEDICAL PRESS AND CIRCULAR, May 11th, 1904.

At the same time it possesses one quality worthy of the attention of the physician, namely, the power of stimulating the function of the kidneys. This diuretic action renders it specially useful in gout and in the uric acid habit generally. In conclusion, it may be said confidently that in Perrier water a valuable addition has been made to the extremely limited list of table waters that the physician has hitherto found available for general use. There can be little doubt that under judicious management a great future awaits this ancient Roman spring of Les Bouillieus.

Medical News.

Royal College of Surgeons, Ireland.

THE Barker anatomical prize for 1905 of £21 may be competed for by any student whose name is on the anatomical class list of any school in the United Kingdom. The prize is offered for a dissection of the left pneumogastric nerve, limited to its pharyngeal and laryngeal divisions, and including their connections. Each preparation must reach the curator of the museum before March 31st, 1905, marked with a fictitious signature and accompanied by a sealed envelope containing the full name of the competitor and a declaration that the work has been carried out by himself. The form for this declaration can be obtained on application to the curator. The dissections are to be mounted in vessels fitted with glass covers, but the covers must not be sealed down. Earthenware basins and plaster-of-Paris settings are not compulsory if the specimens can be better displayed and preserved by other means. No prize will be awarded unless sufficient merit is shown, 70 per cent. of the total marks being the minimum. Those dissections for which prizes are awarded become the property of the College. Where prizes are not awarded competitors may be refunded such amount of the cost of production as the examiners deem fit. The cost and risks of transport must be borne by the student.

The Plague.

THE following telegram from the Officer Administering the Government of Hong-Kong has been received at the Colonial Office :—Forty-seven cases of plague, 46 deaths, for the week ending June 11th.

Medical Mayor's "Consumption Cure."

DR. RICHARD BURFORD SEARLE, a retired Cornish medical practitioner, and now mayor of Dartmouth, has published further details of his plan for the cure of consumption. His remedy is to fight the germs of tuberculosis by the aid of typhoid germs. He declares that in his experience, and the experience of many physicians of long standing, they have never met with anyone suffering from organic disease, consumption, or cancer, dying from typhoid fever. He gives illustrations in which, when typhoid has attacked consumptive patients, they have invariably recovered, both from typhoid and tuberculosis. He advocates inoculation under his system of children whose family history is pronouncedly tuberculous or cancerous.

University of Cambridge.

THE following medical and surgical degrees were conferred on June 9th :—Doctor of Medicine—W. P. S. Branson, Trinity; A. R. M. Brenan, Trinity; and B. N. Tebbs, Queen's. Master of Surgery—Professor Howard Marsh, King's. Bachelor of Medicine and Bachelor of Surgery—C. L. Nedwill, Trinity; C. R. Howard, Pembroke; W. Hastings, Christ's; and C. Burrows, Emmanuel. Bachelor of Medicine—H. R. Fisher, Emmanuel. Bachelor of Surgery—T. G. M. Hine, King's; R. E. Whitting, King's; and B. N. Tebbs, Queen's. Dr. D. MacAlister and Mr. Strangeways have been appointed examiners in Pharmacology and in Pathology respectively for the third M.B. Dr. A. Macalister and Dr. Guillemard have been appointed members of the new Board of Anthropological Studies. Mr. Duckworth has been reappointed University Lecturer in Physical Anthropology.

Infant Mortality.

SIR WALTER FORSTER last week drew the attention of the President of the Local Government Board to the high infant mortality in the large towns of the kingdom, and asked whether, with a view to lessening this mortality, he will inquire whether the facilities for granting outdoor medical relief are sufficient in the great provincial towns, and in districts like St. George's-in-the-East, Whitechapel, Limehouse, and Stepney, and, if not, whether he will take steps to improve the methods of granting medical out-relief. Mr. Long replied : "I am aware of the figures referred to as to infant mortality. Except that in some places additional relieving officers might be appointed, I have not at present seen any reason to suppose that the existing facilities for granting outdoor medical relief are insufficient; but so far as the metropolis is concerned a special investigation is at this moment being made by one of the assistant inspectors of the Department as to the arrangements for outdoor medical relief.

Quarantine Conference at Barbadoes.

A JAMAICA correspondent writes on May 18th :—The West Indian quarantine conference, attended by delegates from the British West Indies and British Guiana, and by Dr. T. Thomson, medical inspector of the English Local Government Board, was held in Barbadoes at the end of April and beginning of May. The proceedings, which were opened by the Governor, Sir F. Hodgson, were conducted in private, but it is understood that the results are of a very satisfactory character. The quarantine arrangements of the various colonies have been revised and a uniform system adopted in correspondence with the latest practice in other countries. Disinfection and inspection will, it is said, be largely substituted for the existing methods of quarantining. A series of regulations has been drawn up for general adoption according to which each colony will deal adequately with its own cases, and keep the others informed of developments, thus relieving the latter of much of the individual responsibility which has been at the root of past difficulties. The report has been forwarded to the Colonial Office, and, if approved, will form the basis of a West Indian convention binding upon all the Colonies. The position of the neighbouring foreign countries was discussed, but it was deemed advisable that the convention should be agreed to first by the British Colonies, and then, if necessary, it could be presented to the foreign Governments for their acceptance.

Sanitary Hairdressing.

Dr. W. Collingridge, the medical officer of health for the City of London, has submitted to the Sanitary Committee of the Public Health Department a series of regulations for the formation of a register of sanitary hairdressers and barbers, it being proposed that any failure to comply with the regulations should be followed by the removal of the name of the offender from the register. Dr. Collingridge recommends, among other things, that regular customers should provide their own toilet requisites; that all shelves and fittings should be made of glass; that the use of powder puffs should be discarded in favour of powder pulverisers; that a barber or hairdresser should refuse to serve a customer who is apparently suffering from any skin or hair affliction; and that all razors and combs should be kept for five minutes in a 5 per cent. solution of carbonate of soda. The medical officer insists, also, that hair curlers and tongs used in ladies' hairdressing establishments should be boiled for ten minutes.

PASS LISTS.

Society of Apothecaries of London.

THE following candidates having passed the necessary examination have received the L.S.A. Diploma of the Society, entitling them to practise medicine, surgery, and midwifery :—L. S. Dudgeon, J. A. Renshaw, N. O. Roberts, and G. W. Rogers.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive Signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

LUNACY AND THE ARCHDEACON'S BROTHER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

Sir,—Permit me to briefly refer to a case of considerable public and professional interest. Last week Archdeacon Potter applied at the Wood Green Police Court for a warrant against his brother. From a report of the case in the newspapers on Saturday it appears that the brother visited the house during the applicant's absence, and so threatened the servants that the gardeners had no alternative but to eject him from the premises. For many years the archdeacon had allowed his brother a reasonable amount on which to live, but this had not prevented him from becoming a great trouble to the family. He had been convicted about twenty times for all manner of offences, mostly for violence. Dr. Howard Distin, of Enfield, stated in replying to the Bench, that "the man was a criminal lunatic, but it was one of those cases where they could not certify insanity.' It would be interesting to know how Dr. Distin distinguishes between cases of criminal lunatics that can and cannot be certified for.

Yours truly,
E. L.

EDEN BRIDGE.—A stab in the neck is more likely to be homicidal than suicidal. At the same time instances are on record where a person has stabbed himself fatally in the front or the side of the neck. If the stab be from behind it is almost necessarily homicidal. Should the cord be severed above the third cervical vertebra death will be instantaneous.

CAUSE AND EFFECTS.

According to an Antipodean contemporary, the latest Australian bankruptcy is that of Mary Anne O'Brien, of Yarrawanga, nurse. Liabilities, £74 10s. 7d.; assets £15; deficiency, £59 10s. 7d; cause of deficiency, decline in the birthrate.

DR. MEARS.—If possible in our next.

R. P. FYNES-CLINTON (Midwives Institute).—Your communication reached us as we were at press, too late for reference in present issue

M.R.C.S. (Surbiton). The question of the cold bath is a vexed one and its proper solution must depend to a great extent upon the soundness of the individual concerned. Speaking broadly, the cold bath is a luxury for the young and strong, and a dangerous depressant for the old and weak. For all that, many a man and some women enjoy a cold tub in the morning at 70 or 80 years of age or even more. Our advice is to take it tepid as years accumulate.

A MILK DISPENSARY.

THE medical staff of the North Eastern Hospital for Children have recently made representations to the Committee urging the establishment of a milk "dispensary." In place of prescribing drugs for many of their cases, they wish to be able to prescribe pure milk and milk preparations supplied from a source on which they can rely implicitly, and delivered to the patients in sealed bottles.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JUNE 22nd.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. J. Clarke: Clinique. (Surgical.) 5.15 p.m. Dr. J. Taylor: Degenerative Diseases of the Spinal Cord and Some Unusual Forms of Nervous Disease.

THURSDAY, JUNE 23rd.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.) 5.15 p.m. Dr. P. Horrocks: Prolapse of the Uterus.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.)—5 p.m. Dr. T. D. Lister: Asthma: its Pathology and Diagnosis (Post Graduate Course.)

FRIDAY, JUNE 24th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. A. Lawson: Clinique. (Eye.)

MONDAY JUNE 27th.

ODONTOLOGICAL SOCIETY OF GREAT BRITIAN (20 Hanover Square, W.).—1.—Mr. Vernon Knowles will show: (a) A New Aseptic N_2O Stopcock (b) A Device for Measuring Small Quantities of Liquid Anæsthetics. 2.—Mr. E. Preedy: A Case of "Irregular Eruption of Temporary Incisors. 3.—Mr. J. F. Colyer: A Case showing "Irregularity of the Lateral Incisors." The Chair will be taken at 8 p.m. The Council meet at 7 p.m.

Vacancies.

St. Mary's Hospital Medical School, Paddington, W.—Lecturer on Chemistry. Salary £150 per annum. Applications to H. A. Caley, M.D., F.R.C.P., Dean.

Borough Hospital Birkenhead.—Junior Resident House Surgeon. Salary £80 per annum. Applications to the Honorary Secretary.

Clifden Union.—Medical Officer. Salary £165 per annum, and £10 per year as Medical Officer of Health, together with Registration and Vaccination fees. Immediate application to F. King, Clerk of Union. (See Advt.)

Noble's Isle of Man General Hospital and Dispensary, Douglas, Isle of Man. Resident House Surgeon. Salary £82 per year, with board and washing free. Applications to Geo. Ridgway Cookson, Hon. Sec., 16 Athol Street, Douglas, Isle of Man.

Wandsworth Union Infirmary, St. John's Hill, near Clapham Junction.—Junior Assistant Medical Officer. Salary £160 per annum, with board, lodging and washing.—Applications to Medical Superintendent.

Royal Infirmary, Newcastle-upon-Tyne.—Head Dispenser. Salary £175 per annum. Applications to W. T. Oliver, Secretary.

Middlesex County Asylum, Upper Tooting, S.W.—Third Assistant Medical Officer.—Salary £200 per annum, with board, lodging, and washing. Applications to Medical Superintendent.

Stockton and Thornaby Hospital, Stockton-on-Tees.—House Surgeon. Salary £250 per annum. Applications to H. G. Sanderson, Secretary.

Derbyshire Royal Infirmary.—Senior House Surgeon. Salary £100 per annum, with apartments, board, &c. Applications to Walter G. Carnt, Secretary-Superintendent, Royal Infirmary, Derby.

Poplar Hospital for Accidents, Poplar, E.—Assistant House Surgeon. Salary £80 per annum, with board and residence. Applications to Edw. Feneran, Lt.-Col., Secretary and House Governor.

Appointments.

BARROW, G. A., M.R.C.S., L.R.C.P.Lond., Honorary Anæsthetist to the Manchester Northern Hospital for Women and Children.

BARWELL, HAROLD, M.B.Lond., F.R.C.S.Eng., Surgeon Laryngologist to the Mount Vernon Hospital for Consumption.

COOPER, AUSTIN, M.D., B.Ch.Dub., Honorary Assistant Anæsthetist to the St. John's Hospital for Diseases of the Skin, Leicester Square, W.C.

COPELAND, PAULA T., M.B., Ch.B.Edin., Medical Officer for Rousay and Enclishay, Orkney.

ECCLES, W. MCADAM, M.S.Lond., F.R.C.S.Eng., Examiner in Anatomy for the Fellowship Examination of the Royal College of Surgeons of England.

FRASER, K., M.B., B.S.Aberd., Certifying Surgeon under the Factory Act for the Orrell District of the county of Lancaster.

GUNN, ELIZABETH C., M.B., Ch.B.Edin., Outdoor Physician to the Leith Hospital.

HENDERSON, ELEANOR R., M.B., Ch.B.Edin., Resident Medical Officer at the Royal Hospital for Sick Children, Edinburgh.

HUNT, ALBERT W. DUNNING, L.R.C.P.Lond., M.R.C.S., Public Vaccinator for the Chagford District by the Okehampton (Devon) Board of Guardians.

MASON, S. HERBERT, M.R.C.S., L.R.C.P.Lond., Honorary Anæsthetist to the Manchester Northern Hospital.

MILLER, JOHN, L.R.C.P.Lond., M.R.C.S., to the Medical Charge of Troops at Topsham Barracks, Exeter.

ROBERTSON, EVA A., M.B., Ch.B.Edin., Resident Medical Officer to Craiglockhart Poorhouse.

SCOTT, SYDNEY, B.S.Lond., F.R.C.S.Eng., Surgeon to Out-patients at Evalina Hospital for Sick Children, London; also Chief Assistant in the Aural Department, St. Bartholomew's Hospital.

WILKES, J. HAMILTON, L.D.S., R.C.S.Eng., as Honorary Dental Surgeon to the St. John's Hospital for Diseases of the Skin, Leicester Square, W.C.

Births.

CRAWFURD.—On June 14th, at 71 Harley Street, London, W., the wife of Raymond H. P. Crawfurd, M.D., F.R.C.P., of a son.

DODD.—On June 9th, at Holles Street Maternity Hospital, Dublin, the wife of Dr. Wm. S. Dodd, Egmont Place, Kanturk, of a daughter.

O'NEILL.—On June 12th, at the Abbey, Athy, the wife of Dr. O'Neill, of a son.

TORNEY.—On June 15th, at 8 Beyrout Place, Stoke, Devonport, the wife of J. H. Torney, B.A., M.B., T.C.D., of a daughter.

TURNER.—On June 15th, at Oundle, Northamptonshire, the wife of B. Roworth Turner, M.B., of a son.

Marriages.

ENGLEFIELD—MYLES.—On June 14th, at Trinity Church, Limerick, William Thomas Englefield, Ealing, to Letitia Elizabeth, eldest daughter of the late George Myles, M.D., Limerick.

Deaths.

BELLIS.—On June 16th, at Eastbourne, Mary Etheldreda, widow of the late Dr. Benjamin Bellis, of Maidenhead, aged 98.

CROLE.—On June 15th, at Leven, Fife, Angus Fletcher Crole, L.R.C.P. and S.Ed., third surviving son of the late David Crole, Esq.

KELLY.—On June 16th, at Ellesmere, Worthing, Charles Kelly, M.D., F.R.C.P., aged 59 years.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

VOL. CXXVIII. WEDNESDAY, JUNE 29, 1904. No. 26.

Original Communications.

ACID SODIUM PHOSPHATE AND ADRENALIN IN VESICAL DISEASES.

By W. I. DE C. WHEELER, M.D.,

Surgeon to Mercer's Hospital.

IN September, 1903, I published a short account of a case in THE MEDICAL PRESS AND CIRCULAR under the above heading. Since then many points which seem to me of interest have arisen in the case; the condition of the bladder was demonstrated by operation, and the patient unfortunately succumbed to pneumonia.

Before recording the progress of the case from the date of my last publication, a short epitome of what has been already published is necessary.

The patient, a gentleman, æt. 85, with a history of gout, consulted me, with the well-known story of frequency of micturition, especially at night, depriving him of his rest and comfort. No enlargement of the prostate could be detected *per rectum*, and a No. 8 catheter could be passed with little difficulty; about six ounces of residual urine were drawn from the bladder after the patient had satisfied himself it was empty. Sounding revealed nothing. The urine was acid, contained oxalates and urates, and a quantity of blood, but no epithelial shreds or casts. An alkaline medicine was prescribed, and the gout treated, with the idea that the hæmorrhage might be associated with the passage of "gravel." In this case the use of the cystoscope was not had recourse to on account of the patient's advanced years and an extremely sensitive and nervous disposition. Suffice it to say that one day, after drawing off the residual urine, a violent hæmorrhage occurred, notwithstanding the gentleness practised in passing the catheter. This, as it afterwards turned out, was not due to catheterisation, but at the time it appeared to me that possibly a small portion of a villous tumour or other growth had been detached. The hæmorrhage on this occasion was therefore not treated locally, but continued for six days, the patient passing water every ten minutes laden with blood. An operation was refused, so the treatment consisted in absolute rest, morphia suppositories, ice to perinæum, large doses of calcium chloride, and hypodermic injections of ergot; at first all these drugs were used simultaneously, each having a distinct duty to perform. On the third day the hæmorrhage was at its height; on the sixth day it had entirely disappeared; on the fourth the blood was passed in clots and not so frequently, but with much pain. The patient made a good recovery, only to get another attack at a time when no catheter had been used. I at once passed a No. 8 French catheter, washed out all blood-clots, and injected a weak solution of adrenalin chloride of commerce. About half a drachm in an ounce of warm water was the strength and quantity used. The patient, though micturating frequently before I arrived, and passing quantities of pure blood, after the injection of adrenalin chloride had no further trouble. The urine passed regularly and was free from blood. An attack similar to the first would have certainly ended fatally. This was only avoided by the treatment adopted. He remains now for three weeks or a month without any blood in the urine, then gets a severe hæmorrhage, to be checked again by three or four injections of adrenalin.

The same patient in the intervals suffered from a chronic cystitis with ammoniacal purulent urine, and as in two other similar cases, I have found without exception that the administration of acid sodium phosphate NaH_2PO_4 is most beneficial, especially when combined with a urinary disinfectant.

℞ Acid. sod. phosphat., ʒij;
Urotropin, ʒj;
Infus. uræ uvis, ad ʒvj;
Sig. ʒss t.i.d.

This is the prescription employed with excellent effect in three recent cases. The patients complain greatly of thirst when taking the medicine, and it should be given with caution if there is any albuminuria. In one case related to me by Dr. Moorhead, uræmia was supposed to have arisen in consequence of employing the drug in cystitis when the kidneys also were diseased. In the above note I only refer to patients unfit for operation. A suprapubic cystotomy for drainage or removal of a tumour, in suitable cases, is the proper procedure for a surgeon.

Care should be taken, in ordering acid phosphate of sodium, that the chemist does not use the official sodium phosphate Na_2HPO_4, instead of the acid sodium phosphate, NaH_2PO_4, the normal urinary acidulant. This mistake occurred in my own experience, the chemist having never before seen the acid sodium phosphate prescribed. The symptoms I detail above follow closely those of villous tumour, *i.e.*, intermittent profuse hæmorrhage, with no signs or symptoms of stone or malignant disease.

Further Notes on the Progress of the Case.—Until April, 1904, the patient had enjoyed life with tolerable comfort, that is to say, for about ten

months after the original hæmorrhage. Though in his eighty-sixth year he was a regular attendant at his club, and carried out his duties as director of a company with energy. Now, however, a "break-down" in catheter life became apparent: the urethra and bladder were so irritable that he dreaded the thought of passing a catheter, and suffered greatly when attempts at irrigation were made. For days sometimes, from fear of the pain, he allowed the residual urine to accumulate and decompose in the bladder.

I may here say that the bladder was washed out about two hundred times during the course of the disease. Permanganate of potash, carbolic acid, borax, quinine, corrosive sublimate, protargol, and sterilised water were used for douching the bladder as they suggested themselves, but of all I was struck with the fact that sterilised water gave the best results, the patient remaining longer in comfort than when the others were used. The suffering of the old gentleman became now almost continuous: often when a large catheter was passed, with great pain, it failed to empty the bladder owing to the accumulation of mucus, pus, blood and phosphates, which blocked the passage before any urine flowed out. Then suction, or even washing back the pus into the bladder with a syringe was alone effectual.

When finally it was emptied the neck of the bladder seemed to "grip" the catheter, causing exquisite pain and necessitating the hasty injection of fluid to distend the walls.

From the first hæmorrhage in June, 1903, the prudence of a suprapubic cystotomy was discussed with the patient and his relatives, but the operation was refused. Nor did I in the early stages think it my duty to press it on a man of eighty-six years. At last, on Saturday, June 4th, he consented, worn out with pain and want of rest.

The operation was rapidly performed on Sunday morning. On passing a finger into the bladder a malignant tumour was felt infiltrating the left lateral wall of the bladder near the orifice of the ureter; it was adherent to the pelvic wall, and was a flat, hard growth. In three days the patient progressed as if to recover, but, unfortunately, what was most dreaded occurred, and hypostatic pneumonia ended the patient's life one week after operation.

Remarks.—The original object in publishing a note on this case was to call attention to the use of acid sodium phosphate combined in the way I have mentioned in cases such as that described.

The efficacy of adrenalin in hæmorrhage needs little comment, but it is more admirable in some cases than others. When applied locally it is very reliable as a hæmostatic, and also as a local anæsthetic, pure or mixed with cocaine. Given internally it seems, naturally enough, to be inefficient in hæmoptysis or other remote hæmorrhages, and in hæmatemesis the action might almost be considered "local"; yet in a case under my care of violent hæmorrhage from a gastric ulcer internal administration did not check the hæmorrhage; a subcutaneous injection of 5 minims of the 1 in 1,000 saline solution brought back a pulse in three minutes which was not perceptible in the patient before. She was blanched, fainting on the slightest movement, and in a most critical condition. The hæmorrhage in this case ceased on giving liquor ferri perchlor. every hour in 4 minim doses, and occasional 5 minim capsules of turpentine; the adrenalin did not check it; in fact, it seemed to aggravate it. This is, however, a digression.

As to the acid sodium phosphate, I cannot pronounce definitely on its action until I have treated many more cases, yet I am strongly of opinion that it is a good urinary acidulant. This I have demonstrated in the case described. I also have a record of three other cases whose urine became acid after administration of this drug. Hutcheson, of London, first called attention to its value. Several of my professional friends in Dublin have also had success, and others have promised to try it and give me the benefit of their experience. After all, theory must be modified according as practical facts present themselves, and if we find acid sodium phosphate a useful addition to urinary acidulants, physiologists will soon present us with all the scientific details of its action.

Lastly, as regards the tumour in this case, either it was a villous tumour (as diagnosed in the first instance), becoming malignant after a year's progress, or else from the onset, a year or more before operation, it was one of those slow-growing hard epitheliomata described among malignant growths in the bladder. Primary cancer of the bladder is rare, dissemination is unusual, pain is a late symptom, and depends chiefly on cystitis the only constant sign appears to be hæmorrhage.

DOWNES' ELECTROTHERMIC ANGIOTRIBES. (*a*)

By H. MACNAUGHTON-JONES, M.D.

AT a meeting of the British Gynæcological Society on June 9th, Dr. Macnaughton-Jones, for Dr. Andrew Downes, of Philadelphia, showed a number of electrothermic hæmostatic angiotribes, and said that the Fellows would agree with him that they were very skilfully devised and beautifully constructed instruments. So far back as 1862 Baker Brown had used the cautery in the treatment of ovarian pedicles. Keith and Lawson Tait also adopted this method, but the credit of introducing the practice of electro-hæmostasis, that is, the control of hæmorrhage by the combination of forci-pressure with heat produced by electricity, was due to Skene, of Brooklyn. Jacobs, of Brussels, (*b*) in 1899, recommended electro-hæmostasis as preferable to ligature, clamp, or forci-pressure by lever; the advantages he claimed were that there is no sloughing of the tissues, that it enables us to act on a large surface, occluding the lymphatics, and opposing an obstacle to the spread of infection, and that no bleeding surface is exposed, calculated to form adhesions with surrounding structures; moreover, when the tissues are friable, and ligature risky, hæmostasis is safe. Jacobs used hæmostatic clamp forceps, and indicated their use in various cases of ovarian cystoma and pan-hysterectomy, as well as in appendicectomy and resection of the omentum. (*c*) He had then (August, 1899) performed six abdominal hysterectomies and two ovariotomies, besides other operations, without an accident, and Skene over two thousand cœliotomies without any hæmorrhage. The strength

(*a*) Shown at the British Gynæcological Society, June 9th, 1904.
(*b*) *Revue de Gyn.*, July-August, 1-99.
(*c*) "Diseases of Women and Uterine Therapeutics." Eighth Edition. Macnaughton-Jones. 1900.

of the current in Jacob's instrument was regulated by the interposition of a galvanometer, the time necessary for the desiccation being from one-half to two minutes. The main improvements aimed at by Dr. Downes were, the ability to raise the heating points to 212° F., the insuring cool shafts and handles to the instrument, greater security in the construction of the blades for resistance to heat, and increase in the degree of pressure exerted. The outfit consisted of three angiotribes with blades of different widths (0·25, 0·5 and 0·6 of an inch), one of them being curved; a shield to protect the surrounding parts; a cautery knife, cable, and coupler cable; the transformer for use with the continuous or the alternating current, and the necessary electric supply. A maximum current of sixty amperes is necessary, and in all the instruments the platinum has to be of the same weight. The advantage of this high amperage is that the blades heat more rapidly and effectually than with a weaker current, while there is less risk of burning out the platinum. The cable is composed of mineral and rubber, and will stand indefinite boiling, while it can be made in two portions, so that the coupler alone need be sterilised for each operation.

Dr. Macnaughton-Jones here showed the section of the heating blade of the electro-hæmostatic angiotribe. The inner surface of the blade is made of steel, and inside the blade are two layers of mica, completely insulating the platinum. The handle is connected with the transformer of the storage battery. On releasing the lever, the handles spring open. On reclosure, when the lever is adjusted greater pressure is exerted on the blades. There is a less powerful angiotribe without the lever. Dr. Downes has devised a breaker for the control of the current, so that it may be turned on when required by pressure of the foot. To heat the instruments all that is necessary is to turn on the rheostat of the transformer gradually, until the platinum in the cautery knife is a bright red. The transformer may be set at this point in the operating room, thus securing the necessary electrical supply by pressure of the foot at the required time. Water placed on the pressing surface of the blades will boil in from ten to fifteen or twenty seconds, according to the width of the blade. From ten to thirty seconds longer must be allowed after the application of the instrument for the hæmostasis. (*a*) In the latest reprint of his pamphlet on the subject, Dr. Downes enters into details of operations, such as ovariotomy, salpingo-oöphorectomy, herniotomy, appendicectomy, and various operations on the stomach and intestines, which may be performed by this method, and also describes its application in abdominal and vaginal hysterectomy. He has collected the particulars of eighty hysterectomies, sixteen of which were for cancer, 200 salpingo-oöphorectomies, one nephrectomy, 200 appendicectomies, and twenty ovariotomies for cystomata. Among others who had specially written on hæmostasis he mentioned Hirst and Charles Noble, of Philadelphia, Bovée, of Washington, Goldspohn and Murphy, of Chicago. He (Dr. Macnaughton-Jones) had no personal experience of this method as he had never adopted it, but the results, reported by a number of operators, proved it to be one which can be followed with perfect safety. "Intestinal resection and anastomosis," says Dr. Downes, "by these instruments can be ideal," and he (Dr. Downes) "had yet to hear of hæmorrhage after an operation in which these instruments had been used." At the time of writing (November, 1903) the only accident that he was aware of was the clamping of the right ureter during a hysterectomy for cancer, an operation in which he himself assisted. He has operated upon moribund cases, and during sixteen months he had but one death in which his appliances were used, and that was unconnected with the method of operation.

(*a*) *Amer. Med.*, No. 22, Nov. 28th, 1903; *Amer. Gyn.*, July, 1903.

The Harveian Oration.

EGYPTIAN VIEWS OF THE CIRCULATION. (*a*)

By RICHARD CATON, M.D., M.R.C.P.,
Consulting Physician, Liverpool Royal Infirmary.

AFTER a brief reference to recent benefactions made to the College for the advancement of medical science, the Orator proceeded to describe some results of an inquiry into the earliest records of medicine in ancient Egypt, particularly as regards the circulation of the blood and diseases of the circulation:—

The information which archæological research has of late afforded, though in a fitful and partial manner, as to the earliest history of medicine, and particularly in regard to that department in which our founder laboured, is not unworthy of our attention.

The first evidence of definite inquiry, in any degree worthy to be called scientific, by a body of men specially educated for medical service occurs in the early history of Egypt. The ability, learning, and artistic skill shown during the early dynasties, which all Egyptologists recognise, is paralleled by the remarkable interest then manifested in medicine. Works on anatomy and medicine are stated to have been written even by the early sovereigns of Egypt. Athothis, the son of Menes, who lived 6,000 years ago, is stated in the Berlin papyrus to have written a book on medicine, and I shall soon have to quote from the anatomical writings of the Pharaoh Usaphais, one of his successors. Semti, the seventh monarch of the same dynasty, pursued similar investigations. It is clear that like the Greeks, these men, in the childhood of the world, believed that sanitation was the first of the sciences.

THE MEDICINE GOD, I-EM-HOTEP.

During the third dynasty, about the year 4000 B.C. there lived a learned physician, probably a priest of Ra, the sun-god, the founder of a cult, whose eminence was such that in course of ages he was deified, and became for later generations the special god of medicine. His temples were places of healing for the people. His name is I-em-hotep, meaning "he who cometh in peace." According to ancient inscriptions he was the son of a certain architect named Kanofer, but when raised in popular esteem to the rank of a demi-god he is called the son of the supreme god Ptah, the Hephaistos of Egypt; and he becomes one of the great god-triad of Memphis. I-em-hotep is described as the good physician of gods and man, a kind and merciful god, assuaging the sufferings of those in pain, healing the diseases of men, giving peaceful sleep to the restless and suffering; he is called the creative god who giveth life to all men, who comes unto them who call upon him in every place, and who gives sons to the childless. He was great in magic and all learning. He and his followers had to do with the embalming of the body, and he protected the soul of the dead man from all spiritual enemies after it had left the body. In the ritual of embalmment the dead man was encouraged by these words: "Thy soul united itself to I-em-hotep

(*a*) Abstract of Address delivered before the Royal College of Physicians, London, June 20th, 1904.

while thou art in the funeral valley, thy heart rejoiceth because thou dost not go into the dwelling of Sebek, but thou art like a son in the house of his father."

From the testimony of temple inscriptions and papyri, as well as from the writings of Manetho, it is clear that the first temple of the medicine god I-em-hotep was established in early times at Memphis, and there his priests carried on the work of healing; similar temples were also erected elsewhere. I-em-hotep was represented in art as a bald-headed man, usually in a sitting posture, bearing on his knees an open papyrus scroll, and holding in his hand the symbol of life. As the centuries and millenniums passed on, his cult seems to have become more and more popular. In later times, when Greek colonists appeared in Egypt, they gave him the name Imouthes, and applied to his temples the Greek term Asklepieia, clearly regarding him as alike in kind to the Greek Asklepias, and his temples as hospitals for the sick. The great temple stood outside the eastern wall of Memphis close to the serapium. Some of us who are present to-day, when visiting the site of the temple of I-em-hotep, have naturally been impressed by the thought that on this spot, long before Asklepias or Hippocrates, commonly called the father of medicine, were born, probably before the Homeric poems were written, before the Israelites were in Egypt, before the Stone Age had passed, learned men devoted themselves to the consideration of the nature of human life, strove to prolong it, to assuage suffering and to cure disease. They studied and treated many of the ailments familiar to us, such as tubercle, leprosy, plague, anæmia, and other diseases prevalent in Egypt to-day.

Near the site of this temple, securely sealed in an earthen vessel which had been hidden in the sand, was found one of the medical papyri from which I shall quote some passages. Doubtless it belonged to an early physician who sought, perhaps during the invasion of Ethiopian or other barbarians, to preserve for mankind the precious knowledge that seemed in danger of extinction.

AUTOPSIES MADE BY THE EGYPTIAN PRIESTS.

It is of some interest to note that these priests of I-em-hotep, themselves learned men, not only saw and prescribed daily for vast numbers of sick persons, but also performed innumerable autopsies. They removed the heart, large blood-vessels, viscera, and brain from the bodies of deceased persons, also from the bodies of sacred animals, prior to embalmment; the heart was placed in a separate jar, the remainder of the viscera in a larger vessel; thus these men had an opportunity of learning something of anatomy; they may have gained some insight into the intricate problem of the action of the heart, the movement of the blood, and the changes of heart and vessels produced by disease; no nation of antiquity had such opportunities. Did they discover anything? I think I can demonstrate to you they did obtain a partial knowledge of the circulation; they did not solve the problem, but they approached it as nearly as did the Greeks, and probably from them the Greeks obtained such knowledge as they possessed in early times.

REFERENCES TO THE CIRCULATION IN THE MEDICAL PAPYRI.

Certain of the contents of the medical papyri are at present almost incomprehensible on account of the difficulty of translating technical terms; these parts I shall not refer to at all; those portions which are more easily understood still present difficulties, and translations must necessarily be free, and at times vague. Where the sense is important I have had the help of one or two of the most learned living Egyptologists, and here I must express my acknowledgments to Dr. Budge, Professor Kurt Sethe, Dr. Brugsch, Dr. Joachim, Dr. Leemans, Dr. Withington, Dr. Sandwich, Mr. Garstang, Professor Carrington Bolton, and others, for help orally or from their writings, without which, in my ignorance, I should have done little. Let me read you one or two extracts from the work of the Pharaoh Usaphais, quoted in Ebers' papyrus: "Man hath twelve vessels proceeding from his heart, which extend to his body and limbs; two vessels go to the contents of his chest, two go to each leg, two to each arm, two vessels go to the back of the head, two to the front of the head, two branches go to the eyes, two to the nose, two vessels go to the right ear, the breath of life goes through them, two go to the left ear, and through them passes the breath of death, they all proceed from the heart." The concluding sentence is the earliest example I know of the ancient superstition that the left side of the body is sinister and evil. This is very early anatomy, professing to be at least 6,000 years old; we must not expect it to be quite accurate. Turning to a comparatively recent period, the only copy existing of Ebers' papyrus (found in the tomb at Thebes) was written in or before the sixteenth century B.C. No doubt most, if not all, its contents are much older than that date; the passage which I am about to read commences thus: "From the secret book of the physician, a description of the action of the heart and of the heart itself. From the heart arise the vessels which go to the whole body; if the physician lays his finger on the head, on the neck, on the hand, on the epigastrium, on the arm or the leg, everywhere the motion of the heart touches him, coursing through the vessels to all the members (the reference is clearly to the pulse); thus the heart is known as the centre of all the vessels. Four vessels go to the nasal chambers, of which two convey mucus and two convey blood; there are four vessels within the skull, from these the eyes obtain their blood. The four vessels divide inside the head and spread towards the hinder part." The Berlin papyrus speaks of the division into thirty-two vessels within the skull, and implies that air traverses at any rate some of them. Returning to Ebers' papyrus: "When the breath enters the nostrils it penetrates to the heart and to the internal organs and supplies the whole body abundantly." This idea that certain of the vessels convey air, you will observe, is identical with the Greek conception and probably with its source. "Three vessels traverse the arms and extend to the fingers; three vessels also pass down the leg and are distributed to the sole of the foot; a vessel goes to each testis, and one to each kidney. Four vessels enter the liver, conveying fluid and air; these may be the seat of various diseases, as they are mixed with the blood; four vessels convey fluid and air to the intestine and spleen, two go to the bladder, and from them the renal secretion is produced. Four vessels convey fluid and air to the lower abdomen, going to the right and left sides; from them is formed the alvine excretion." These vessels here described are clearly the iliac arteries and veins. "When the heart is diseased its work is imperfectly performed; the vessels proceeding from the heart become inactive, so that you cannot feel them" (no doubt this is a reference to changes in the pulse). "They become full of air and water. When the heart is dilated the vessels from it contain effete matter. If a suppurative or putrefactive disease occur in the body (abscess is probably referred to) then the heart causes it" (apparently the purulent material) "to traverse the vessels; fever or inflammation of various kinds occur in the body, the heart is in a morbid state while the fever continues. In heart disease there is either disturbance of the action of the heart, or the heart is congested or overfilled with blood; the heart is moved downwards, comes nearer the præcordia, and suffers weakness and nausea. When the disease affects the base or lower mass of the heart there is shortness of breath, the heart is displaced on account of the volume of blood from the abdomen" (probably the old idea of the rush of blood entering the heart from the liver). "There may be fever or inflammation of the heart." Now here comes a passage of some therapeutic interest: "The heart during such disease must be made to rest to some extent, if it be possible." Here we have wise advice from the ancient Egyptians, advice, the importance of which we have scarcely as yet recognised, and which we may to-day follow with advantage. "If the heart is atrophied (or wastes itself) there will be an accumulation of blood within it. When the disease of the substance of the heart is accompanied by dropsy there is a lessening (in strength probably) in the ventricle or cavity;

when the weakness of the heart is due to old age there is dropsy. When there is raising or increase of the heart it presses towards the left side; it is increased by its own fat and is displaced; there may be much fat contained within its covering or pericardium. If it is suppurative disease the heart is pushed forward, it floats or sinks in the fluid and is misplaced." Here we surely have a reference to pericardial effusion. "If the heart trembles or palpitates, has little power, and sinks downwards, the disease is advancing. When there is much beating at the præcordia, with a feeling of weight, when the mouth is hot and languid and the heart is exhausted, the disease is a fever or inflammation." In another place (folio 102), the heart is spoken of as being full of blood which comes or flows from it again. In folio 39, after a description of symptoms, follows a statement to the effect that the heart is distended, the sick man is short of breath, "because the blood has stagnated and does not circulate." This is an interesting expression, but judging from other parts of the papyrus, the word translated "circulate" can only have a vague meaning, implying movement to and fro, just like the expression "periodic blood" in the Hippocratic writings, which seems to imply the circuit of the blood, but in reality has only a similar indefinite meaning. It is evident that the Egyptians knew that blood flowed from the heart, but, like the Greeks, they never seem to have realised that the heart is a pump, nor did they recognise valves.

The Leyden medical papyrus speaks of a paralysis or disturbance of some sort in the blood-vessels of the head, causing blindness and disorder in the body and in the limbs; this seems to be a description of the results of cerebral hæmorrhage. Remedies are suggested to subdue the vascular activity occurring in certain diseases. The various papyri from which I quote deal, of course, with practical medicine, and not with physiology. No distinct definition as to structure or function is to be looked for in them. Only as associated with diagnosis, prognosis or treatment do we get statements as to the nature of the heart, the vessels, and the movement of the blood.

Importance of Medicine and Sanitation of Ancient Egypt.

It is clear from the study of these medical papyri that medicine advanced considerably among the Egyptians, and from them medical and sanitary knowledge has descended to us by two channels, namely, by the Greeks and through the Jewish race, while probably much of it was lost irrevocably. Josephus quotes from Manetho a statement that Osarsiph, who, Josephus says, was the great Hebrew leader Moses, was a priest at Heliopolis, where medicine was taught. It is highly probable that the sanitary laws of the Jews were derived from the Egyptians. Just as the Jews remembered the diseases of Egypt (Deut. xxviii, 60), so they also remembered the sanitary and remedial measures they had learnt there. Those of us who have seen in the later excavations at Knossos the evidences of sanitary knowledge of a somewhat high type possessed by the Cretans, and exemplified among other things by drainage pipes, scarcely excelled by the best of our own to-day, knowing as we do the close connection between Crete and Egypt, may well believe that there we have an example of sanitation derived from Egyptian sources.

In England we have overlooked the importance of Egypt as a primary source of the science and art of medicine. If we regard with reverence the dim traditional form of Asklepias as a founder of our art, and the Asklepieia, where throughout Greece and Magna Grecia medicine was practised and taught, in greater degree should we reverence the much more venerable I-em-hotep, and view with interest the primeval medicine temples and hospitals of Egypt. In the ancient writings of the pseudo-Apuleius, Hermes is described as speaking to the youthful Asklepias as follows, "Thine ancestor, the first discoverer of medicine, hath a temple consecrated to him in the Libyan mountains near the Nile, where his body lies, while his better part, the spiritual essence, hath returned to the heavens, whence he still, by his divine power, helps feeble men, as he formerly on earth succoured them by his art as a physician."

Probably many of the present audience have seen in the Cairo museum the sepulchral stole of Shemkhetnankh, a great physician of the fifth dynasty, who was contemporary with King Sahura, and who is described in the stole as the principal physician of the Royal Hospital. His name, which is doubtless a title given to him by the monarch, means "he who possesses the things that give life." It is interesting to find that five thousand years ago a hospital should exist, associated with and under the patronage of the Pharaoh, and having its own staff of physicians. And it is manifest that our calling held a distinguished position at the time when art and learning in Egypt were at their zenith.

Testimonies as to I-em-hotep.

I-em-hotep rises before us as one of those intellectual giants who take all knowledge for their province. In his comprehensiveness he surpasses Leonardo da Vinci, or our own Linacre; he is distinguished as a physician, a minister of the King, a priest, a writer, an architect, an alchemist, and an astronomer—great in all, but greatest in medicine, in the view of Egypt he is a god.

In the reign of Tosorthros, of the third dynasty, some six thousand years ago, we meet with the wise I-em-hotep in an inscription describing the seven years of famine which befell Egypt in consequence of a succession of low Niles. He is there the adviser of Pharaoh, to him the King applies in his trouble for counsel and help.

In the inscriptions in the temple of Edfu he is described at length as the great priest I-em-hotep, the son of Ptah, who speaks or lectures. Perhaps his discourses or lectures were on medicine? Elsewhere he is described as the writer of the divine books. It may here be remarked that probably Ebers' papyrus was one of the six divine books attributed to Thoth ceremonially, but not improbably in large part the work of I-em-hotep. Manetho, while speaking of his eminence as a physician, refers to him also as an architect, the first to build with hewn stone. Not improbably he built the step pyramid of Sakkara, the tomb of his patron Tosorthros. Manetho also suggests that I-em-hotep improved and completed the hieroglyphic script of Egypt. In the Hermetic literature he is famed for his knowledge of astronomy or astrology. The Westcar papyrus describes him further as an alchemist and magician. These powers were always associated with medicine, and even to-day in the popular view are not entirely dissociated from it.

What share I-em-hotep may have had in these early discoveries of the movement of the blood we do not know. It does, however, seem clear that the Egyptians had discovered certain elementary facts and knew as much as the Greeks, as much as we find in the Hippocratic writings, or in those of Aristotle and the later Alexandrian school, and the hypothesis seems a natural one that the knowledge possessed by the Greeks was acquired from Egypt.

Methods Employed by the Egyptian Physicians.

I may mention in passing that although the medical papyri which have come down to us are no doubt only an insignificant fraction of those possessed by the Egyptians, we nevertheless find in them abundant reference to medicine and surgery. In the Kahun papyrus obstetrics is dealt with. Gynæcology, also ophthalmology, materia medica, and dentistry, are dealt with in others, and even veterinary medicine was treated of in a papyrus, a fragment of which was found by Professor Flinders Petrie.

As regards materia medica, the Egyptians possessed the following drugs:—Lactuca, various salts of lead, such as the sulphate, with the action of which in allaying local inflammation they were well acquainted; pomegranate and acanthus pith as vermifuges, peppermint, sulphate and acetate of copper, oxide of antimony, sulphide of mercury, petroleum, nitrate of potash, castor oil, opium, coriander, absinthe, juniper (much used as a diuretic), carraway, lotus, gentian, mustard,

ox-gall, aloes, garlic, and various bitter infusions; mandragora, linseed, squills, saffron, resin, and various turpentine products; cassia, certain species of cucumis, cedar oil, yeast, colchicum, nasturtium, myrrh, tamarisk, powdered lapis lazuli, vinegar, indigo; the oasis onion, mastic and various gums, mint, fennel, hebanon or hyoscyamus, magnesia, sebeste (a tonic and a cough medicine), lime, soda, iron and a great number of other agents, the names of which no one can at present translate.

Surgical instruments and the actual cautery were in use, also steam inhalations, massage, ointments, plasters, poultices, suppositories, injections and emetics; and the importance of temperature in disease was recognised to some extent.

Prescriptions were written out in due form, and sometimes at great length, fully equalling those of the most enthusiastic therapeutist of our own day. The longest prescription I have read contained thirty-five ingredients. To read it was a formidable task, though preferable to taking it. Some prescriptions are wise and rational, a few strange and repulsive, some associated with charms and spells. Human nature is the same in all ages, hence one was not surprised to meet with hair invigorators, hair dyes, cosmetics, pain killers, insect powders, and a soothing syrup, containing opium, for small children, in use 3,500 years ago. It was rather interesting to find that the symbol for a ℈ tenat, often used in their prescriptions, is identical with that indicating a drachm with us, though the amounts are not the same. I trust the drachm will soon be as obsolete as the tenat.

Transactions of Societies.

OTOLOGICAL SOCIETY OF THE UNITED KINGDOM.

MEETING HELD SATURDAY, MAY 21ST, 1904.

DR. THOMAS BARR, President, in the Chair.

THE extra-metropolitan meeting of this Society was held at the rooms of the Faculty of Physicians and Surgeons, Glasgow.

THE DEVELOPMENT OF THE MASTOID AND THE TYMPANIC PLATE.

One of the chief points in this interesting demonstration by Professor CLELAND was that the external surface of the mastoid was not—as generally described—formed by a descending plate of the squama. The so-called "squamo-mastoid suture" was caused by the entrance of branches of the posterior auricular artery into the mastoid bone.

CASE OF OTITIC CEREBELLAR ABSCESS, IN WHICH ABSENCE OF MASTOID ANTRUM FROM PATHOLOGICAL CHANGES WAS OBSERVED.

Notes of this case were read by Dr. PETER MCBRIDE. At the autopsy, in addition to the cerebellar abscesses, pus was found over the tegmen and a small abscess in the occipital lobe. Owing to an apparent improvement following the mastoid operation, the brain was not explored during life, though another operation had been arranged for the day on which death took place.

The case was discussed by Prof. Urban Pritchard, Drs. Kerr Love and Tilley, and Messrs. Cheatle, Hugh Jones, and Ballance. The general opinion was that in health an antrum of some kind was always present, but that after long-standing osteitis it might be almost entirely obliterated.

SECTION OF THE EIGHTH NERVE FOR SEVERE TINNITUS AURIUM.

Dr. R. H. PARRY said that he undertook this operation after clearly explaining to the patient that it was to be regarded as experimental, and after the patient had declined all minor operations. The ordinary methods of treatment had been tried without avail by several aural surgeons. The internal auditory meatus was reached by turning down a bone flap immediately over the ear, separating the dura over the anterior surface of the petrous bone and chiselling into the meatus. The result showed partial relief from tinnitus and complete deafness on that side and absence of vertigo. Facial paralysis was caused, and for this the operation of facial-accessory anastomosis was performed with the usual result.

Mr. BALLANCE thought it was easier to reach the nerve *viâ* the cerebellar fossa, and without stripping up the dura. He preferred hypoglossal anastomosis for facial palsy, owing to the centres being more nearly related and the associated movements being less troublesome. The paper was also discussed by Dr. Kerr Love, Mr. Yearsley, and the President.

Mr. RICHARD LAKE reported

A SUCCESSFUL CASE OF REMOVAL OF ALL THE SEMICIRCULAR CANALS ON ONE SIDE FOR THE RELIEF OF VERTIGO.

There was considerable shock lasting for one hour after operation. Cerebral irritation, nystagmus and inability to turn to one side lasted for a few days. In four weeks the patient could do anything without fear of falling. Fourteen weeks had now elapsed since the operation and there had been no return of the vertigo. Tinnitus was not affected by this operation.

The President, Mr. Cheatle, and Dr. Milligan congratulated Dr. Lake on the brilliant result. Dr. Milligan had performed the operation three times with one partial and one complete success.

INDICATIONS FOR OPERATIVE INTERFERENCE UPON THE LATERAL SINUS AND INTERIOR JUGULAR VEIN WITH ILLUSTRATIVE CASES.

Dr. NICHOLL, in this paper, classified the operations as follows:—(1) *Obliteration of the sinus* (*a*) on account of some involvement of the walls or contents of the sinus itself; (*b*) on account of some affection of the jugular vein. (2) *Ligation with or without excision of the vein* (*a*) on account of some affection of the vein itself—(i) Wound of the vein; (ii) to facilitate removal of cervical glands; (*b*) Disease or injury of the sinus. (3) Ligation of the vein as a preliminary to some mastoid operations (*a*) where cervical glands are enlarged (tuberculous), (*b*) where disease probably extends to the sinus.

Papers by Drs. Brown Kelly, Galbraith, Connal, and Mr. McLeod Yearsley were held over for want of time.

The following cases and specimens were exhibited:—

The PRESIDENT. A case of temporo-sphenoidal abscess operated on by Prof. Macewen. 17 years.

The PRESIDENT and Dr. J. H. NICHOLL. Cerebellar abscess operated on by Dr. Nicholl six years ago. Case of pulsating tinnitus unrelieved by ligation of vessels.

The PRESIDENT and Dr. CONNAL. Two cases of removal of large exostosis of external auditory meatus, by post-auricular route.

Dr. CONNAL. (*a*) Acute empyema of mastoid with giddiness and vomiting. (*b*) Relief of facial paralysis by radical mastoid operation.

Dr. BROWN KELLY. Cases of insufficiency of hard and soft palate.

Dr. W. S. SQUIRE. Radical mastoid operations. In one no antrum was found; in the other packing was discontinued on the twelfth day with good result.

Dr. FULLERTON. Case after operation for cholesteatoma.

Mr. CHEATLE. Temporal bones showing variations in positions of antrum and jugular fossa.

Dr. KERR LOVE. Stereograms illustrating anatomy of the ear and nose.

Edelmann's continuous tone series. Chart of examination of thirty-three deaf mutes.

Dr. ALBERT GRAY. Microscopic and macroscopic anatomical preparations.

Experiments to illustrate recent researches on the physical nature of vowel tones and their bearing on movements of the tympanic membrane. In the absence of Professor McKendrick, this demonstration was given by Dr. Colquhoun.

The members and visitors were most hospitably entertained by the President at luncheon and dinner.

A MEETING of the Pathological Society of London will be held at the Lister Institute, Queensbury Lodge, Elstree, on Saturday, July 2nd, in the afternoon. A train will leave St. Pancras at 1.50, returning from Elstree at 6.23, and reaching St. Pancras at 7 o'clock.

Special Articles.

BRITISH SANATORIA FOR CONSUMPTION.—XLII.

[BY OUR SPECIAL MEDICAL COMMISSIONER.]

THE BROMPTON SANATORIUM, HEATHERSIDE, CAMBERLEY.

THE new sanatorium and convalescent home in connection with the Brompton Hospital for Consumption and Diseases of the Chest, although not sufficiently complete for occupation, was formally opened by Their Royal Highnesses the Prince and Princess of Wales on Saturday, June 25th. At the present time, for the purpose of this series of articles, it will only be possible to indicate the chief structural features.

The sanatorium is situated on the Cobham Ridges, in Surrey, 400 ft. above sea level, 30 miles from London, two miles from Frimley Station, and three miles from Camberley. The grounds, 20 acres in extent, overlook Frimley Common, and afford views of Farnborough and Aldershot; and on the horizon appear the Hog's Back and the heights of Crooksbury Ridges.

The buildings are surrounded on all sides, except the south, by the pine woods of the Heatherside estate. These pines, which are of several varieties, provide considerable shelter from the north and east winds and also secure shade during the summer heat.

The soil is of gravel and sand, belonging to the upper Bagshot series. The climate is said to be dry, sunny, and bracing. The mean rainfall is 23 in., the number of rainy days 183, the relative humidity 82·8 per cent., the amount of clouds 7·4, the mean annual temperature 48·6° F., the mean maximum 57·1° F., and the mean minimum 40·5° F., with a range of 16·2° F.

The sanatorium has been two years in construction. The principal portion consists of a two-storeyed block of stellate form, rising into three storeys in the central part. The buildings have much the form of a St. Andrew's cross. The central portion is mainly administrative, and includes board and day-rooms, matron's apartments, consulting room and pharmacy, together with two three-bedded wards on the ground and first floors. The apartments on the third storey are arranged for the use of the domestic staff.

The four radial pavilions extend outwards in such a way that the patients' quarters face S., S.S.W., and S.S.E. The height of the wards is 10 ft., and the cubic space per patient about 1,300 ft. In addition to the main staircases, a fire-escape staircase is placed at the outer end of each pavilion.

A detached sanitary tower is situated on either side of the central block and between each pair of radial pavilions.

There is accommodation for 100 patients—twelve wards containing three beds each, eight wards two beds, while the remaining forty-eight are single rooms.

At the north side of each pavilion behind the wards is placed a somewhat narrow but moderately well-lit and ventilated corridor.

The wards, although rather small, are well designed, but the window space is too limited. There are no balconies in the front of each pavilion, except to the one on the north-west, and this has apparently only been added in consequence of the slope of the ground. The windows, however, of the lower storey of most of the pavilions allow of bed patients being wheeled out into the open. It should be added that the three-bedded wards at the outer end of each pavilion are particularly well constructed, allow of free cross-ventilation, and have in one angle a circular sun-recess, while at the other is a fire-escape staircase. These end wards on the first floor have a well-constructed balcony which should prove of much service.

To the north of the main building is a belt of lawn and flower beds, beyond which lies a second group of buildings consisting of a central assembly room, evidently designed to serve as a large recreation room, with a dining hall on either side. Behind these are situated the kitchens. Separate buildings have been erected for the medical officers and nurses. At another part of the grounds are laundry, engine and boiler house, mortuary, post-mortem room, and pathological laboratory.

The institution is to be lighted by electricity generated on the premises. Electric motive power will be used in the laundry. It is intended that heating shall be by hot water radiators, and only the larger wards contain fireplaces.

Water is obtained from the Frimley water works, and the drainage is connected with the Frimley main drainage scheme.

The sanatorium should go far to meet an urgently pressing need, for we understand it is to be open to the indigent consumptive without payment. It is also intended to serve as a convalescent home for other chest cases treated in the parent institution at Brompton.

The design of the sanatorium is no doubt ingenious, and there are many features of interest and much that is deserving of high praise; but we venture to think that some exception may be taken to the site, and certainly the plan of the buildings and arrangement and construction of some of the wards may well be subjected to criticism. Many will object to the use of radiators. The position of the sanitary blocks we consider unfortunate. In actual working we fear it may be found that the stellar form of arrangement will tend to the stagnation of air and the blocking of light while affording inadequate protection from winds.

The expense entailed, including the cost of the land and erection and furnishing of the building, amounts to £70,000, and it is estimated that the maintenance of the sanatorium will require at least £10,000 per annum.

The architect is Mr. Edwin T. Hall, F.R.I.B.A., and the contractors Messrs. Holliday and Greenwood.

France.

[FROM OUR OWN CORRESPONDENT.]

PARIS, June 26th, 1904.

MEDICAL TREATMENT OF METRORRHAGIA FROM FIBROMA.

CALLED to a woman, writes Dr. Huchard, suffering from a fibroma, the practitioner cannot at the very outset advise an operation. The idea of an operation always frightens the family, and before hinting at such a possibility it is better to try medical means, which consist chiefly in physical and therapeutic agents.

Among the former may be mentioned *hot irrigations*, practised with pure boiled water at 113° F., by means of a douche containing from three to five quarts, and repeated twice or three times a day. *Electricity* can be used by any practitioner. It suffices to have a battery of continuous current giving intensities of 50 to 80 milliamperes. That of Darrion, adopted by Lucas-Championnière, is the simplest. The vaginal electrode is composed of a platinum rod covered at its extremity with a conic pad. The abdominal electrode is a large disc of celluloid kept moist to diminish the resistance to the passage of the current.

At the first sitting, 50 milliamperes should not be exceeded. The current, at this intensity, is allowed to pass five minutes and is then gradually diminished for seven other minutes, when the electrodes are withdrawn and a vaginal injection terminates the *séance*. After this, the patient rests a few hours; a slight bloody discharge, which sometimes becomes sero-purulent, may occur. These possible accidents can be prevented, however, by antiseptic injections.

In the second sitting, a week later, the intensity of the current can be brought to 70 or 80 milliamperes for five or six minutes, and then gradually diminished for ten minutes more. In successful cases, the pain is

eased, and the hæmorrhage ceases; but in many cases the results are not so brilliant. The electric treatment should be continued for months, once or twice a week. The counter-indications are—pregnancy, nephritis, diarrhœa.

Hyper-mineral treatment.—Waters containing chlorides and sodium (Salins, Salies de Bearn, &c.) enjoy a deserved reputation in the treatment of fibromata; but they act less against the hæmorrhage than the pain arising from compression. They may be prescribed for fibroma of slow development, as those observed at the menopause; also in cases of very large inoperable tumours. The tumours which produce average hæmorrhages, at more or less long intervals, are those which derive most benefit from the hydro-mineral treatment.

For patients who cannot go to the waters, compresses of salt water should be prescribed. A towel steeped in cold salt water (9 oz. to a quart of water) is applied to the abdomen and covered with a thick layer of wadding, with oiled silk or gutta percha leaf over all. The compress will be kept on, at first two hours, gradually increasing the time until it can be borne a whole night. The treatment lasts one month, and is renewed three or four times a year. The effect on the uterus is frequently very evident; the organ becomes decongested, and the hæmorrhage less abundant.

The medical agents are diverse, but three predominate—ergot of rye, hydrastis canadensis, and quinine. Others less used are cannabis indica and adrenalin.

The ergotin can be administered in injections, mixture, or pills. The injections (ergotin yoon) are easily done, and cause no accident, but are not very trustworthy. Sometimes it is well to associate with the ergotin hydrastis canadensis.

Fluid extract of hydrastis canadensis, ℥j;
Ergotin (yoon), ℈j.

Twenty drops three or four times a day.

Injections of hydrochlorate of hydrastinine arrest hæmorrhage very promptly.

Hydrochlorate of hydrastinine, gr. x;
Water, ℥iiss.

Inject one syringe (gr. i) two or three days in succession.

The following pills are a good combination:—

Hydrobromate of quinine, gr. ij;
Hydrochlorate of hydrastinine, gr. ss;
Ergotin, gr. j.

For one pill; two daily.

These pills can be prescribed for ten days. The ten following days recourse can be had to cannabis indica or adrenalin. This latter has frequently succeeded—ten drops of the solution (1—1,000) morning and evening. Sometimes accidents occur: sensation of anguish and cardiac arhythma. The treatment should be carefully watched and suspended on the slightest unfavourable symptom.

Germany.

[FROM OUR OWN CORRESPONDENT.]

BERLIN, June 25th, 1904.

AT the Society for innere Medizin, Hr. F. Krause reported a case of

PRIMARY DIPHTHERIA OF THE PELVIS OF A KIDNEY CURED BY OPERATION.

Such a cure had not hitherto been recorded in surgical literature. A servant-girl, æt. 24, in her first pregnancy complained during the whole term of pains in the right part of the abdomen. She was confined in June of last year. A week after she was ready for work again, but was taken ill again three weeks later, and was received into hospital, whence she was again discharged a fortnight afterwards. On September 13th shivering, vomiting, and high temperature were observed, and she was admitted into hospital again in a serious condition. There was extreme sepsis, but nothing pointing to any locality except pain in the region of the right kidney. The ureteral catheter was used. There was slight cystitis, but not enough to account for symptoms, and the urine from the left kidney was normal. Not a drop of urine, however, came from the right kidney, not even when the catheter was advanced into the renal pelvis; but some greasy stuff was adherent to the eye of the catheter. The right kidney, therefore, was diseased. As the pulse was 140, and barely to be felt, and the temperature was 105°, and there were violent rigors, the necessity of speedy operation was evident. The kidney was exposed by the oblique loin operation and was found to be very adherent, especially in its upper part. As the adhesion could not be separated with blunt instruments, the peritoneum was opened and the kidney was now drawn out beyond the abdomen, so that it could be opened without danger of infection. Sterile gauze was packed in all round. The kidney was not enlarged, was bluish-red, and rather softer than normal. On opening, the kidney was found to be full of a greyish-white mass firmly fixed, so that it had to be removed with the sharp spoon. The mass felt gritty and consisted of necrotic tissue with uric acid salts. The kidney was left open, stitched into the wound and packed with sterile gauze. No antiseptics were used. The next morning, the temperature was still 105°F., but fell to 100° in the evening, and the next day all the symptoms had improved. A fistula remained for some weeks, but the patient now had every appearance of blooming health.

Hr. Maragliano, Krause's assistant, said that a microscopical examination showed the disease to be diphtheria. The wall of the pelvis of the kidney was necrotic. In the renal substance, there were only interstitial changes, round-cells, but no abscesses. It was a case of diphtheroid inflammation of the pelvis of the kidney. Ten weeks after the operation examination showed a very slow excretion of urine; later it became normal again, but the urine contained traces of pus and albumin, which had now, however, disappeared. After much investigation he had come to the conclusion that the disease was primary.

Hr. Oestreich said that he had made an autopsy on a similar case a few days ago. There were diphtheritic necroses in the pelvis of both kidneys.

At the Medical Society a case of

PRESSURE STASIS

was shown from v. Bergmann's Klinik. A young girl was squeezed violently between a washing machine and the wall. She was at once taken into hospital, where she complained of pain in her back, but nothing like a contusion could be found. On the other hand, however, the patient exhibited a horrible appearance: the face was swollen, and coloured a bluish-black, the eyeballs projected, the eyelids were swollen and the conjunctiva reddened. Within the discoloured area were punctiform and streaky petechiæ. The discoloration ceased at a sharply defined line at the larynx, but there were extensive petechiæ on the neck and arms. The fundus oculi was normal. This change in the head was a hæmorrhage at a distance from the part injured. It depended on the fact that the veins of the head and neck possessed no valves, and that an increase of pressure in the thorax or abdomen was communicated to the veins of those parts and caused extravasation. Notwithstanding the dreadful appearance the prognosis was favourable when there

were no complications. It was remarkable how quickly the symptoms subsided.

Hr. Orth had performed an autopsy on such a case, and had ascertained that the brain and its membranes did not show the least trace of hæmorrhage, whilst the mucous surfaces of the nose and neighbouring cavities were bluish-black

Hr. Wesselz had examined the fundus oculi in a number of such cases and had never seen hæmorrhage in the fundus. The intra-ocular pressure prevented such extravasations.

Austria.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, June 25th, 1904.

GASTRIC PERFORATION.

At the Gesellschaft, Clairmont recorded the history of six cases of perforation of the stomach on which he had operated with three deaths and two successes. In two of the deaths peritonitis appeared early after the operation, while the third succumbed from the dehiscence of the sutures. The two recoveries were gun-shot wounds that came under observation soon after the accidents. One of the deaths was operated on for ulcus ventriculi, which seemed to improve for some time but suddenly changed and died without much warning. In this operation he has endeavoured to reduce accidents to a minimum by administering ether, washing out the peritoneum with a solution of sodium chloride, as well as the stomach, before attempting union. For ulcerative perforation he has performed the plastic operation by covering the opening with a firm piece of peritoneum. In favourable cases he also practises jejunostomy for gastric ulceration with even greater success than with flaps, as nutrition can be earlier commenced to sustain the patient. Another very valuable adjunct in the treatment of these cases is a liberal injection subcutaneously of an infusion of common salt, which should be no less than six or seven litres.

Eiselsberg thought that jejunostomy was the safer operation where emaciation was pronounced, as many of these cases died from inanition even when the operation ran a favourable course.

ERYTHEMA INFECTIOSUM ?

Escherich exhibited two girls with an exanthematous eruption which was neither scarlatina, measles, nor rötheln, yet epidemic with an incubation of fourteen to nineteen days, and occurring among children between four and ten years of age. It begins on the face in large spots or exanthems, having a slightly papular appearance after developing, confining itself at first to the naso-labial folds of the face and subsequently extending to the trunk and extremities. The fever lingers eight to ten days without much general disturbance constitutionally.

Escherich said this exanthem had in recent times become more frequent, and should be carefully diagnosed from scarlatina, measles, &c. Different names appear to have been applied to the disease according as the differential diagnosis struck the observer, such as "erythema infectiosum," "megalerythema epidemicum," &c.

EPITHELIAL CARCINOMA AND RADIUM.

Exner brought forward an elderly woman, æt. 73, who had suffered for three years with cancer on the right cheek. Owing to the extent and position of the neoplasm the radical operation was quite out of the question when she presented herself. The next form of treatment that suggested itself was to scoop out the ulcer as far as could be done and then commence some of the rays.

This was done and the rays of radium applied from October 1st to 26th, 1903. After this period nothing was done, everything being allowed to remain quiet. By this treatment the tumour began to decline gradually; the wound has healed up, and scarcely any trace of infiltration can now be observed.

OSTEO-SARCOMA IN THE SPINE.

Schrieber showed a lad, æt. 18, with a large sarcoma in the cervical region of the spine. Two years ago the lad commenced to complain of pain in the back, arm and left shoulder. Later a tumour began to form about the cervical portion of the spine which was at first firm, but subsequently assumed a bony hardness, which was finally proved to be a dense osteo-sarcoma.

IMMUNHÆMOLYSIS.

Kreide and Mandl recorded the results of their experiments on the immunity of mother and offspring by the application of immunhæmolysin. They find that intra-uterine injection of the fœtus with extraneous blood produces immunhæmolysin in the blood of both the mother and the child, having a specific character.

TUBERCULOUS INOCULATION.

Salzer next presented three cases of inoculated tubercle. The first had the disease conveyed to the right hand, skin, and glands, the second was located to the under lip; while the third was confined to an isolated patch, or tuberculous ulcer, on the left ala of the nose, probably auto-inoculation from the lung disease which was present. The two first suffered from no severe or general form of the disease, but for years attended to tuberculous patients, from whom the disease must have been transmitted by contact.

Riehl remarked that the first two cases were typical contacts.

FRACTURE OF CRANIUM.

Kirchmayer presented a youth, æt. 15, who had been thrown from a bicycle and received a star-shaped fracture of the cranium with rupture of the arteria meningea media. After trepanning, the hæmorrhage could not be checked till a tampon was placed. The patient recovered, and the wound healed, being finally closed by making a plastic operation from the periosteum taken from the olecranon of a disarticulated arm, which has quite completed the cranial opening.

TUBERCULOUS MENINGITIS.

Jellinek presented a young man, æt. 24, who had exhibited all the symptoms of tuberculous meningitis, such as unconsciousness, right facial paralysis, pulse retardation, &c., and after fourteen days quite recovered. The radioscope revealed adhesions in both pleura as well as enlarged lymphatic glands. The cyto-diagnostic result revealed lumbar fluid, which also confirmed the diagnosis of tuberculous meningitis. The patient is now perfectly well, and has no trace of any pathological weakness.

The Operating Theatres.

GUY'S HOSPITAL.

TWO OPERATIONS FOR DISCARDING THE BIG BOWEL FROM THE GASTRO-INTESTINAL TRACT.—Mr. ARBUTHNOT LANE operated on a woman, æt. 49 (but whose appearance was that of 65), for chronic constipation. She had for many years suffered from constipation of progressively increasing severity. It caused her much pain, tenderness, flatulence, and distress. At a comparatively early period she manifested all the evident symptoms of premature decay with which one is now so familiar as the result of a protracted stay of fæcal matter in the large bowel. These are, roughly,

staining and pigmentation, especially about the eye, the neck, the folds of the axilla, and at any point where even slight pressure is habitually exerted; a nasty pasty-white skin, flaccid and loose because of the absorption of fat from the subcutaneous tissue, an unpleasant smell from the whole body, especially from the flexures and folds, the teeth decayed, and the gums about them swollen, pus welling out from about the roots, large thick tongue, the abdomen flaccid and loose, there being little or no evidence of muscle fibre in its wall, the cæcum distended, elongated, and dilated and occupying almost the whole of the true pelvis, that portion of the colon which extends as high as the hepatic flexure being dilated and sacculated, fixed to the abdominal wall externally, and very sore on pressure; the right kidney displaced downwards by the drag constantly exerted on it by the loaded cesspool, while the small intestine was abnormally full of fluid material, and at times the stomach had a difficulty in getting rid of its contents, so that nausea and sickness ensued. The patient's hair was dirty white, and her conjunctiva yellowish and opaque. Her life had for years been rendered miserable by the distress she had suffered in consequence of the chronic obstruction. Under these circumstances she willingly accepted the risks of any operation likely to afford her relief. Consequently, Mr. Lane opened the abdomen in the left iliac region, verified the conditions of the bowel already referred to, freed the strangulated sigmoid as far as he could from the adhesions which bound it down in the iliac fossa, divided the ileum near its lower end, closed both extremities, and then made a large communication between the proximal part of the ileum and the sigmoid.

The relief obtained from the operation was very great, and the patient looks already much younger and healthier than she did previously.

As a contrast to the last case, Mr. Lane operated on a girl, æt. 25, for extreme constipation. All the evidence of mechanical changes in the big bowel and of the absorption of products from it, described in the last case, were very marked in this one, except that, of course, they were not so advanced. The pain in this case was, however, a very prominent feature, the condition of her abdomen being a constant source of distress to her. The same operative procedures were adopted in this instance. Besides the usual changes in the large bowel, to which Mr. Lane has made reference on previous occasions, there was a certain amount of adhesions between the coils of the small intestine. When adhesions exist in this locality the complete freedom from pain, he pointed out, does not immediately follow the operation, the process of recovery being delayed in proportion to the interference of the function of the small bowel which is produced by the adhesions. This, he thought, was a very important point to be taken into consideration in performing this operation, in that it should not be put off, if possible, till the mechanics of the small intestine had been interfered with. When a new operative procedure is suggested it is natural, he remarked, that for some time it is confined chiefly to the most severe and advanced cases, and it is only after the lapse of some time that it comes to be applied to cases of medium severity. That this treatment of a damaging condition of constipation will become exceedingly popular and beneficial he has no manner of doubt, but, like most novel treatments involving a certain amount of skill on the part of the surgeon and risk on the part of the patient, it is sure to be but rarely considered applicable for a certain time to come. At the same time, an increasing familiarity with the operation and its successful results will soon give the surgeon complete confidence in its utility. A point of great interest at the present moment, he thought, was the confirmation by Metchnikoff ("Etudes sur la Nature Humaine"), from an evolutionary standpoint, of the uselessness if not the serious disadvantage of the large bowel in our present state of civilisation.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 29, 1904.

PROFESSOR KOCH'S PRESENT POSITION ON DUAL TUBERCULOSIS.

INTENSE interest was last year excited in the United Kingdom by the startling announcement of Professor Koch as to the duality of human and comparative tuberculosis. In spite of the authority naturally attached to any utterance coming from the discoverer of the tubercle bacillus, that particular statement was received with the greatest possible incredulity. The greatest bacteriologists and scientific medical authorities in this country did not hesitate at once to express their doubts in public. Subsequently, the Commission appointed to inquire into the matter has returned a verdict absolutely controverting Professor Koch's latest theory, and emphatically confirming the common origin of tuberculosis in mankind and in the lower animals. It is obvious that economic issues of the greatest importance to the community are involved in the settlement of this point. If there be no connection between the two maladies then it is no longer necessary to fight consumption by the destruction of the flesh of tuberculous cattle and of the sterilisation of the milk from cows similarly affected. Then, again, the vast aggregate of infantile tuberculosis must be accounted for by some other than the generally accepted explanation of infection by milk through the intestinal tract. Indeed, the whole range, both of causative and preventive measures

with regard to tuberculosis, would have to be modified more or less completely from one end to the other if we accept the later views of Professor Koch. After deliberate inquiry and experiment, a body of our most trustworthy and highly scientific countrymen, deliberately chosen as best fitted for the investigation, have pronounced his theory to be fallacious. It seems impossible to doubt the accuracy of that finding, even after the high authority of Professor Koch has been allowed the highest possible weight. What can it all mean? Can it be that Professor Koch has hit upon some form of tubercle bacillus that is peculiar to some of the lower animals, while the British investigators are dealing with a modified human bacillus that is capable of infecting both man and beast? It is difficult to believe that so accurate and experienced an observer as Professor Koch has not some tenable grounds on which to base so vital a conclusion. For all that, it is impossible to forget that his tuberculous treatment, which took the world by storm with all the violent suddenness of a South Sea Bubble, proved to be an unsubstantial figment. The curious part of the situation is that the interim report of our Royal Commission was received a few weeks ago by the German savants with almost universal doubt. Professor Koch, who has since returned to Berlin, is said not only to have remained unshaken by the adverse finding, but to have even asserted that the Commission confirms his views. He says, according to a letter by a special correspondent of the *Daily News* of June 24th: "The report of the Royal Commission does not contain a single fact to make me change my opinion, which is based on very careful experiments, not only made by myself and my assistants, but also by other medical men of the highest standing. It is for my opponents to prove that I am wrong. I have tried for years to find a case in which tuberculosis was transferred from animals to men. Three years ago the Prussian Minister for Public Instruction, at my request, instructed all physicians in charge of the large public hospitals to report all cases which came to their notice of bovine tuberculosis having been transmitted to man, and up to this day we have been waiting to hear of the first case. As long as the Royal Commission does not show me a case in which such infection is proved I cannot believe in their assertions. Veterinary surgeons say that a half per cent. of all cows have bovine tuberculosis, yet the Royal Commission cannot state a case of a man being infected by drinking the milk of such cows. I lay such great stress upon this fundamental question because I should like to prevent the further enormous waste of money caused by the false views of the possibility of bovine tuberculosis being transmitted to man. How many millions are wasted by the killing of animals, the flesh of which is said to be dangerous, and for the sterilisation and pasteurisation of milk, apart from the fact that the milk loses many of its good qualities by that process? If all these millions were saved and spent on really practical means for combating tuberculosis one might have a chance of getting the mastery over it." In spite of these emphatic statements it will take a great deal to persuade scientific medical men in this country that bovine and human tuberculosis are not due to a common specific infection.

ST. GEORGE'S AND HOSPITAL CENTRALISATION.

THE question of hospital centralisation has been once again brought prominently under the notice of the public. The determination of the St. George's Hospital governors last week to remain on their present site brings the whole matter, with all its doubts and difficulties, within the range of arguable social politics. Not many months have passed since the authorities of that famous London institution won approval in many quarters by deciding to remove from Hyde Park Corner to some suburb where there would be more urgent need of a great hospital, where land would be less costly and where the vicinity of a poor population demanded services of the kind. Our own freely expressed opinion of the removal scheme was one of unqualified approval. The circumstances of St. George's Hospital, in some respects peculiar, appeared to more than justify the change then contemplated. The hospital, it need hardly be pointed out, is situated in the centre of one of the most fashionable quarters of London, within a stone's throw of the King's Palace and bordering on Hyde Park. There is no resident poor population close at hand, although, on the other hand, domestic servants, from the circumstances of the case, furnish a considerable proportion of the patients attending the institution. The value of the site is enormous. The money thus locked up could, if capitalised, be made to provide far larger premises in a more open neighbourhood somewhere in the suburbs, where land is cheaper and landlords less exacting. St. George's, under present conditions as to available ground area, cannot hope to provide a proper amount of space and accommodation for patients, for students and its teaching and administrative staff. In other words, under present conditions the expenditure of the funds of the hospital cannot be made to yield a fair return. St. George's, however, in spite of the vigorous presentation of these and kindred facts, has adopted what we regard as the retrograde policy of remaining in its present costly and fashionable neighbourhood. In arriving at that decision it has followed the example of the ancient and wealthy hospital of St. Bartholomew's, the reasons for retaining which in the heart of London at a fabulous expenditure of money have never been satisfactorily given. The only hospital that has hitherto had the courage to act up to the dictates of reason and common sense in the matter of removal from the central square mile or so of the metropolis is King's College. In shifting its organisation to a densely populated district of South London that institution has, we trust, entered upon a fresh life of usefulness and activity.

Why St. Bartholomew's, St. George's, Charing Cross, and Westminster, to mention these alone, should cling to central London when there is a vast field open to them in greater London is not altogether clear. Sentiment, no doubt, plays a considerable part in the matter, and as such must command our respectful sympathy. Sentiment is outweighed, however, by the need of ample bed-space and fresh air for the sick, together with the desirability of having a hospital service as near as may be to the doors of the population which is thereby relieved. Perhaps stronger than sentiment is the element of propinquity. Nearness is an attraction to the philanthropists who so nobly provide the time and attention necessary for the proper management of charitable institutions. So, too, it is convenient for the medical staff. But whether for good or for evil, the authorities of two of our great hospitals have decided against urgent proposals to remove from central London to the suburbs. Some day the outer metropolis will build its own great hospitals, and then the ancient central institutions may find themselves more or less in the situation of Othello, with "their occupation gone." At the root of this question of centralisation of the great hospitals lies the wider one of the combination of rival interests. Any great scheme of combined central control could hardly permit the crowding of three-fourths of the great hospitals of London into one central mile to the deprivation of a dozen square miles outside the privileged area. As we have frequently pointed out, the question of hospital centralisation which is being threshed out to-day in London must sooner or later be presented to most of the great towns of the United Kingdom. It is a moot question whether the vast proportion of hospital patients would not be infinitely better off if tended in country quarters. It is to be regretted that the subject could not be reported upon by a committee of sanitary and medical experts, somewhat in the manner of a Royal Commission, with power to call and to examine witnesses. Of course, the composition of such a Commission would have to be absolutely impartial. As regards particular hospitals, the views of the small body, both lay and medical, that nearly always control policy are, as a rule, hopelessly biassed.

Notes on Current Topics.

Beri-Beri in South Africa.

IN the House of Commons last week Dr. Hutchinson, the Member for the Rye Division, called attention to a matter possibly of vital interest to the future of South Africa. In the form of a question he asked the Secretary of State for the Colonies if he had information of the outbreak of beri-beri among the Chinese coolies who had recently arrived in South Africa; whether those who had developed the disease had been actually landed; whether those who had been exposed on board ship to infection had yet been sent up country to the compounds; and whether, having regard to the intensely infectious and dangerous character of the disease, from which South Africa is at present free, he could tell the House what steps had been taken to prevent the spreading of the disease in the colony. By one of the mysterious juggles which seem to form part of the inner life of Parliamentary procedure, it was ruled outside the competency of the House of Commons to discuss this urgent danger. The fact of the matter is that the first shipload of Chinamen imported to work the mines in the Rand brought a number of them infected with beri-beri. If that dread malady once take root in our South African colony the price that will ultimately be paid for the Chinese importation is beyond the power of man to estimate. There can be little doubt that beri-beri results from a specific infection, although its ultimate cause has not yet been isolated. The most recent researches seem to point to its probable origin in rice grain. The epidemic and endemic nature of the fatal malady and its curious combination of motor and sensory palsy with other characteristic symptoms bring its infectious nature within the bounds of tolerably certain assumption. It would be a most undesirable evil to add to the already somewhat full and overflowing burden of South Africa.

Innocency and Malignancy.

IT is coming more and more to be understood, by pathologists, at all events, that terms such as "innocent" and "malignant," as applied to new growths, are clinical and not pathological. Formerly, certain kinds of tumours were at a glance described as falling into one or other class; but at present the pathologist is becoming more and more chary of giving a decided diagnosis on the point. In other words, the microscopic appearance is only one among several conditions which, between them, decide whether a tumour is malignant or not. Indeed, in very many cases the microscopic appearance is valueless without knowing very accurately the part of the growth from which the section has been taken. But even when this is well known, it is often impossible without consideration of clinical characteristics to classify the tumour. Side by side with this growing reluctance on the part of the pathologist to act as the sole judge of malignancy is his growing belief in the absence of any rigid test by which the innocent can be separated from the malignant. Mr. Cathcart, of Edinburgh, who is fortunate in the possession of wide experience, both surgical and pathological, has just published a paper (*a*) drawing attention to the essential similarity of innocent and malignant tumours. In his opinion no tumour is entirely free from associations with malignancy, though as a rule its tendency to malignancy varies inversely with the degree of organisation of the tissue of which it is composed. He supports his conclusions by an appeal to many well-known facts showing the transformation of one class of growth into the other by the degeneration of the type of its cells, and by a description of a series of tumours which show an easy gradation

(*a*) *Brit. Med. Journ.*, June 4th, 1904.

in appearance from the typically innocent to the typically malignant.

Experiments on Animals.

THE yearly return of the inspectors under the Vivisection Act, relating to last year, shows a considerable increase in the number of experiments performed on animals over the preceding year. The total number of experiments performed in England and Scotland was something over nineteen thousand, of which the great majority were of the nature of inoculations, and the increase over 1902 was entirely in this class. In all cases serious operations were performed under anæsthetics, no certificate dispensing with anæsthetics having been granted during the year. The remaining operations, done without anæsthetics, were either mere inoculations, superficial venesections, or feeding experiments. The large increase in the number of inoculations—over four thousand—is due to the greater reliance placed every day on biological tests as diagnostic measures subsidiary to practical medicine and public health. Many county and municipal councils have established bacteriological laboratories for purposes of diagnosis of pathological specimens, and in these an enormous number of experiments are performed day by day. In addition, the routine work of the laboratories in connection with colleges and seats of research has been much increased by their contracting with public health authorities for the performance of similar work. Restrictive and vexatious as are many of the present regulations concerning experiments on animals, it is well that they should be loyally obeyed, if for no other reason but that by such means the confidence of the public may be won to help in getting rid of the more obnoxious. On this account we are glad that the inspectors note that the licensees are desirous of acting in every way in accordance with the spirit and letter of the Act. Only two trivial irregularities occurred, and neither of them involved any cruelty to animals.

Vaccination Frauds by a Medical Man.

THE pressure of the modern struggle of life falls heavily upon the medical profession, owing in a great measure to its disorganised condition. Under such circumstances it is not a little creditable to that particular profession to find a high general standard of unimpeachable honour maintained by its members. Now and then a weaker brother may give way to questionable practices under the stress of temptation, but the occurrence is so rare as to attract universal attention both in lay and in medical quarters. An unfortunate affair of this kind has just been before the Central Criminal Court. The defendant, Hugh Stanley Revell, was a medical officer and public vaccinator in the service of the guardians of the Wandsworth and Clapham Unions, being paid £100 per annum in respect of his duties as medical officer, and by fees, according to the number of persons vaccinated, as vaccination officer. It was noticed recently that the amount of his fees was considerably more than was paid to any of the other vaccination officers in the union, and upon investigation it was discovered that certificates had been issued and fees charged for the vaccination of children who were unknown at the addresses given, for children who had not been vaccinated at all, and for others who were not in a condition of health to be vaccinated. In this way the defendant had obtained from the guardians sums in excess of those he was entitled to. The defence admitted he had yielded to temptation, but he was desirous of making what restitution he could by recouping the guardians some part of the costs of the prosecution. He appealed for the sentence to be postponed until next session, when possibly the Recorder might be able to take a course which would give the defendant an opportunity of redeeming his reputation. The Recorder, in postponing the sentence as desired, said he did not by so doing intend to prejudge the sentence he might feel called upon to pass.

Substitution Legalised.

IT is not often that the Courts are called upon to decide on the merits of a case of substitution of drugs in dispensing prescriptions, or are asked to assess damages for injuries received from such substitution. A case has, however, just been decided in the Supreme Court of New York in which a patient unsuccessfully took action against a drug company for substituting morphia for heroin in the dispensing of a prescription. It appears that the patient, who was known by her family physician to be specially susceptible to the influence of morphia, was ordered by him a proprietary mixture containing 1-24th grain of hydrochlorate of heroin to each dose. The druggist, not having the mixture ordered, substituted another, containing 1-16th grain of morphia per dose, and himself added 1-12th grain of heroin. As a result of taking the medicine, the patient suffered from acute opium poisoning, which reacted seriously on her state of health. The judge who heard the case took the extraordinary course of accepting the opinions of the person who dispensed the medicine as those of an expert witness, although he had no scientific or medical training, and on his evidence alone decided to dismiss the case, stating that there was no evidence of an excessive dose of morphia having been administered. We sincerely hope that if such cases are to find their way into the courts in this country they will receive a different kind of consideration.

Consumption in Ireland.

WE are glad to notice that the claims of the Royal National Hospital for Consumption on the charity of the public are receiving strong support in the daily papers in Ireland, since it is practically the only charitable institution in the country which devotes itself exclusively to the treatment of consumption. Although opened only eight years ago with no more than twenty beds, it has grown so rapidly that no less than a thousand patients have been treated within its walls, and at present there is accommodation in all for sixty-seven patients.

Quickly as it has developed, it has not at all kept pace with the demand for admission, and the Governors are at present engaged in putting up a building to hold nearly forty additional beds. As a temporary measure, and until this new pavilion is ready, twenty patients are at present lodged in tents in the grounds. It is said that this venture is working very successfully, and that the tents are most popular with the patients. We understand it is the intention of the Governors shortly to establish in connection with the hospital an out-patient department in Dublin, where many old patients could be kept under observation, and where patients unsuitable for admission might receive advice as to treatment, as well as instruction in hygienic precautions.

The Diagnosis of Whooping-Cough.

PERTUSSIS is a disease which, when fully developed, cannot well be mistaken for anything else. The characteristic "whoop," when once heard by the student, remains as a definite mental impression indelibly associated with the malady. And yet there are other conditions in which a somewhat similar sound is produced in the upper air-passages, notably in the peculiar noise heard when a foreign body is in the larynx. The so-called "child-crowing," or laryngismus stridulus, differs from the prolonged drawing-in of the breath which is absolutely distinctive of whooping-cough. Enlargement of the bronchial glands will occasionally produce a cough which is not at all unlike that of pertussis. Very young children do not whoop, a fact which is important to be borne in mind, for they may be the source of contagion to others while they are suspected to be merely suffering from bronchitis or broncho-pneumonia. Any irritation which affects the intra-arytænoid region of the larynx is apt to give rise to a spasmodic cough. The true spasm of whooping-cough, however, is brought on almost invariably by excitement, which is often of quite a trivial nature. It is in the early, or catarrhal, stage of the disease that difficulties are most apt to arise. A few *rôles* may sometimes be heard in the chest at this period, but one of the most suspicious signs is the development of a cough which gradually becomes more and more noisy, especially at night. The countenance, too, of the child undergoes a slight change, which is regarded by some as characteristic of whooping-cough. The features become swollen and somewhat dusky, and the eyelids are often of a pink colour. The history of a possible source of infection will generally be a valuable guide. Mistakes, though, may arise, as in a recent case in which an infant was sent home from a children's hospital with broncho-pneumonia and a suspicious "croupy" cough, which was thought to be pertussis.

Alterations in the Death-Rate.

IF the vital statistics of the State of Massachusetts are at all typical, there have taken place during the past half century some interesting and important changes in the incidence of the death-rate. Dr. Whitney, of Boston, has brought together some of these in a recent paper, (*a*) which deserves consideration. Taken as a whole, the death-rate at present is at the same figure as fifty years ago, though at the middle of the period under review it stood much higher. The same statement holds for the male and female rates separately, although the latter has always been the lower. In spite of the general stationariness of the death-rate during fifty years, at two particular periods it shows a marked increase—in the year of infancy and after the age of fifty. In other words, the new-born child has a worse chance of surviving his first year of life, and the person of fifty has a worse chance of living to old age. Dr. Whitney believes that one of the chief causes of infant mortality is the increase of the custom of hand-feeding as opposed to nursing, while, of course, it must be remembered that nowadays overcrowding is a more serious evil than half a century ago, when the population of Massachusetts was only a third of its present size. Taken in conjunction with the decreasing birth-rate, the increased mortality among young children is a serious menace to the stability of the race.

Folk Medicine in East Anglia.

THERE are few more enticing bypaths leading off the main roads of medical study than those bringing us to the beliefs of primitive people in regard to the cure and prevention of physical evils. In some cases we are able to trace curious notions and practices back to obsolete systems of thought, which at one time held almost universal sway, while in other customs we can see but little change, either of development or decay, throughout many centuries. Medical men, especially those living in country districts, would find it a pursuit of no small interest to take note of any folk-customs in medicine and surgery which they from time to time observe. In the best antiquarian spirit, Dr. Plowright has recently collected (*b*) some of the survivals of mediæval medicine which he has himself noticed in Norfolk. Many of the customs he mentions are by no means confined to East Anglia, nor even to Saxon countries, but are very widely spread, as, for instance, almost all those which take origin from the belief in witchcraft. It is not only in Norfolk that an extracted tooth is carefully preserved or carefully destroyed lest the power of witchery might be used by a chance possessor against the original owner. A curious survival of the faith in charms is the custom, also widespread, of carrying a stolen potato in the trouser pocket. This is traced to the ancient belief in the efficacy of the mandrake—of the same natural order as the potato—against various ills. Of medicines proper, one of the most curious mentioned by Dr. Plowright is "syrup of foxes' lungs," said to be useful for "oppressed, hard-drawn breathing." A medicine under this title is still sold by country chemists in the district.

(*a*) *Boston Med. and Surg. Journ.*, May 19th, 1904.
(*b*) *Brit. Med. Journ.*, June 11th, 1904.

although it retains nothing of the composition the title would infer. Another quaint remedy is a preparation of snails, supposed to have a special power in cases of phthisis. We suppose it is as a deduction from "the doctrine of signatures" that nettle-tea is recommended for urticaria, and viper fat for viper bites.

The L.C.C. and Tuberculosis.

THE London County Council are making praiseworthy efforts to grapple with the administrative difficulties that beset the path of an authority attempting to fight tuberculosis. In a General Purposes Bill now before Parliament they are seeking for authority to slaughter cows whose udders contain tuberculous deposits, and it will be generally conceded, *pace* Professor Koch, that it is highly desirable in the interests of milk-drinkers that they should be in a position to do so. Of all forms of bovine tuberculosis infiltration of the udder is the most dangerous, for it has been shown time and again that the milk derived from cows so affected contains actual tubercle bacilli. To say that such milk is unfit for human consumption is a truism, and the dairyman who knowingly or negligently sells it should be amenable to the severest penalties. However, the Select Committee of the House of Commons seem to think otherwise, for they have inserted in the section a clause that the cows are to be slaughtered only on condition that if, after death, the diagnosis is confirmed the owner is to be compensated to the extent of three-fourths of the original value of the animal; whilst if the post-mortem shows that it was not suffering from tubercle he is to be paid its full value, *plus* twenty shillings for expenses. With all respect to the rights of property, it is difficult to see how in equity the owner of an infected cow, which is distributing disease and death among his Majesty's subjects, can be entitled to be remunerated by the community when he is caught selling its milk. Disease in live stock is one of the risks of the business, and one that should be insurable; at all events, it is the owner's risk, and he should take steps to guard against it. But to pay him out of the public rates, and that only when he is discovered by an inspector, is placing a premium on a crime that should be severely punishable.

Miner Surgery.

OF all forms of illegitimate practice none is quite so puzzling to the uninitiated as that of bone-setting. What it is that the bone-setter does, or rather what it is that silly, credulous people believe he does, is a mystery. That he lives up to his name and sets bones is difficult of comprehension, as the reduction of a dislocation is generally performed by the surgeon nearest to the scene of the accident, and unreduced dislocations are too rare to make much of a living out of. But whatever he does, he makes money. The star of the Huttons, *père* and *fils*, has set, and "Professor" Atkinson is no more, but a new luminary has arisen who promises to outshine them all. This individual is a miner in Scotland, who is sixty-three years of age, and appears only lately to have discovered his "gift." He has enjoyed a local reputation for some time, but, having recently been consulted by an international football player, his fame has spread, and he is now treating patients by the hundred. The village of Blantyre, where he lives, has become a regular Lourdes, and every train disgorges crowds of lame and impotent folk coming to be cured—at ten shillings a head. The growth of his practice seems to have been too much for Mr. Rae, for he is reported to be ill in bed from overwork, so that the cures have to stand over till the healer himself is cured. Of course, the patients have all been under the best doctors in the Kingdom, and have been "given up." That one expects, as certainly as one does the instantaneous cure of "spinal" disease and lameness, and such, indeed, is the history of each patient of whom reports find their way into the newspapers. It is to be remarked that the collier surgeon treats bone diseases only, and promises no cure where the deformity is the result of nervous disorder. One would have thought he would have been more successful with the latter class, but perhaps it is only his modesty that makes him distrustful of his own skill among the nervous sufferers.

Hot Water as a Remedy.

THE use of simples in the treatment of disease does not often commend itself to the mind of the patient, even when enjoined by the physician. Too frequently the sick prefer to be ordered those remedies which are the most difficult to procure, or which happen to be fashionable at the time, rather than obey the direction to wash in the Jordan of simplicity and homeliness. The waters of this healing stream have no attractions for them, however well its virtues may be known to those who have dipped therein. We are much in danger nowadays of magnifying the complex and of allowing the merits of the simple in medicine to slip into obscurity. In such matters we can well afford to pause awhile and listen to the precepts of some of the old masters of the healing art. They were content to abide by Nature's laws, and to pay heed to the dictates of common sense instead of being swayed by the fatuous announcements which accompany the entry of every "new" drug upon the market. We are not by any means minimising the labour of the synthetic chemist, to whose experiments, in conjunction with physiological research, modern medicine owes so much; we simply desire to call attention to the fact that there exists the danger of passing over the simpler remedies, or, at any rate, of not beginning treatment with them first. The virtues of hot water, both when externally applied and also when taken as medicine, have long been known. It serves to flush the surface of the gastric mucous membrane, and it would appear even to excite a healthy flow of gastric juice. Dr. George S. Keith, in his little book, "Fads of an Old Physician," lays stress upon the value of a copious draught of plain hot

water in relieving a threatened attack of migraine. If taken early in the morning it will sometimes ensure a normal action of the bowels. The stimulant effect of mere heat is also useful, and as a beverage for dyspeptics, under certain circumstances, hot water is to be recommended.

Women and Medicine.

PROFESSOR T. CLIFFORD ALBUTT presented the prizes, on the 23rd inst., at the London School of Medicine for Women, Hunter Street. In the course of an interesting address he remarked that the lady doctor had come to stay, and there was now no reason for defending a school of that kind. Women had been wise in having a school to themselves, but the time had now come when they must take a step forward and be members of the great colleges and guilds of their profession. He should be glad to see women belonging to such historic institutions as the College of Physicians and the College of Surgeons, and it was an undoubted fact that at the Congress of Physicians men had derived great interest and instruction from papers read by women.

The Ice-Cream Man.

IN these days of panic at the onslaughts of the everywhere microbe, it is no small comfort to learn that some of our fears, at any rate, may be dismissed. It seems that bacteria and ptomaines are not the only deadly agencies in the ices vended from the Italian street barrow. Cold is another factor in the question, and in certain states of the digestion the swallowing of solidly frozen fluids is apt to be attended with serious or even fatal results. That is the view taken recently by the City of London Coroner, Dr. Waldo, at an inquest held upon a boy, eight years of age, who died on Monday morning. It appears that on the Sunday he ate a "good dinner" of salted pork, greens, potatoes and suet pudding; on the same afternoon he bought some acid-drops, and in the evening a halfpenny ice, which was served to him in paper. It seems somewhat unfair in this case to attribute death to the ice, especially as the vendor, one Pizzofero, sold an enormous quantity on the same day, but without other reported misadventure. The Coroner remarked that some time ago he had gone into the question and found that the Italians nearly always boil the milk used in making their ices. The Italian conditions compare favourably with those of some West End establishments where ices are made. It is gratifying to learn on good authority that the ice-cream man is not always so black as he is painted. The merchant from whom he buys his ice is often grossly insanitary. If ice-creams are dubious there is always a judge of appeal at hand in the person of the scientific bacteriologist.

Tampering with Features.

THE primitive desire for personal adornment is not limited to matters of dress and apparel. Personal appearance in both sexes is influenced greatly by different methods of wearing the hair. The devotees of fashion, however, do not stop here, but examine minutely the geometrical proportions and artistic contour of their features in order to improve, if possible, what Nature has provided. The gift of featural perfection is not lavished upon the human race, although some of the peoples of the earth are better off in this respect than others, at least, according to our own preconceived ideas of what is becoming. There are many deluded individuals who, forgetting that facial beauty is not all, deliberately endeavour to "correct" what they are pleased to call the mistakes of Nature. Preying upon this unnatural desire, a perfect horde of so-called "beauty-doctors" has arisen, many of whose methods we have previously denounced in our columns. One of the latest novelties in this direction emanates from Paris in the shape of a special corset for the nose. Whatever form this nasal bulwark may assume—and we have not seen one, nor do we particularly desire to do so—it is readily conceivable that prolonged and severe pressure for the correction of a supposed malformation may be most injurious under certain circumstances. Some forms of hypertrophic rhinitis would be greatly aggravated by the wearing of such an apparatus, while it is questionable if mere alteration in position would have the slightest effect in removing a "bottle" nose or in overcoming a chronic blush. For mere cosmetic effect, it is questionable even if the hypodermic injection of paraffin be at all times justified. To lower the art of surgery to the level of mere facial beautification may be sometimes undignified, but to tamper with the anatomical outlines of the human countenance is one of the most insidious forms of quackery when undertaken by unskilled hands, and for the sake of pampering a foolish vanity.

Petticoats as Bacteria Traps.

THE advocates of the rational dress will find scientific support for their crusade in the researches of Dr. Casaguar, of Rome, and it is to be hoped they may not have overlooked his report on the subject, for it will furnish fine material for making their erring sisters' flesh creep. Dr. Casaguar hired a number of women, presented them with long skirts, and bade them parade the streets of the Eternal City for the space of one hour. On their return he divested them of their garments, and proceeded to examine them bacteriologically. His results were startling. On the skirts he found innumerable bacteria, including the bacilli of influenza, typhoid fever, and tetanus, and from his discoveries many lessons have been drawn to show how much disease and misery may lie hidden in women's nether garments, no matter how attractive their shape, colouring and material. Women will give up wearing skirts at the precise moment when they discover another as suitable for purposes of adornment and as "fetching" to the eye of the male. That day is not yet with us, nor likely to be for some time, and, taken all round, the skirt is about the least unsuitable article of the attire that lovely woman

dons. Let us therefore leave her in free enjoyment of it while she may. The boots of Dr. Casaguar's ladies probably contained the same, if not more terrible, microbes, and no one has yet suggested that women should give up wearing boots. After all, one has to take some risk in one's daily goings-out and comings-in, and we cannot pass through life in a perfectly aseptic condition, however much we may wish and strive to do so. Perhaps, on the whole, it would be better to let the sleeping microbes on the ladies' skirts lie.

The New Brompton Hospital.

THE Brompton Hospital for Consumption and Diseases of the Chest marked a new chapter in its distinguished history on Saturday last, June 25th, when Their Royal Highnesses the Prince and Princess of Wales opened the Sanatorium and Convalescent Home at Heatherside, Camberley. This step provides a country retreat for the consumptive poor, and should do much to further the renown of Brompton. Obviously, its supplementary benefits prove of the greatest possible benefit to many of the cases requiring open-air treatment. It is encouraging to find the Brompton Hospital keeping abreast of the times and taking a common-sense attitude with regard to decentralisation. What reasonable being would deliberately elect to keep his consumptive patients in a crowded city? A description of the new sanatorium appears in another part of our present issue.

PERSONAL.

IT is announced that St. Bartholomew's Hospital has benefited to the extent of £609 through the concert recently given by Signora Giulia Ravogli.

THE prizes to the students of the Royal Dental Hospital of London will be presented by Sir William Collins, F.R.C.S., on Wednesday, July 13th, at 8 p.m.

THE winner of the Warren Prize of £100, in the gift of the Massachusetts General Hospital, for the best dissertation on a physiological, surgical, or pathologica subject, has been awarded to Dr. Max Borst, Professor in Pathological Anatomy at the University of Wurzburg.

HER MAJESTY THE QUEEN attended the Bazaar in Aid of the Victoria Hospital for Children held in the Royal Albert Hall, London, on the 24th inst. She remained some time, and made numerous purchases.

DR. D. J. WILLIAMS has succeeded the late Dr. J. W. Plaxton as Medical Superintendent of the Lunatic Asylums, Jamaica.

DR. J. A. DE WOLF, Surgeon-General of Trinidad, has arrived in England on leave of absence, during which Dr. C. F. Knox acts as Surgeon-General, Dr. J. W. Eakin as District Medical Officer, Port of Spain North, and Dr. E. I. Reid as District Medical Officer, Port of Spain South.

COUNTESS E. V. SCHOUVALOFF is providing a hospital with 100 beds for the seat of war in the Far East, and she will maintain it at an estimated cost of £600 per month.

THE resignation is announced of Dr. A. P. Luff from the post of Chemical Analyst to the Home Office.

DR. MAJOR GREENWOOD will preside at the annual dinner of the Brussels Medical Graduates' Association, at the Trocadero, London, on July 5th.

MR. G. H. MAKINS, C.B., presided at the fourth annual South African Civil Surgeons' Dinner on Tuesday, June 28th, at the Hotel Cecil.

DR. F. M. SANDWITH has been appointed to the teaching staff of the London School of Tropical Medicine.

MADAME MACAIGNE recently read the first paper communicated by one of her sex to the Paris Académie de Médecine.

IT is rumoured that Sir William Turner, K.C.B. contemplates resigning the Presidency of the General Medical Council in the course of the next few months

BIRTHDAY HONOURS.

THE following were officially gazetted on Friday last:—Dr. T. Stevenson, Scientific Analyst to the Home Office, receives the honour of Knighthood. A Knighthood has also been conferred upon Kendal Franks C.B., M.A., M.D., F.R.C.S.I., South Africa; and the following are promoted to Ordinary Members of the Military Division of the Second Class, or Knight Commanders of the Bath:—Surgeon T. Ligertwood, retired pay, late Physician and Surgeon Royal Hospital, Chelsea, with the local rank of Colonel. Deputy-Surgeon J. W. Thornton, C.B., late Indian Medical Service; and Surgeon-General E. Townsend, C.B., C.M.G., Army Medical Staff.

Special Correspondence.

[FROM OUR OWN CORRESPONDENTS.]

SCOTLAND.

MEDICAL WOMEN PRACTISING IN SCOTLAND.—A private conference of medical women practising in Scotland met in Edinburgh on June 18th. It was summoned by Dr. Emily Thomson, Dundee, and was attended by fifty-three medical women from all the larger centres and many of the country districts. The subjects under discussion were—first, the lines on which the future medical education of women should be carried on in Scotland, especially in connection with the destination of a large sum of money which has recently become available for the furtherance of that object in Glasgow; and, second, the possibility of obtaining for women admission to the Fellowship of the two Royal Colleges—a qualification which is necessary in order to enable women to compete for many important hospital appointments. Committees were appointed to take the necessary steps.

SMALL-POX IN GLASGOW.—For the fortnight ending June 11th there were 33 cases of small-pox, a diminution of 15 as compared with the preceding fortnight, and for the week ending on the 18th, 16 cases. The continued prevalence of the disease and its present distribution gives rise to considerable misgiving with regard to its continuance into the autumn months. The nomadic habits of the lodging-house population places the administration at a great disadvantage in dealing with infectious disease among them, and all will agree with Dr. Chalmers, the medical officer of health, in thinking that until we have a system of national revaccination, the need to restrain movement in certain cases is as necessary as the need to revaccinate, and the option to extend both beyond the immediate area of known infection is desirable. In Glasgow the greatest attack-rate is in Dalmarnock, where the hospital is situated.

CHALMER'S HOSPITAL, EDINBURGH.—The hospital will be closed for extensive alterations in the out-patient department and operating theatre during July, August, and September, at the expiry of which period the term of office of Mr. Stiles, the recently elected surgeon, begins. The directors have appointed Dr. D. C. A. McAllum anæsthetist to the institution.

EDINBURGH ROYAL INFIRMARY RESIDENTS' CLUB.—The tenth annual dinner of this club was held in Edinburgh on June 10th. Sir William Mitchell Banks presided over a turn-out of over eighty members. The dinner, which was one of the best attended of all the club has had, owed no small part of its success to the geniality of the chairman, whose reminiscences of old infirmary days charmed all his auditors. The membership of the club is now just about 400, and much of its popularity and vigour are due to the energy of the secretary, Dr. Ker, who was mainly instrumental in founding it some ten or eleven years ago. He has been compelled to resign, and his successor, Dr. Edwin Bramwell, was unanimously elected. Professor Annandale was appointed President for the ensuing year.

WOODBURN SANATORIUM FOR CONSUMPTION, EDINBURGH.—An interesting reunion of former patients was held at Woodburn Sanatorium on May 25th. Some thirty ladies and gentlemen were present, all of whom have been under open-air treatment at some period during the last five years, and no one observing their robust and vigorous appearance would suppose that all of them had been the victims of tuberculosis, some in an advanced stage. Nearly all of them are now able for the work of life again—as clergymen, doctors, students, tradesmen, or in the not less onerous sphere of domestic and social duty. Besides the thirty patients who were present, letters were received from as many more who for various reasons—distance, pressure of business, &c.—were unable to attend. Such a reunion as this seems a most commendable event in sanatorium practice, if for no other reason than the psychological effect it must have on those undergoing treatment at the time by inspiring them with hope for the future through seeing fellow-subjects restored by open-air treatment to active and useful lives.

LEITH AND TUBERCULOSIS.—At last meeting of the Leith Council a report (of which consideration was delayed) was submitted by Dr. Robertson, the medical officer of health. His recommendations are:—Aid should be given to local practitioners in the bacteriological diagnoses of phthisis. Voluntary notification should be adopted. Suitable early cases should be isolated and treated; he suggested that meanwhile they should limit the number of these to twelve—six male and six female. He does not advise the Council to accept the suggestion of the local practitioners to isolate and treat advanced cases of phthisis.

BELFAST.

THE SMALL-POX EPIDEMIC.—During the past week five new cases of small-pox were admitted to the hospital at Purdysburn. For the past five days no new cases have been discovered in the Ballymacarett district of Belfast, and it is hoped that the last of the cases infected at the wake reported a week ago have occurred. The Public Health authorities continue to report that the cases are of a very mild type, but unfortunately the exact contrary is the case, many of them being exceedingly severe. No further fatal case has occurred, happily, but some now in hospital are so ill that they are hardly expected to recover. A number of medical men and some students have been taking the opportunity of attending the Purdysburn Hospital to become familiar with the disease in all stages, and in all degrees of severity, such as may now be seen there. Some difficulty has arisen about accommodation for cases occurring in the small towns around Belfast, the hospital at Purdysburn being already insufficient for the needs of the city. At Lisburn, where four cases have occurred, the local authorities have decided to keep the cases in their own fever hospital.

THE CORPORATION, THE GUARDIANS, AND THE TREATMENT OF CONSUMPTIVE PATIENTS.—For many months past the two public bodies named have been discussing the provision of suitable sanatoria for the treatment of pauper and other consumptive patients. It appeared as if the ratepayers might have to pay for two separate schemes, both more or less experimental, but happily the Local Government Board has come to their rescue, and in a long and important letter has laid down for the guardians the lines on which their scheme ought to run. The letter points out first that though the two bodies concerned have different powers and different duties, the funds for their schemes come from practically the same ratepayers, and that therefore they ought to co-operate or at least confer, so as to make the best provision (1) for the treatment and cure of suitable cases in the early stages of the disease, and (2) the isolation and care of all other cases which seek hospital treatment. The Belfast Corporation, as the sanitary authority, is mainly interested in the question from the public health point of view, and would have as their object the prevention of the spread of the disease, by taking charge of the earlier and more curable cases in a sanatorium. The guardians, on the other hand, deal with a large number of patients in advanced stages of the disease, and could not refuse to take as many of them as were suitable for admission to a workhouse hospital. Pending a definite decision on all points the Local Government Board asks the Corporation and the guardians to consider the whole matter in the broadest light, and to determine the lines on which the question will be dealt with. The letter is a most valuable aid to the settling of this important question in Belfast, for coming from such a source it cannot be ignored, as sensible suggestions of this kind are only too apt to be by the members of our public boards.

Correspondence.

[We do not hold ourselves responsible for the opinions of our Correspondents].

UNIVERSITIES AND EXAMINATIONS.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—It is well that those who are interested or engaged in the developement of universities should consider carefully what are the objects and practical uses of a university. If a university limits its function simply to holding examinations and leaves the work of education to others it is one thing. If, on the other hand, a university makes education its chief work and the examinations a test only of how the students have attended to what they have been taught, is another thing. A good university combines the two, and as the work of teaching is far the more important and difficult, those universities are to be preferred and supported and encouraged which do not shirk such duty. Now, there is a great difference between the teaching of classics, mathematics, history and certain branches of science and that of such an art as medicine. The teaching of an art which requires the personal direction of the hand, the eye, and technical details is not to be carried on in the same way as any subject that can be learnt only from books, and by mental work. The important question at the present time is not the examinations for medical and surgical diplomas, but how the teaching of the various subjects that combine to fit and make for the practice of the profession of medicine can be best conducted. If a university or corporate body obtain legal power to grant legal rights by granting diplomas and conferring degrees to practise medicine, it may certainly profit in a pecuniary way from the money paid by those who obtain the privilege; but their ought certainly to be some superior power that can control the examinations so that they do not abuse the legal rights they enjoy. We have been drifting for some years into a system of cramming our students for examinations and making the passing of them of far more importance than the teaching of the practical science that is the basis of professional work. It is the book knowledge that examinations generally test, and not the practical: and the result is, that when the student has cleared his examinations, he throws books aside and studies his profession in a proper way.

We do not want to bring ourselves to the state of China by carrying on this foolish and most injurious system of examinations, and it is well that some of us should use our best endeavours to prevent it.

I am, Sir, your truly, R. L.

"WHAT IS A DEGENERATE?"

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—As a student of sociology I scan your pages every week, and am rarely disappointed in my search for mental *pabulum* useful in pursuit of my subject. From this standpoint I beg permission to ask—and perhaps Dr. Rentoul will kindly inform us—whether the discussion of the proposed sterilisation of certain degenerates is of what is called a merely academic character, or whether the proposed measure is thought to be within the sphere of practical politics in any civilised state. Must not the definition of degeneracy and the means of discovering and discriminating the truly degenerate be placed on a solid scientific basis before any practical action can be taken? If habitual criminality marks the degenerate, how is the habitual criminal who is physically and mentally fit to be detected and sterilised. There exists a certain type of criminal exemplified in the City shark and the quack doctor—I mean the qualified and able quack doctor—who possess most of the attributes of high-class manhood. They are simply devoid of moral sense, and without pangs of conscience devote themselves to amassing wealth by the plunder and maltreatment of weak and suffering humanity. They form a large class: but it is only rarely one of them takes his deserved place in the felon's dock. Compared to men of this class the professional burglar, who, by the way, is also very often a fine specimen of the human animal, physically powerful and by no means necessarily a coward, is almost a brave and honourable gentleman; his criminality not infrequently may be traced entirely to the influence of his environment during development from youth to manhood. On the other hand, some of the most brilliant leaders of intellectual movements of national or even world-wide importance have been physically so inferior as to claim in that regard *par excellence* the title degenerate. It would be easy to name some latter-day examples of this class. Not so late an example is Heine. Much of Heine's finest work was done when he was a bedridden cripple, the brain continuing to the very end to work brilliantly in the wasted and pain-racked body. Can the State be called upon to devise measures for the sterilisation of any class of supposed degenerates before the Government and the people have discussed and put into action the means science affords for the prevention of degeneracy. Moral and physical degeneracy due to pauperism are certainly preventable. Most diseases, like syphilis and tuberculosis, which lead to physical degeneracy may be stamped out; whilst science alone or science and religion together may teach the majority of men that happiness and peace of mind are not to be gained by the narrow form of egoism, the growing vice of civilised races, the selfishness which places before everything ease, pleasure and luxury, and looks upon toil and self-sacrifice with loathing and fear. Science is giving to mankind the power more and more to mould their physical and moral future. If modern nations avail themselves of this knowledge they may be saved; if not, in spite of sterilisation of degenerate members, they will go to the ruin to which all ancient civilisations finally drifted from similar causes; with the difference that they will go not blindly but with eyes wide open and with full view of their chosen and inevitable destiny.

I am, Sir, yours truly,
A STUDENT OF SOCIOLOGY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me to corroborate Dr. Rentoul's assurance that there was no squabble between him and myself as to the meaning of the term "degenerate"?

Dr. Rentoul published a book, proposing to sterilise degenerates. When I was a schoolboy, I permitted one of my schoolfellows, at his earnest request, to tattoo a letter on my arm. I now find, to my horror, that the possession of a tattoo mark is an infallible sign of the "degeneracy" of the possesssor; and Dr. Rentoul's proposal filled me with apprehension and dismay. I therefore asked him what he meant by a degenerate, and was relieved to find that, for the present, I may venture abroad without running the risk of being arrested and subjected to a surgical operation. I sincerely trust that the schedule to what will be known as "Rentoul's Act" may be drawn with care; or the birth-rate, already diminishing, may be brought to the vanishing point.

I am, Sir, your truly,
CHAS. MERCIER.

THE MIDWIVES' INSTITUTE.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a leading article of your issue of June 8th, you say, in speaking of the Midwives' Institute, "of many subjects discussed one may be mentioned; it was, as we remember, in the form of a paper, and was entitled, "Malthusianism, or Tired Ovaries." I am desired to ask you kindly to correct this statement as no such paper has ever been read or discussed nor such a debate ever contemplated by the Midwives' Institute. In the interest of truth it would seem a pity that the writer of the article did not verify statements made before publishing them as facts.

I am, Sir, your truly,
R. P. FYNES-CLINTON.
Secretary.

[We publish our correspondent's letter as requested. At the same time we desire to state that the writer of the article in question himself saw an agenda paper purporting to come from the Midwives' Institute and containing the title of a paper as above, which was put down for the next meeting. The writer was impressed at the time by the apparent want of connection between the Institute and such subjects. Will the Secretary consult the agenda paper which was issued to the members of the Institute shortly before or immediately after January 9th, 1898?—ED.]

LUNACY AND THE ARCHDEACON'S BROTHER.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

SIR,—The paradoxical statement by Dr. Distin, in this painful case to which "R. L." calls attention—viz., "that the man was a criminal lunatic, but it was one of those cases where they could not certify insanity," furnishes another instance of the indefiniteness of the term insanity.

I remember a report of a case in the daily papers which related of a medical witness who, upon being asked as to what insanity was, replied something to the effect that it would take him a day or two to define it. Now, sir, it is evident that when a medical man enters the box to give evidence on a subject which he cannot define, such a procedure must produce an unfavourable impression on the jury, and hence prejudice a case, and although it is undoubtedly extremely difficult and impossible to define with geometrical precision mental conditions as we can things material, nevertheless I submit we might with the general assent of experts in lunacy law find some rough and ready *practical* definition of insanity which would enable us, so to speak, to shake our fists in the face of any bullying counsel. Let us suppose, then, for instance, the medical profession insist upon defining insanity for legal purposes as *a morbid condition of mind requiring supervision* I use the word supervision advisedly—and as not necessarily implying restraint. Now, when a medical man is called upon to determine the sanity or insanity of any given individual he clearly has to decide in his own mind to what degree such individual deviates mentally from the vast majority of individuals of the same nationality, and he has to differentiate between superstition, harmless delusions, fancies and fads, on the one hand, common to an infinite number of minds, and delusions and other conditions of mind which may be highly prejudicial or detrimental to the individual and the community at large on the other, and his decision on the one case or the other carries with it the necessity or otherwise of depriving a person of his legal liberty on the question of sanity because after all said, any question at law with regard to one's mental state resolves itself at the same time into the question

of the liberty of a subject or freedom of action. There are minds, I may be allowed to observe by the way, which deviate in two different directions from the great majority of other minds—that is to say, the same mind may deviate in the path of genius (I mean by genius originality of thought as applied to mechanics, mathematics, literature, &c., &c.), in one direction, and at the same time it may be eccentric or otherwise deficient in other respects, and perhaps this consideration has given rise in some to the idea that genius and insanity, because they may happen to exist in the same mind, are closely allied, whereas they are as distinct as chalk is from cheese.

In conclusion, lawyers no doubt who are notoriously at variance with the medical profession on the meaning of insanity, prefer to found their enactments on the grandmotherly hypothesis of discriminating between right and wrong, which merely premises that lawyers know our business better than we know our own.

I am, Sir, yours truly,
CLEMENT H. SERS.

Brighton, June 1904.

MEDICAL 'DIPLOMATES' SOCIETY OF LONDON

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Many of us, old students of the London schools of medicine and holding the English Conjoint Board qualification, are anxious to obtain admission to a final examination in medicine which shall entitle us to a medical degree. Our position now is, that although we feel the necessity of obtaining by examination a degree in medicine, thus removing the serious disabilities under which we labour, no such examination (except that of Durham) is open to men in the active practice of their profession. We venture to think that you will agree with us that this is a hardship which should, if possible, be removed.

The Medical Diplomates' Society of London has been formed with the object of gaining admission to an examination for a degree in medicine, but before taking any active steps in the matter we are anxious to obtain the views of the principal members of the staffs of the London medical schools. We therefore venture to appeal to you for advice and support. Any suggestions which you may feel disposed to make will be gladly received by the Executive Committee of this society.

We are, Sir, yours truly,
(*Signed*) F. J. SMITH, M.D., F.R.C.P.,
Physician to the London Hospital, President,
Medical Diplomates' Society of London.

New Appliances.

NASAL DILATOR FOR CONTINUOUS DILATATION OF THE ANTERIOR NARES IN NASAL OBSTRUCTION.

By THOMAS LUMSDEN, M.D.

THE benefits claimed to result from the use of this instrument by those who complain of stuffiness in the nose are—

1. That it allows the nose to be thoroughly cleared from discharge by sniffing air backwards.

2. That it allows nasal respiration to be comfortably carried on while it is in place.

(*a*) The inspired air, by removing moisture from the mucous membrane, tends to diminish swelling of that tissue.

(*b*) There seems to be a vicious cycle between swelling and the state of obstruction or stuffiness.

The use of the dilator is advocated during the night, and for a few minutes during the day, when required, and when convenient.

Even a few minutes' dilatation allows the nose to be properly cleared, and relieves the obstruction due to congestion after holding the head down over work, or to simple rhinitis.

The instrument is neatly and carefully made by Messrs. Arnold and Sons, of West Smithfield, E.C. It is inexpensive, comfortable, easily adjusted to the required size, and is very effective. It is more firmly retained than other dilators, and the inventor would be much pleased if others would give it a trial.

A NEW ASEPTIC VACCINATION PAD.

WE have received from Dr. Knox Denham, the Head of the National Calf Vaccine Institute, a sample of a new aseptic pad for use after vaccination, which has been prepared in order to meet the requirements of the Local Government Board. The pad consists of a thin layer of cotton wool lying between two pieces of gauze, and held in position by a stitch, and is intended to be fastened to the arm by two narrow straps of American plaister. It is carefully sterilised and enclosed in a "germ-proof" envelope. The pad itself appears to us to be excellent, but we are not sure that the prolonged adhesion of the American strapping to the infant's skin may not cause excoriation. The pads are sold at the very moderate price of 2s. per dozen.

Obituary.

MR. ELIAS BREMRIDGE, F.P.S.

MR. ELIAS BREMRIDGE, the well-known secretary and registrar of the Pharmaceutical Society of Great Britain —a post that he held from 1857 to 1884—died, in London, last week, at the age of ninety-three. His only son, Mr. Richard Bremridge, still holds the position of secretary of the Pharmaceutical Society. The *Pharmaceutical Journal* reminds its readers of the services which Mr. Elias Bremridge rendered to pharmacists, and of the part he played in securing Parliamentary recognition, by the Pharmacy Act of 1868, of the principle that chemists and druggists "keeping open shop for the sale of poisons" shall have given proof, by examination, that they are competent to do so. He was a founder of the Pharmaceutical Society in the year 1841.

GEORGE STANLEY FOULDS, M.D.EDIN., OF KIMBERLEY.

WE regret to announce the death of Dr. George Stanley Foulds, under most pathetic circumstances, at the Basford Sanatorium at Delamere Forest, near Chester. Both he and his son, aged five, were suffering from scarlet fever, and the boy died half an hour before his father. Deceased, who was only thirty-two years of age, leaves a widow and one child. He was educated at Edinburgh University, where he took the qualification of M.D.—He practised at Kimberley, Nottinghamshire.

JOHN ROLSTON, M.D.EDIN.

DR. JOHN ROLSTON died somewhat suddenly at his residence, Clarendon Villa, Devonport, on Saturday afternoon from heart disease. Dr. Rolston, who was aged seventy-six, had twice been mayor of the borough, and for many years was chairman of the local Liberal Association. He was educated at Edinburgh University, and took the qualification of M.D.Edin., in 1850.

Medical News.

Contaminated Milk.

THE Public Health Committee of the London County Council recommended that application be made in the next Session of Parliament for powers "(1) enabling the Council to prohibit the supply, within the county, of milk from a dairy within or without he county, if the medical officer is of opinion that infec-

tious disease is caused, or is likely to be caused, by consumption of such milk, enabling the Council to prohibit the supply within the county of milk causing or likely to cause tuberculosis, providing for appeal against the decision of the Council in the above matters, authorising or requiring the Council, according to the nature of the case, to allow compensation in the event of the milk supply being prohibited, enabling the Council to take samples of milk within the county, providing for penalities against persons who knowingly sell, or suffer to be sold or used, for human consumption within the county the milk of any cow which is suffering from tuberculosis disease of the udder, imposing upon dairymen within the county an obligation to notify cases, or suspected cases, of tuberculous disease of the udder, requiring the isolation of any cow suffering from such disease, and enabling the Council and sanitary authorities within the county to deal with milk which on examination appears to be so filthy as to be unfit for human food; (2) enabling sanitary authorities to require owners to make reasonable provision for the supply of water to the tenants of each floor in tenement houses; (3) enabling sanitary authorities to undertake, if they think fit, the collection and removal of offensive trade refuse, and empowering them to require payment of a reasonable sum by the owner or occupier of any premises from which such refuse is removed." This was agreed to without discussion.

University of London—The Brown Lectures.

IN connection with the University and of the Brown Animal Sanatory Institution, a course of five lecutres will be delivered by Dr. T. Gregor Brodie, on "The Etiology and Comparative Pathology of Chronic Nephritis and of Uræmia." The course commences tomorrow, Thursday, and will be continued each succeeding Thursday, until the end of July at 5 o'clock p.m., in the physiological laboratories, at South Kensington, admission being free, according to the will of the deceased founder of the Brown Institution.

The West London Hospital and Post-Graduate College.

THE annual dinner of the past and present members of the West London Hospital and Post-Graduate College was held on June 25th, 1904, at the Trocadero Restaurant. The Chair was taken by Dr. J. B. Ball. Among those present were Professor von Mikulicz, M.D., LL.D., of Breslau, the Cavendish Lecturer of the West London Medico-Chirurgical Society, Lieut.-Col. E. M. Wilson, D.S.O., C.M.G., Sir Felix Semon, C.V.O., Dr. F. de Havilland Hall, and others. In proposing the health of the West London Post-Graduate College, the Chairman remarked that the past year had been one of gradual though steady progress. The College and the Hospital were to be congratulated in the fact that there had been recently established a fully equipped pathological laboratory, and that there were now definite arrangements made for the efficient study and teaching of bacteriology. The present system of post-graduate instruction at the West London Hospital had gradually evolved out of a long series of efforts which, under the able guidance of the Dean, Mr. L. A. Bidwell, had been concentrated and united into one harmonious whole. In returning thanks, Mr. Bidwell said that the College owed its prosperity to the hearty support and co-operation of the members of the Hospital staff. He would not forget, also, the many vauluable suggestions which had been offered from time to time by the post-graduates themselves, whose criticism was always welcome. Especially he would mention those members of the services who had identified themselves with the practice of the hospital and who had largely availed themselves of the opportunities for post-graduate instruction. Both in numbers and in conviviality the gathering was entirely successful.

Northumberland Miners and Doctors' Fees.

THERE has been a conference between the representatives of the Northumberland miners and their club medical attendants, at which the miners represented that since doctors' fees were raised to 9d. per fortnight wages had fallen 40 per cent. In reply, the doctors contended that wages had nothing to do with the matter, but that the doctors' fees must be higher owing to the increased cost of medical training, the increase of surgical operations, and the fact that unqualified assistants can no longer be employed. The doctors concluded by issuing a manifesto stating that 9d. a fortnight is the lowest fee which can be accepted without lowering the quality of the work, and the men have now retaliated by putting the matter in the hands of their associations, with instructions to take steps to have the present fees reduced by 50 per cent.

Royal University of Ireland.

Two Royal Warrants, bearing the date of April 2nd, 1904, and dealing with certain proposed alterations in the statutes of the Royal University, have been issued by the Home Secretary. The most important alteration is that changing the title of the diploma in Sanitary Science, to Diploma in Public Health—D.P.H. This is an alteration which has been desired for some time, and which brings the title of the degree into line with the title adopted for the same degree by most other examining bodies.

Revaccination Bill.

THIS Bill passed through Committee of the House of Commons with some slight amendments. The Marquis of Ripon said he did not object to progress being made with this Bill, but he understood the noble marquis the leader of the House to have said on the second reading that the Bill would go no further.—The Marquis of Lansdowne said that on the second reading he had expressed the opinion, to which he still adhered, that the Bill stood no chance whatever of passing in the present Session.

The Victoria Hospital Bazaar.

THE bazaar in aid of the Victoria Hospital for Children, which was held during three days last week, at the Royal Albert Hall, closed with a ball. The bazaar has resulted in the receipt of £11,000, and may be regarded as most successful.

The Royal Free Hospital.

THE annual distribution of prizes at the London (Royal Free Hospital) School of Medicine for Women was held on Friday last under the presidency of the Dean, Miss Cock, M.D.—The report stated that the Entrance Scholorship, value £30, had been awarded to E. C. Eaves. The St. Dunstan's Medical Exhibition, value £60 a year for three years, had been won by B. P. Lindup. The Preliminary Scientific Scholarship, value £40, fell to E. M. Walters. The Mackay Prizes, first and second, of £20 value each, went to J. Coupland and N. Smith respectively. The Mabel Webb Research Scholarship, value £30 a year for two years, was gained by J. E. Lane-Claypon. The Bostock Scholarship (University of London), value £60 a year for four years, was awarded to E. M. Walters; and the Gilchrist Scholarship (Univeristy of London), value £40 a year for two years, went to E. A. Butler.

MR. MCARDLE, F.R.C.S., has been appointed Surgeon to St. Patrick's College, Maynooth, in succession to Surgeon Hayes.

DR. P. PHILLIPS has been appointed head of the chemical department in the Thomasson Engineering College, Rurki, North-West Provinces, India. Dr. Phillips has been for the last two years assistant lecturer and demonstrator in chemistry at the Sheffield University College.

MR. A. M. CONNELL, F.R.C.S.Edin., has been appointed lecturer in operative surgery at Sheffield University College.

THE Italian Umberto first prize for the best work or invention relative to orthopædic surgery is open to medical men of all nationalities. The prize, amounting to £140, is awarded by the Rizzoli Orthopædic Institute of Bologna, and competitors should communicate with the President of the institute. The competition closes on December 31st.

THE Health Committee of the Birmingham Town Council propose to pay a notification fee of half a crown to medical men for each case of tuberculosis so notified.

Notices to Correspondents, Short Letters, &c.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive Signature or initial*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

ORIGINAL ARTICLES or LETTERS intended for publication should be written on one side of the paper only, and must be authenticated with the name and address of the writer, not necessarily for publication, but as evidence of identity.

CONTRIBUTORS are kindly requested to send their communications, if resident in England or the Colonies, to the Editor at the London office; if resident in Ireland, to the Dublin office, in order to save time in re-forwarding from office to office. When sending subscriptions the same rule applies as to office; these should be addressed to the Publisher.

REPRINTS.—Reprints of articles appearing in this journal can be had at a reduced rate providing authors give notice to the publisher or printer before the type has been distributed. This should be done when returning proofs.

THE THORNE "SPONGE" CASE.

The following has been received from a correspondent—

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your leader of the 22nd inst., with regard to the "Sponge Case," justly emphasises the personal injustice to the lady doctor concerned and the vital importance of the decision to the future of the medical profession. Would it not be well to mark the sense of sympathy with Dr. Mary Thorne under these circumstances by the organisation of a fund to help towards defraying the heavy expenses of the trial?

Yours faithfully,

June 25th 1904. UNA VOCE.

[The above suggestion is a good one, and we shall be pleased to hear of any persons interested who may care to take the matter up.—Ed. M. P. & C.]

MESOPOTAMIA.—Our correspondent has plainly drawn a wrong conclusion from the paragraph. Though somewhat ambiguously expressed, the idea of the writer was evidently to show that he was in favour of the course to which our correspondent has taken exception.

M.R.C.S.—Ophthalmic surgery is now so specialised a subject that the best plan would be to advise the lay committee to agree to an ophthalmic surgeon being added to the staff of the infirmary, and to endeavour to secure the services of a surgeon who confines his practice to this special department.

STUDENT.—The warden of the medical school in question would, on being applied to, furnish all the necessary information.

FLOGGING IN THE NAVY.

To the Editor of THE MEDICAL PRESS AND CIRCULAR.

Sir,—Is it not remarkable that the Navy League should continue to withhold its support from the movement for the abolition of the cane and birch in the Royal Navy, as summary punishments in the case of boys and young men convicted of comparatively trivial offences against discipline? In view of the fact that the British Army is now better disciplined *without* the lash than ever before, and that flogging is not permitted in the Navies of other Great Powers, it seems extraordinary that the Navy League should remain silent about these disgusting naval punishments. Lord Nelson detested flogging, and it would be a sincerer compliment to his memory to secure the abolition of this barbarous and indecent practice than to decorate his statue in Trafalgar Square.

I am Sir, Your truly,

Weardale, June, 1904. J. C.

CLAPTON.—There is no punishable ethical offence in the decoration of doors and windows of the "surgery" you describe with statements of the various branches of medical practice as dealt in by the advertiser (for such he is). Clearly, however, a respectable practitioner does not advertise his proficiencies as a tradesman does his wares. You are more than warranted in refusing to have anything whatever to do with a medical man who shows so little regard for the dignity of his profession.

MODERNUS.—Your letter will appear in our next.

Meetings of the Societies, Lectures, &c.

WEDNESDAY, JUNE 29th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. C. Eyall: Clinique. (Surgical.) 5.15 p.m. Dr. D. Grant: Some Useful Appliances in the Treatment of Diseases of the Ear, Throat and Nose.

THURSDAY, JUNE 30th.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Mr. Hutchinson: Clinique. (Surgical.)

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST (7 Fitzroy Square, W.)—5 p.m. Dr. T. D. Lister: The Treatment of Asthma (illustrated by cases). (Post Graduate Course.)

FRIDAY, JULY 1st.

MEDICAL GRADUATES COLLEGE AND POLYCLINIC (22 Chenies Street, W.C.).—4 p.m. Dr. J. Horne: Clinique. (Throat.)

TUESDAY, JULY 7th.

THE ROENTGEN SOCIETY (at 28 Hanover Square).—8.30 p.m. Annual General Meeting, and Election of Officers for the ensuing year.

Vacancies.

Birmingham City Asylum.—Junior Assistant Resident Medical Officer. Salary £150 a year, board, lodging, and washing. Applications to the Medical Superintendent.

Borough Asylum, Canterbury.—Assistant Medical Officer. Salary £140 per annum, with furnished quarters, board, and laundry. Applications to the Medical Superintendent.

Carmarthenshire Infirmary.—Resident Medical Officer. Salary £100 per annum, with furnished apartments, board, attendance, fire, gas, and washing. Applications to Howell Howell, Secretary.

East London Hospital for Children and Dispensary for Women, Shadwell, E.—Pathologist and Registrar. Salary £100 per annum. Applications to Thomas Hayes, Secretary.

Farringdon General Dispensary, 17 Bartlett's Buildings, Holborn Circus, E.C.—Resident Medical Officer. Salary £120 per annum, with apartments, coal, gas, and attendance. Applications to the Honorary Secretary.

London Temperance Hospital, Hampstead Road, N.W.—Resident Medical Officer. Salary £200 per annum, board, lodging, and washing. Applications to A. W. Bodger, Secretary.

Noble's Isle of Man General Hospital and Dispensary, Douglas, Isle of Man.—Resident House Surgeon. Salary £82 per year, with board and washing free. Applications to Geo. Ridgway Cookson, Hon. Sec., 16 Athol Street, Douglas, Isle of Man.

Poplar Hospital for Accidents, Poplar, E.—Assistant House Surgeon. Salary £80 per annum, with board and residence. Applications to Edw. Feneran, Lt.-Col., Secretary and House Governor.

Royal Infirmary, Newcastle-upon-Tyne.—Head Dispenser. Salary £175 per annum. Applications to W. T. Oliver, Secretary.

Royal National Hospital for Consumption, Ventnor.—Two Assistant Resident Medical Officers. Salary £100 per annum, with board and lodging in the Hospital. Applications to the Secretary at the office in London. (See Advt.)

Royal Orthopædic Hospital, 55 Bolsover Street, W.—House Surgeon and Registrar. Salary £200 per annum. Applications to Tate S. Mansford, Secretary.

Royal Sea-Bathing Hospital, Margate.—Resident Surgeon. Salary £120 per annum, with board and residence. Applications to the Secretary, R.S.B.H. Offices, 13 Charing Cross, London, S.W.

Stamford, Rutland, and General Infirmary. House Surgeon, Salary £100 per annum, with board, lodging, and washing. Applications to V. G. Stapleton, Secretary.

St. Mary's Hospital Medical School, Paddington, W.—Lecturer on Chemistry. Salary £150 per annum. Applications to H. A. Caley, M.D., F.R.C.P., Dean.

Stockton and Thornaby Hospital, Stockton-on-Tees.—House Surgeon. Salary £250 per annum. Applications to H. G. Sanderson Secretary.

Appointments.

BRYAN, J. M., M.R.C.S., L.R.C.P.Lond., Public Vaccinator for the St. Giles's and St. Andrew's Districts of the Northampton Union.

CRUICKSHANK, A., M.B., M.S Aberd., Certifying Surgeon under the Factory Act for the Stonehaven District of the county of Kincardine.

DAVID GRAY, House Surgeon to Jervis Street Hospital, Dublin.

DAVIS, HENRY J., M.A.Cantab., M.R.C.P.Lond., Assistant Physician in charge of the Throat and Ear Department of the West London Hospital.

FARQUHARSON, D. A. R., M.B., M.S.Aberd., Certifying Surgeon under the Factory Act for the Washington District of the county of Durham.

FIELDING-OULD, ROBERT, M.A., M.D.Oxon., Pathologist to the City of London Hospital for Diseases of the Chest.

JOHNSON, F. W., M B. B.S.Vict., Certifying Surgeon under the Factory Act for the Bawtry District of the counties of York and Nottingham.

KEENAN, J. F., M.B., B.S.R.U.I., Certifying Surgeon under the Factory Act for the Ballinalee District of the county of Longford.

MAW, G., M.R.C.S., L.R.C.P.Lond., Certifying Surgeon under the Factory Act for the Ulceby District of the county of Lincoln.

MCCRACKEN, J. S., M.B., C.M.Edin., Honorary Physician to the Hospital for Sick Children, Newcastle-upon-Tyne.

Births.

MARTIN.—On June 23rd, of Eastbourne, the wife of Antony A. Martin, M.D.Lond., of a son.

WILLIAMS.—On June 22nd, at Harlech House, Pembroke, South Wales, the wife of Dr. W. R. Eyton Williams of a daughter.

Marriages.

GREENHILL—WYKESMITH.—At St. Mary Abbott's, Kensington, Frederick William, eldest son of the late Frederick Maclean Greenhill, of Longham House, Wimborne, to Gwendolyn, only daughter of the late Walter Wykesmith, F.R.C.S., of Wimborne.

MUNRO—ATKINS.—On June 23rd, at S. Mary's Parish Church, Cheltenham, Donald George McLeod Munro, M.D., M.R.C.P.Ed., to Eileen Forsyth Douglas, elder daughter of Charles S. Atkins and Mrs. Atkins, of Pittville Lawn, Cheltenham.

SOWRY—CADDICK.—On June 23rd, at S. George's Church, Newcastle, Staffs, Geo. H. Sowry, M.B., F.R.C.S., younger son of T. A. Sowry, Esq., of Leeds, to Stella, eldest daughter of John Caddick, Brampton Lodge, Newcastle, Staffs.

Deaths.

BENTHAM.—On June 25th, after a long illness, Emily, beloved wife of Samuel Bentham, M.R.C.S., of the Limes, Winchester Road, South Hampstead, aged 71.